



# Illinois Mental Health Task Force

## Regional Council and Resource Mapping Workshop One

*This document was developed under grant number SJI-T-048 from the State Justice Institute. The points of view expressed are those of the author and do not necessarily represent the official position or policies of the State Justice Institute.*



# Welcome and Introduction



# Goals

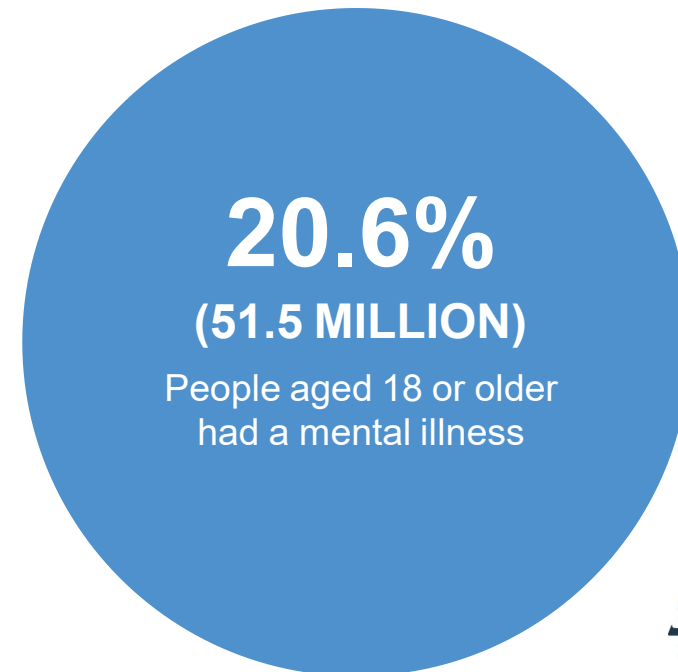
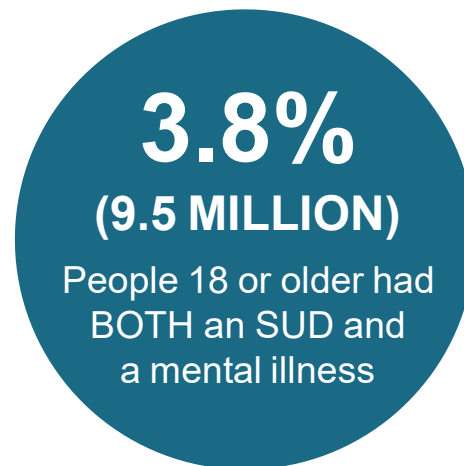
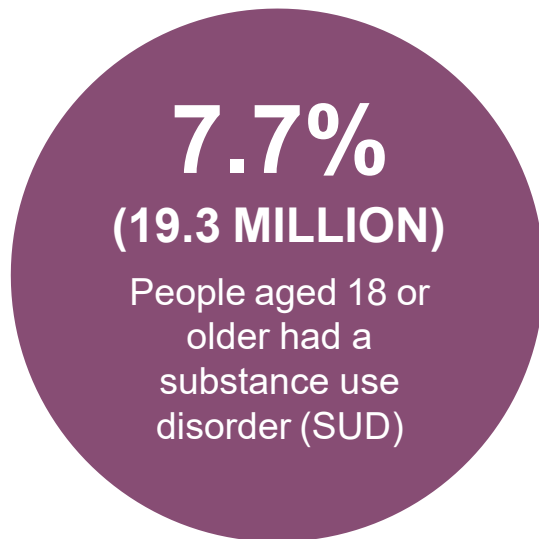
Goal 1: Facilitate cross-system communications leading to development of an actionable strategic plan to improve the court and community response to individuals with mental health and co-occurring disorders.

Goal 2: Increase coordinated and collective action within and between justice and community systems.

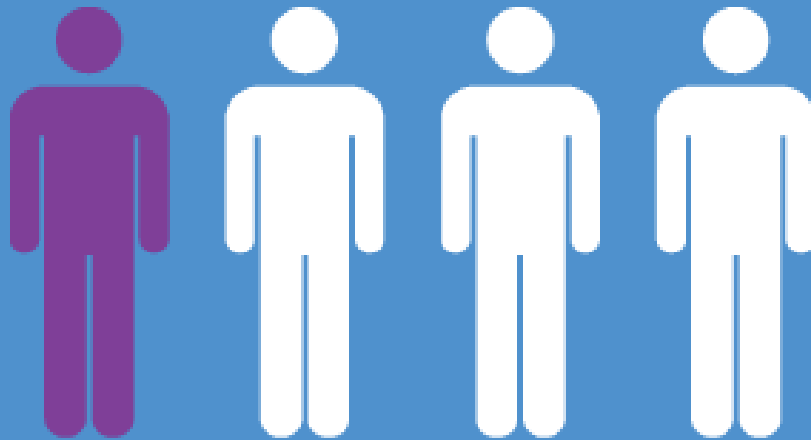
Goal 3: Identify approaches, programs, and initiatives that promote and support pathways to treatment for people who have mental health and co-occurring substance use disorders who encounter the criminal justice system.

# In 2019, **61.2M** Americans had a Mental Illness and/or Substance Use Disorder –

AN INCREASE OF **5.9%** OVER 2018 COMPOSED ENTIRELY OF INCREASES IN MENTAL ILLNESS



# Of the 51.5 Million with a Mental Illness



**1 IN 4**

**(25.5% or 13.1M)**

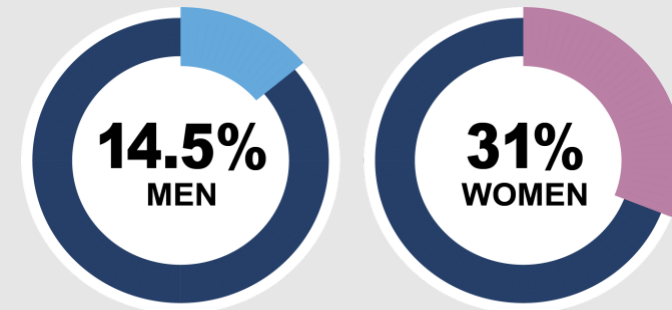
**had a serious mental  
illness**

# Mental Illness is Overrepresented in the Courts



serious mental illness is  
**four to six times higher**  
in jail than in the general population\*

