Administrative Office of the Illinois Courts

Leading Change in Fitness to Stand Trial Systems: Illinois Courts Guidance Report

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725 ILCS 5/104-10 et seq

That statutory scheme is set out in Article 104 of the Illinois Code of Criminal Procedure, Fitness for Trial, to Plead, or to be Sentenced. 725 ILCS 5/104-10 *et seq*. The scheme covers initial considerations of fitness, fitness determinations, different periods of treatment, and restoration to fitness.

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Background

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)"[1]. A National Initiative Advisory Committee was appointed by the Conference of Chief Justices (CCJ) and Conference of State Court Administrators (COSCA) to guide the work. The SJI grant support 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 health disorders. On March 30, 2020, based on the recognition of the importance and need to improve the state courts' response to mental illness, the National Initiative was elevated to a National Judicial Task Force.

After three years of dedication to the National Initiative and Task Force, CCJ-COSCA highlighted the efforts at their 2022 Annual Conference which was hosted by Illinois and held in Chicago from July 23-27, 2022. The conference was titled "Behavioral Health and the State Courts – Finding Solutions and Resources." During the conference, attendees heard from national experts as they shared experiences, research, resources, and best practices to improve the courts' response to individuals with serious mental illness and co-occurring substance use disorders.

The conference culminated with each respective Conference unanimously validating and approving the work of the Task Force by adopting Resolution 1: In Support of the Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness[2]. The resolution urges each member of the Conferences to lead, examine, educate, and advocate for system improvements in his or her state or territory.

Of the countless ways in which mental illness and the justice system intersect within the Illinois courts, one of the most direct is when courts and judges are involved in an order for evaluation and ultimate determination of a defendant's fitness to stand trial. The fitness to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Unfortunately, persons found unfit to stand trial and committed to the custody of the

[1] The Future is Now: Decriminalization of Mental Illness Improving the Justice System Response to Mental Illness and Co-Occurring Disorders, https://www.ncsc.org/__data/assets/pdf_file/0019/41653/Future_is_Now_Final_rev.pdf

[2] https://ccj.ncsc.org/__data/assets/pdf_file/0019/80371/07272022-Response-to-Mental-Illness.pdf

Illinois Department of Human Services-Division of Mental Health (IDHS-DMH), often wait for weeks or months in county jails where it is difficult to provide them with safe and effective mental health treatment until transferred to a state-operated mental health facility.

This reality is not unique to Illinois courts as affirmed within CCJ-COSCA's *Resolution 1* companion publication Findings and Recommendations[3], Finding Number 4 states:

> *Large numbers of defendants, including many who are charged with misdemeanors or non-violent felonies, spend excessive time in jail awaiting mental health evaluations and fitness restoration, often staying longer in custody than they would have if they had been convicted of the crime, creating unnecessary cost that could be reinvested in community treatment.*

Finding Number 4 is subsequently supported with a Recommendation as follows:

> *Courts should examine Leading Reform: Competence to Stand Trial Systems[4] and other resources developed by the Task Force to gain a clear understanding of current system gaps, strengths, and weaknesses as measured against these recommendations.*

The Illinois Supreme Court has long recognized the court's challenge and responsibility in improving its response to serious mental illness; thus, in 2010, the Illinois Supreme Court created the Special Supreme Court Advisory Committee for Justice and Mental Health Planning[5] (JMHPC). The 29-member committee is charged with studying, reviewing, and collaborating on issues and matters related to mental illness and the justice system to make recommendations to the Supreme Court. Acknowledging the fitness to stand trial system needs further examination and reform, the JMHPC established a subcommittee to lead, evaluate, and seek court-driven solutions to improve practices in Illinois courts.

As a 29-member committee comprised of sitting and retired members of the Illinois judiciary, the Illinois Supreme Court recognized the time limitations of the JMHPC Fitness Subcommittee since many members are actively presiding over sizeable caseloads and subsequently applied for a State Justice Institute (SJI) Technical Assistance Grant.