\*14.5% of men and 31% of  
women in jails





# SMI in U.S. Jails

## General Population

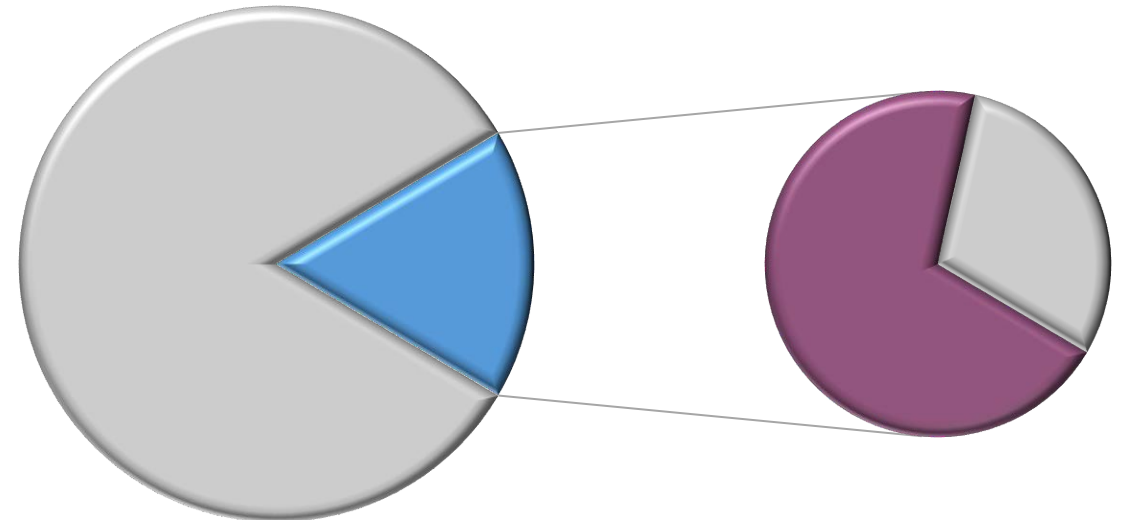
4% Serious  
Mental Illness



## Jail Population

17% Serious  
Mental Illness

72% Co-Occurring  
Substance  
Use Disorder



# Of the 19.3 Million with a Substance Use Disorder



**2 IN 5**

**(38.5% or 7.4M)**

**Struggled with  
illicit drugs**



**3 IN 4**

**(73.1% or 14.1M)**

**Struggled with  
alcohol use**



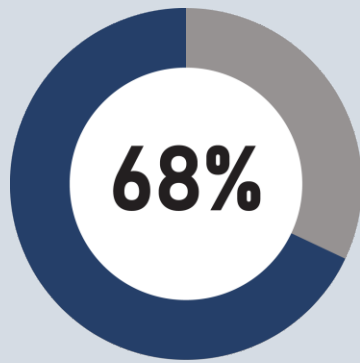
**1 IN 9**

**(11.5% or 2.2M)**

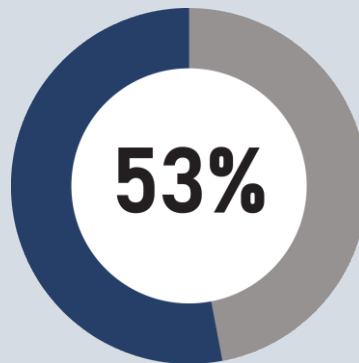
**Struggled with illicit  
drugs and alcohol**



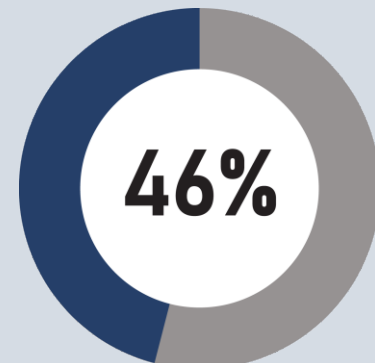
# Substance Use Disorders are Overrepresented in Jails and Prisons



**of people in  
custody**



**of people in custody  
in state prisons**



**of people in custody  
in federal**

# 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  
languishing 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, 11<sup>th</sup> Judicial Circuit of Florida



# 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, 11<sup>th</sup> Judicial Circuit of Florida



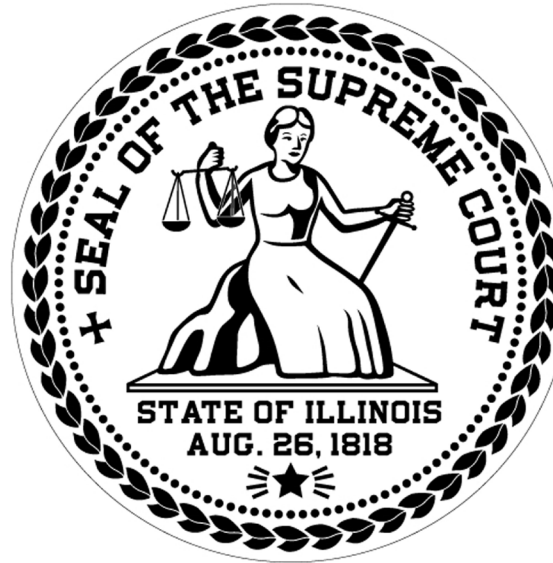
# Illinois Mental Health Task Force

- How it started
- How is the Task Force Leading Change
- <https://www.illinoiscourts.gov/courts/additional-resources/mental-health-task-force/>



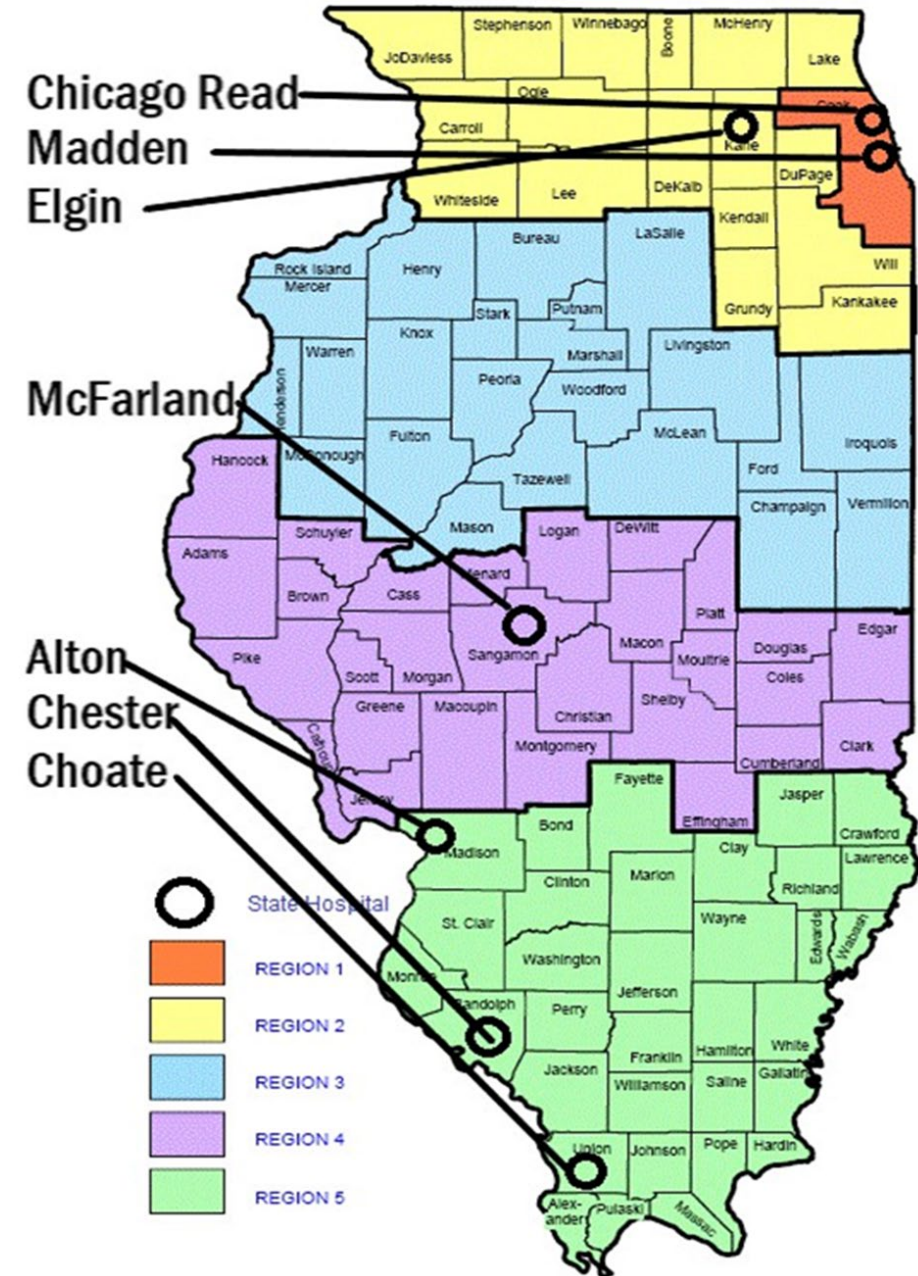
# Regional Councils and Resource Mapping Workshops

- Statewide Approach
- Regional Participation
- Sequential Intercept Model



# Regional Approach

The map shows the seven DHS/DMH state hospitals and the catchment areas

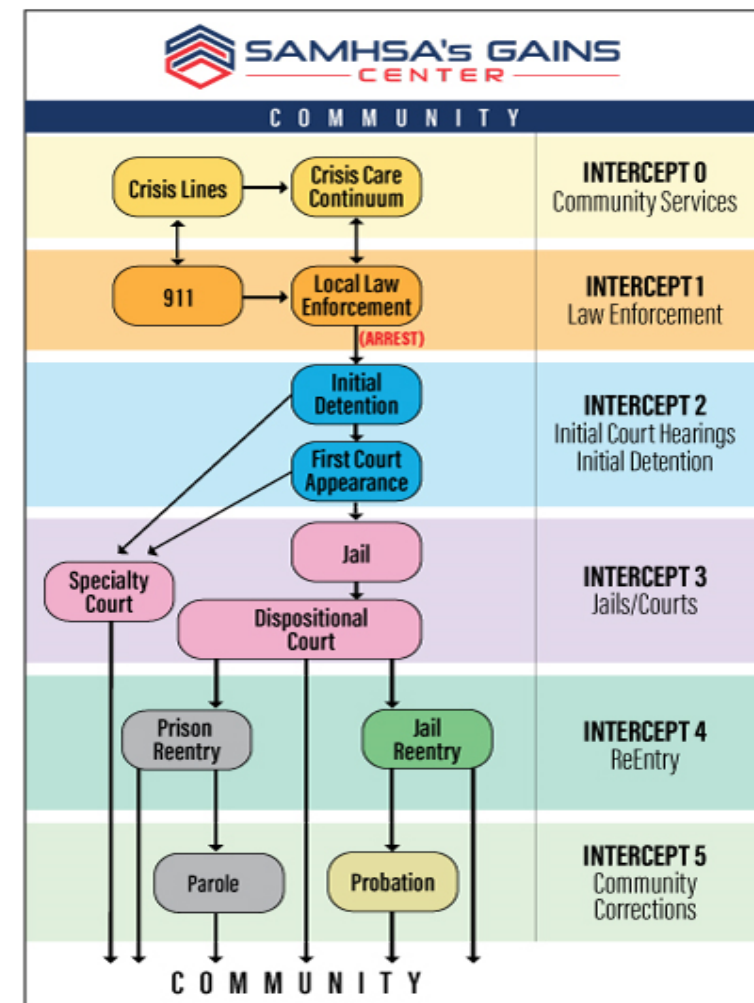
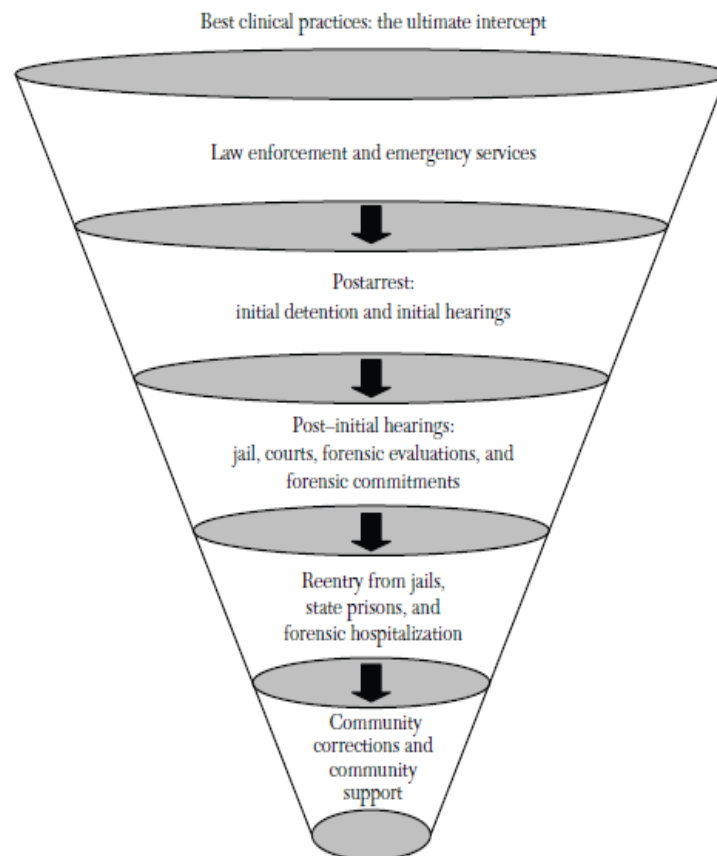