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[3] https://www.ncsc.org/__data/assets/pdf_file/0027/80847/Findings-and-Recommendations.pdf
[4] https://www.ncsc.org/__data/assets/pdf_file/0019/66304/Leading_Reform-Competence_to_Stand_Trial.pdf
[5] https://www.illinoiscourts.gov/courts/supreme-court/committees-and-commissions/

Notably, the SJI supported the Illinois Supreme Court's request, and throughout calendar year 2023, the JMHPC and National Center for State Courts (NCSC) have worked to effectuate Recommendation 6.1 of the Illinois Mental Health Task Force[6] Statewide Action Plan to Improve the Court and Community Response to Individuals with Mental Illness which reads as follows:

> *The Task Force recommends State Court partnership with the Illinois Department of Human Services, Division of Mental Health, Forensic Services Director to further develop alternative fitness to stand trial strategies to alleviate the negative effects stemming from individuals languishing in jails while awaiting restoration services.*

Scope of Problem

Many justice and mental health professionals, including members of the Illinois Mental Health Task Force and the Illinois Department of Human Services (IDHS) Forensic Workgroup have noted that the current system that manages both fitness to stand trial evaluation and fitness restoration processes is in need of reform. Conversations with IDHS have revealed that state hospitals are inundated with court referrals and are challenged to address them in a timely manner. Typically, this results in waits for fitness-related services, and individuals are subject to incarceration in jail facilities unequipped to provide sufficient psychiatric care. At the time of developing this report, IDHS officials shared data that shows a monthly average of approximately 200 individuals waiting for fitness restoration services while housed in local jails, with an average wait time beyond 60 days. This does not reflect the status of approximately 75 individuals waiting in the queue for placement assessments to be conducted.

[6] https://www.illinoiscourts.gov/courts/additional-resources/mental-health-task-force/

Overview of Tasks

Through these efforts to lead change in fitness to stand trial within Illinois courts, this final report satisfies the SJI Technical Assistance Grant tasks and deliverables as stated below:

- Task 1: Conduct a Fitness to Stand Trial System Review
- Task 2: Identify Opportunities to Create Data-Driven Strategies to Improve Fitness to Stand Trial Caseflow Management Practices
- Task 3: Develop a Court-Driven Action Plan to Help Alleviate the Fitness to Stand Trial Crisis

Task 1: Conduct a Fitness to Stand Trial System Review

The Leading Change in Fitness to Stand Trial Systems within the Illinois court system review included the JMHPC's Fitness Subcommittee conducting a comprehensive response to all the questions presented within the National Initiative's Leading Reform: Competence to Stand Trial Systems Questions State Court Leaders Should Ask First[7] resource, with results guiding future actions. The resource states:

> *as state courts consider initiating reform in their competency to stand trial systems, they should first be sure that they have a clear understanding of how the current system operates. This system survey should provide a consensus vision of current system gaps, strengths, and weaknesses as measured against the Task Force recommendations. Chief justices and other partner entities should ask the following questions about current policies (statutes and rules), and procedures.*

- A complete draft of the Illinois JMHCP Fitness Subcommittee's responses is included in Appendix A.

Next, the JMHPC'Ss Fitness Subcommittee identified four Illinois circuit courts to complete the NCSC Competency to Stand Trial Court Self-Assessment Tool (CST2). The CST2 was designed to be used by court personnel to examine the status of practices, policies, and resources in their jurisdiction relating to evaluation and restoration systems. The items addressed within the CST2 include systemic issues that exist both within the courts (e.g., policies regarding the filing of evaluations in court) and outside the courts (e.g., emergency response systems in the jurisdiction). The completed tools

[7] https://www.ncsc.org/__data/assets/pdf_file/0029/76538/Competence-to-Stand-Trial-Systems-Questions-State-Court-Leaders-Should-Ask-First.pdf

identified priority areas that may serve as starting points for local courts as they look to improve their operations and strategies.

- The (deidentified) findings of each participating Illinois Circuit Court CST2 are included in Appendix B.

Task 2: Identify Opportunities to Create Data Driven Strategies to Improve Fitness to Stand Trial Caseflow Management Practices

Management of fitness cases can be difficult due to a procedural propensity for delay. Delays exist during the period leading up to a fitness determination, as most courts depend on third-party evaluators to conduct the evaluation. Once the evaluation is complete, there must be a hearing on the findings of that evaluation report. Upon a finding that the defendant is "unfit," the transfer to a state-operated mental health facility averages over 60 days; then the initial, and if necessary, extended periods of treatment begin.

At present, the Illinois courts do not have a data strategy that allows for frequent court reviews and incorporation of caseflow management practices at each stage in the fitness process. While the Illinois Supreme Court, through the AOIC, does collect data from all Illinois courts, the existing systems are not integrated, and reports are submitted manually via Circuit Court Clerks. Thorough, complete, and accurate data collection and reporting amongst the Illinois courts requires system-wide change.