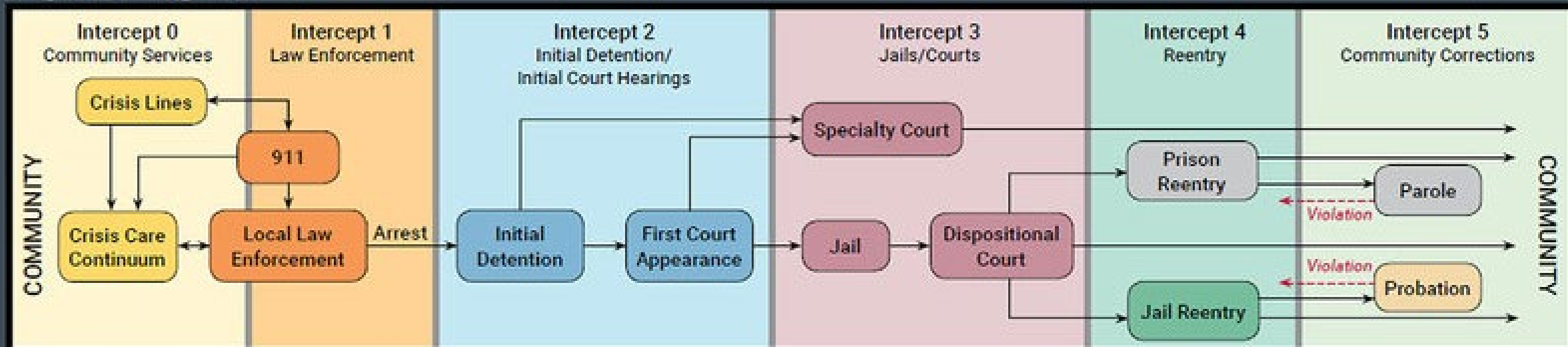
# Sequential Intercept Model

**Figure 1**

The Sequential Intercept Model viewed as a series of filters








## The Sequential Intercept Model



## Key Issues at Each Intercept

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <p><b>Intercept 0</b></p> <p><b>Mobile crisis outreach teams and co-responders.</b> Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.</p> <p><b>Emergency Department diversion.</b> Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.</p> <p><b>Police-friendly crisis services.</b> Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.</p> | <p><b>Intercept 1</b></p> <p><b>Dispatcher training.</b> Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.</p> <p><b>Specialized police responses.</b> Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.</p> <p><b>Intervening with super-utilizers and providing follow-up after the crisis.</b> Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.</p> | <p><b>Intercept 2</b></p> <p><b>Screening for mental and substance use disorders.</b> Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.</p> <p><b>Data matching initiatives between the jail and community-based behavioral health providers.</b></p> <p><b>Pretrial supervision and diversion services to reduce episodes of incarceration.</b> Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.</p> | <p><b>Intercept 3</b></p> <p><b>Treatment courts for high-risk/high-need individuals.</b> Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.</p> <p><b>Jail-based programming and health care services.</b> Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.</p> <p><b>Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</b></p> | <p><b>Intercept 4</b></p> <p><b>Transition planning by the jail or in-reach providers.</b> Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.</p> <p><b>Medication and prescription access upon release from jail or prison.</b> Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.</p> <p><b>Warm hand-offs from corrections to providers increases engagement in services.</b> Case managers that pick an individual up and transport them directly to services will increase positive outcomes.</p> | <p><b>Intercept 5</b></p> <p><b>Specialized community supervision caseloads of people with mental disorders.</b></p> <p><b>Medication-assisted treatment for substance use disorders.</b> Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.</p> <p><b>Access to recovery supports, benefits, housing, and competitive employment.</b> Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.</p> |
|---|---|---|--|---|--|

## Best Practices Across the Intercepts

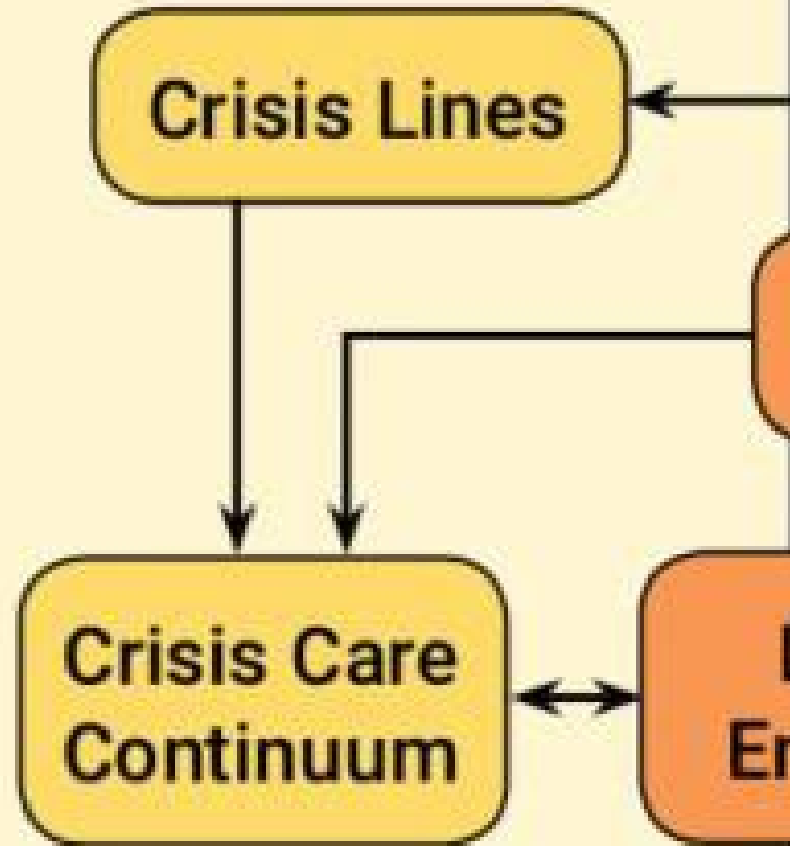
|  |  |   |  |   |
|--|--|---|--|---|
| <p> <b>Cross-systems collaboration and coordination of initiatives.</b> Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.</p> | <p> <b>Routine identification of people with mental and substance use disorders.</b> Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening instruments and follow-up assessment as warranted.</p> | <p> <b>Access to treatment for mental and substance use disorders.</b> Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.</p> | <p> <b>Linkage to benefits to support treatment success, including Medicaid and Social Security.</b> People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.</p> | <p> <b>Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers.</b> Information-sharing practices can assist communities in identifying super-utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.</p> |
|--|--|---|--|---|



# Intercept “0” Overview

COMMUNITY

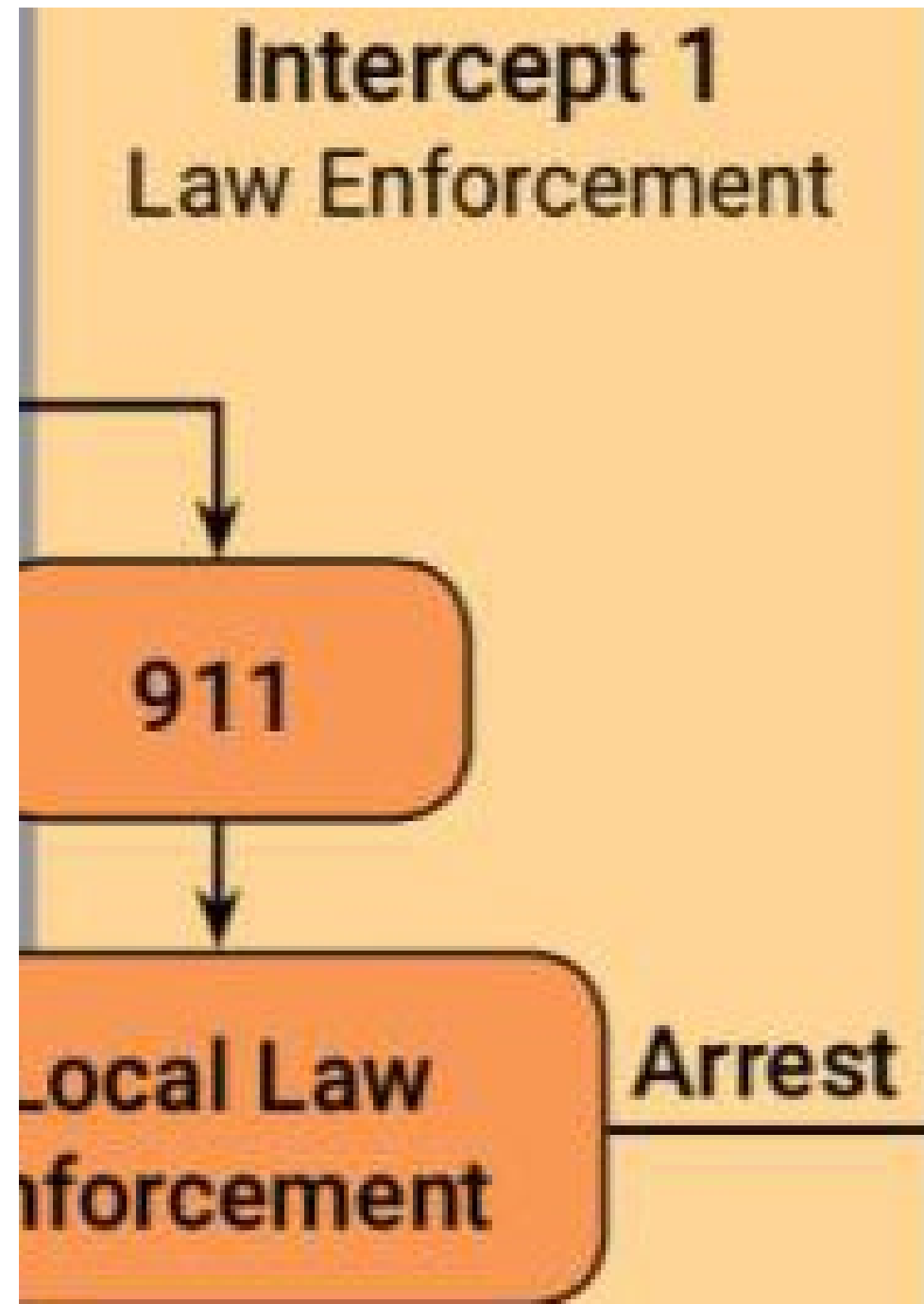
## Intercept 0 Community Services



- Connects people who have mental health and substance use disorders with services before they encounter the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

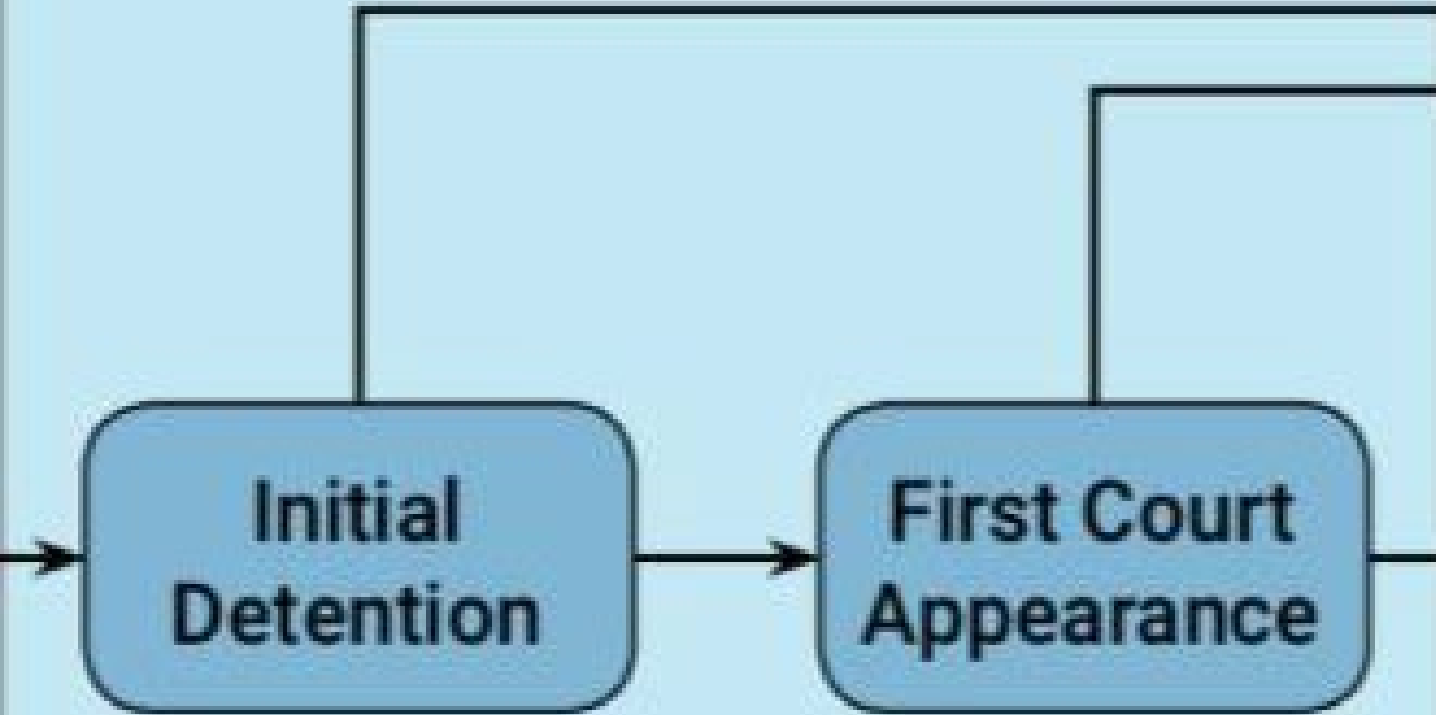
# Intercept “1” Overview

- The primary activity at Intercept 1 is law enforcement and emergency services responses to people with mental and substance use disorders.
- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.



## Intercept 2

### Initial Detention/ Initial Court Hearings

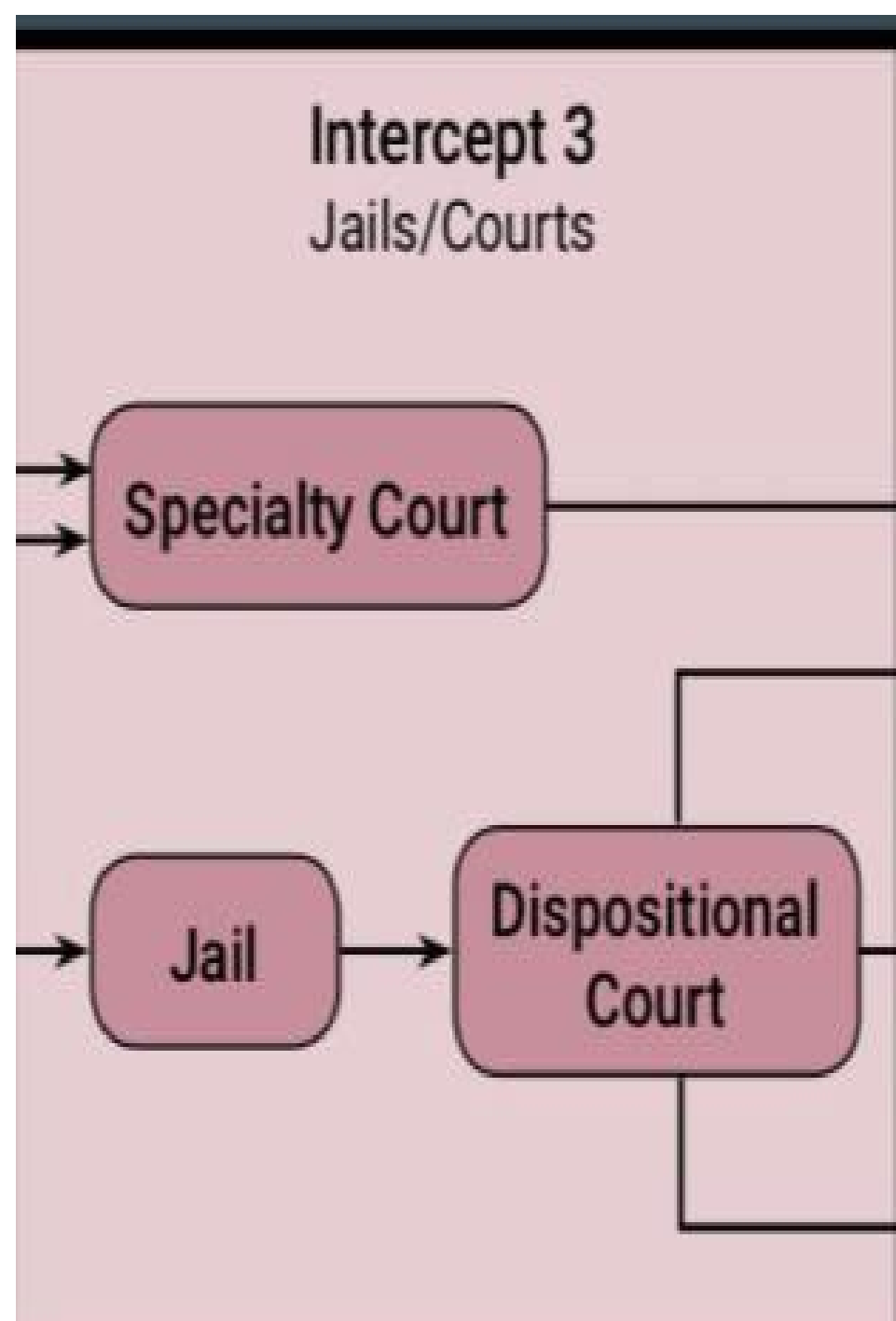


## Intercept “2” Overview

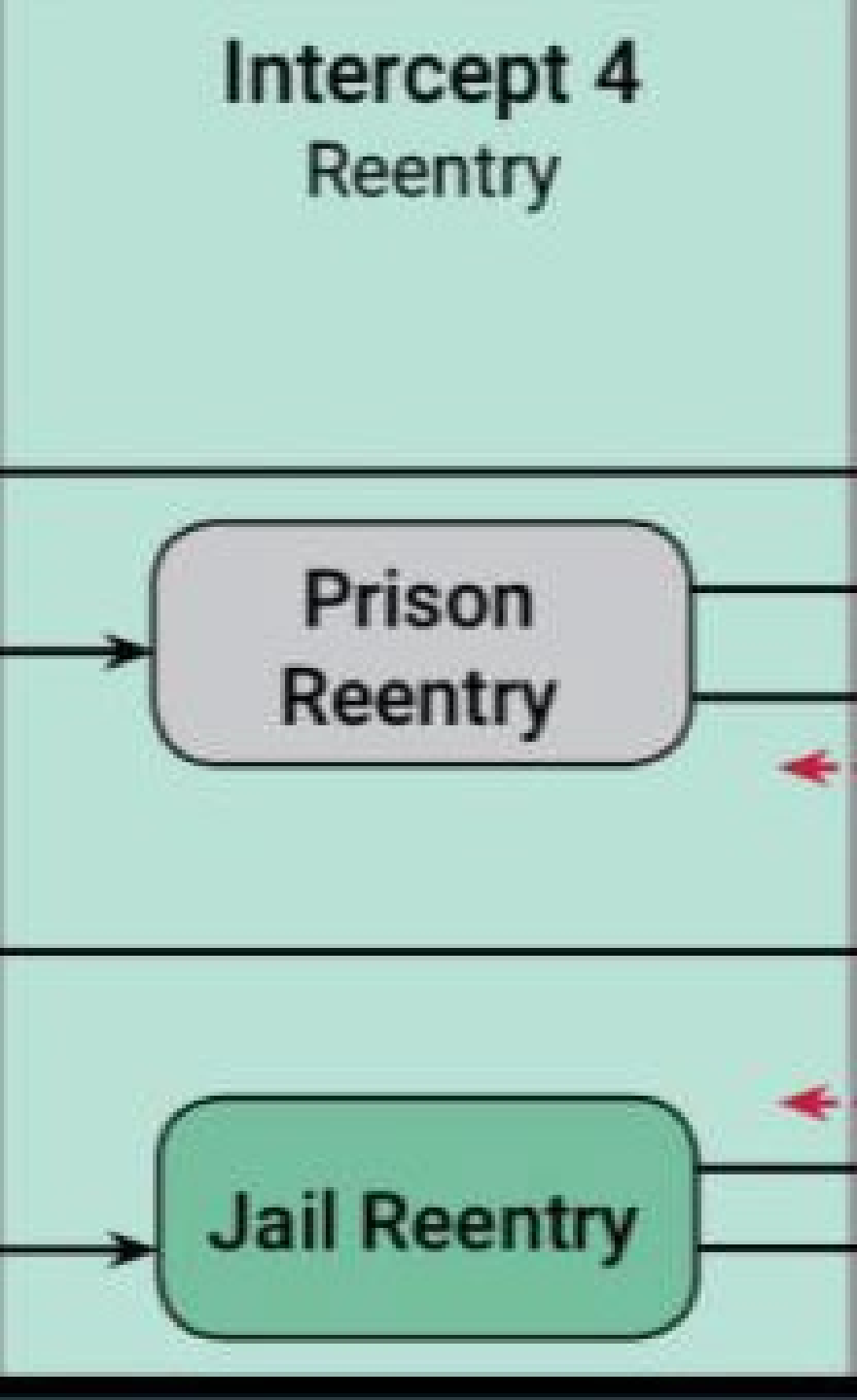
- Once an individual is arrested, they have moved to Intercept 2 of the model. At Intercept 2, an individual is detained and faces an initial hearing presided over by a judge or magistrate.
- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.

# Intercept “3” Overview

- During Intercept 3, people with mental and substance use disorders who have not yet been diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.
- Involves people with mental and substance use disorders who are held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant’s behavioral health needs in the community.
- Includes services that prevent the worsening of a person’s mental health or substance use symptoms during their incarceration.



## Intercept 4 Reentry



The diagram consists of three horizontal light blue rectangular sections. The top section contains the text 'Intercept 4 Reentry'. The middle section contains a light purple rounded rectangle with the text 'Prison Reentry'. The bottom section contains a light green rounded rectangle with the text 'Jail Reentry'. A black arrow points from the left edge into the 'Prison Reentry' box, and another black arrow points from the left edge into the 'Jail Reentry' box. To the right of each box, a black line extends to the right edge, with a small red arrow pointing left towards the box.

Prison  
Reentry

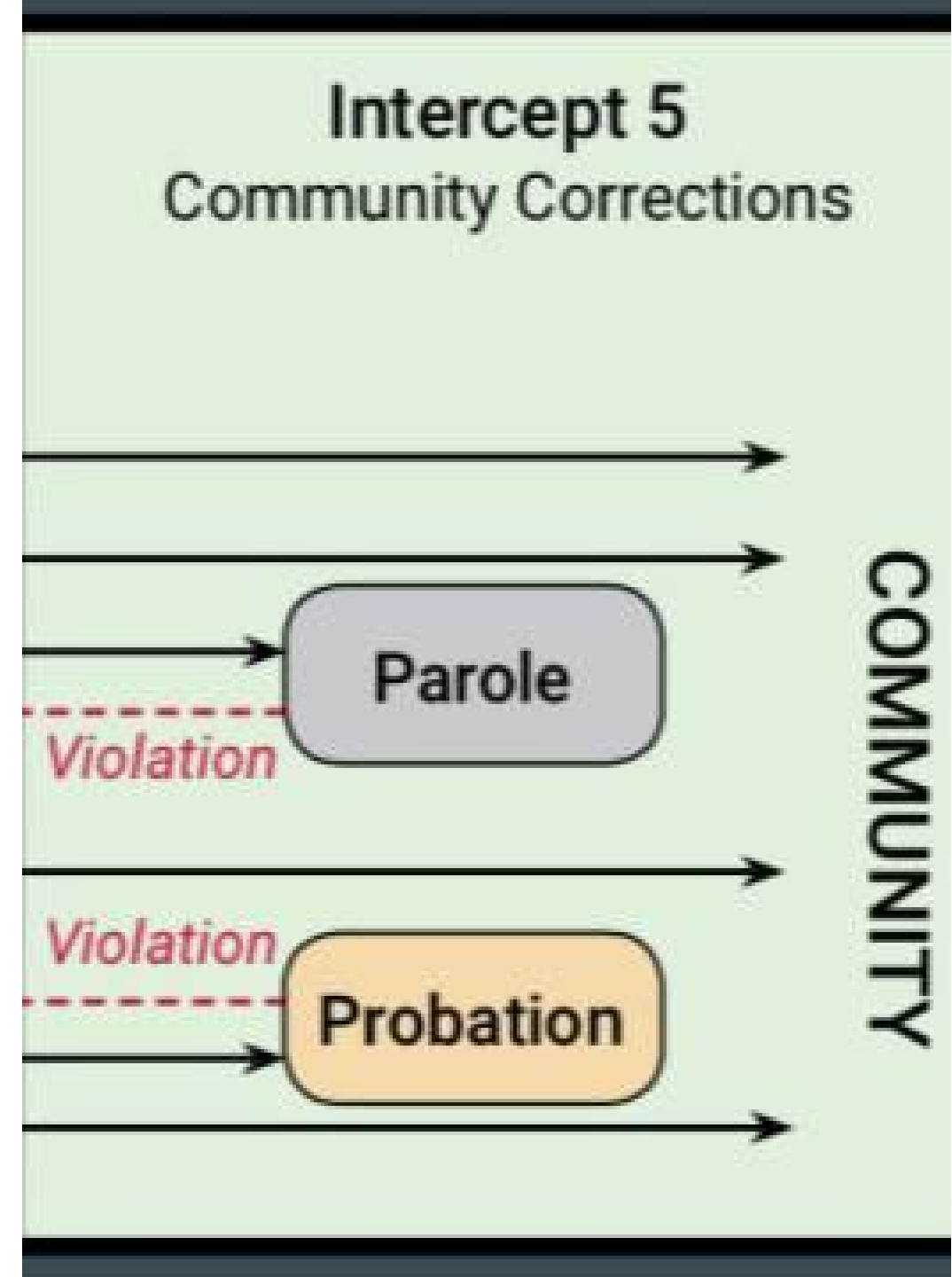
Jail Reentry

## Intercept “4” Overview

- At Intercept 4, people plan for and transition from jail or prison back into the community.
- Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.

# Intercept “5” Overview

- People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes.
- Intercept 5 Overview
- Involves individuals with mental or substance use disorders who are under community corrections’ supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders.
- Addresses the individuals’ risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.



# Common Cross Intercept Gaps

- Lack of a formal planning structure and coordination
- Information sharing and data integration
- Cross-training
- Evidence-based practices
- Trauma-informed approaches and trauma-specific treatment
- Cross-system screening for military service
- Integrated health services and healthcare reform
- Integration of peer services
- Housing, transportation, employment
- Data, Data, Data

# Questions Across Intercepts

What happens when a person with a mental health or co-occurring disorder comes into contact with this intercept?

What screening and assessment tools are used to identify behavioral health needs? Are the screening and assessment tools validated for the population for whom they are being used? What happens when mental health needs are identified?

What resources are available to the individual and staff at this intercept?

What relationships (formal and informal) exist between justice, behavioral health, healthcare, and social services at each intercept?

What training do staff receive at this intercept regarding mental health, substance use disorders, and trauma?

Are peers and/or advocates engaged at this intercept?

Are community services identified in Intercept 0 available across all intercepts? Note if they are not available.

Who are the champions on these issues in the court and community?

Are there cross-sector task forces or coalitions working on behavioral health issues in your community?

What data collection and information sharing exists? What additional data collection and information sharing needs to occur? Do any information sharing protocols and agreements exist?



The background of the slide features a large, semi-circular seal of the National Center for State Courts. The seal is divided into two main color sections: a light blue/white upper half and a dark blue lower half. The text "National Center for State Courts" is written in a circular path around the top, and "1971" is at the bottom. In the center of the seal is a tree, and below it, the word "IUSTITIAM" is visible. The seal has a serrated, sunburst-like edge.

## Community Assessment

[https://ncsc2.iad1.qualtrics.com/jfe/form/SV\\_ea0I0cQaBJiKApE](https://ncsc2.iad1.qualtrics.com/jfe/form/SV_ea0I0cQaBJiKApE)

# Behavioral Health and the State Courts Website



[www.ncsc.org/behavioralhealth](http://www.ncsc.org/behavioralhealth)

# Wrap Up

## Next Steps

## Homework