At the time of this project, the Judicial Branch was contracted with Tyler Technologies to integrate local court case management systems to allow for increased data reporting efficiencies and allowing for more meaningful data review.[8] Initial discussions with the Judicial Management Information Systems Division regarding the potential to collect and share data to improve caseflow management practices and real-time strategies within fitness to stand trial proceedings have identified promising opportunities yet require further specialized focus and resources to bring that promise to practice.

[8] https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/068d653e-7483-401b-b2b6-9fb3ccf5a636/Preliminary%20Report%20Pretrial%20Practices%20Data%20Oversight%20Board.pdf

Task 3: Develop a Court-Driven Action Plan to Help Alleviate the Fitness to Stand Trial Crisis

The Leading Reform: Competence to Stand Trial Systems Questions State Court Leaders Should Ask First document is a system survey that provides state court leaders with two sets of questions to establish a foundation of assessment for the courts seeking to examine existing operations. The first set of questions focuses on policy, the statute, and rules governing the fitness to stand trial process. The second set of questions focuses on data and procedural actions such as identification of diversion opportunities, where and how evaluations are conducted, where "restoration" services take place, and caseflow management practices.

Noting that some procedures and resources may not be uniform statewide and may vary from local jurisdiction to jurisdiction, four circuit courts completed the CST2 tool which identified nuanced areas for further improvement that helped form the basis of this statewide plan.

By applying these statewide and circuit court assessment tools within the Illinois courts, the JMHPC Fitness Subcommittee and NCSC have identified opportunities and developed overarching recommendations allowing the State Court to encourage and promote strategies to alleviate the burgeoning fitness to stand trial crisis.

Court Actions to Improve Fitness To Stand Trial Proceedings

As a result of this project, the following actionable opportunities were identified as potential strategies to improve the courts' response and management of cases when a *bonafide* doubt of the defendant's fitness is raised pursuant to 725 ILCS 5/104-10 et seq.

Proposed Trial Court Actions and Implementation Guidance

1. **Convene key stakeholders and complete the Fitness to Stand Trial Court System Assessment Tool (CST2).**

   Overview: In 2021, the National Judicial Task Force to Examine State Courts' Response to Mental Illness listed case processing in criminal fitness cases as a national priority. In response, the Competency to Stand Trial Court System Assessment Tool (CST2)[9] was designed for judges and court personnel to examine the status of practices, policies, and resources in their jurisdiction relating to fitness to stand trial proceedings and related behavioral health systems. The information gained from completing the CST2 assists courts in developing and prioritizing strategies in competency, beginning with crisis response, opportunities for deflection and diversion, and concluding with successful reentry.

   Implementation Guidance: Pilot sites indicated the initial value in completing the CST2 stemmed from convening multidisciplinary stakeholders with a specified purpose. Each pilot site included a judge, prosecutor, defense attorney, probation professional, and treatment professional as core members of the completion team. Collective completion of the CST2 exposed a lack of cross-disciplinary knowledge related to community resources, policy and procedural barriers faced by each discipline, and the need for ongoing communication on a regular basis. Courts who facilitate the CST2 should consider including law enforcement officials and corrections professionals as core stakeholders.

[9] Competency to Stand Trial Court System Assessment Tool (https://ncsc2.iad1.qualtrics.com/jfe/form/SV_79enEttPXCeYHB4)

2. **Conduct Sequential Intercept Mapping to assess resources, identify gaps in services, align systems, and plan for comprehensive behavioral health and justice programming.**

   Overview: The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. (PRA). The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment. Applying the SIM to the various decision points that defendants encounter while being evaluated for competency to stand trial or undergoing fitness restoration can result in better outcomes and still attend to public safety.[10] Contact the AOIC Statewide Behavioral Health Administrator for more information and technical assistance.

   Implementation Guidance: The AOIC Statewide Behavioral Health Administrator is available to assist Courts in planning and facilitating Sequential Intercept Mapping Workshops. Contact Scott Block at sblock@illinoiscourts.gov or 312-793-1876 for more information.

3. **Restrict which cases are referred for fitness evaluations.**

   Overview: In *Jackson v. Indiana (1972),* the U.S. Supreme Court held that the nature and duration of an incompetent defendant's commitment must bear a relationship to the purpose for which they are committed. If the defendant has serious mental health needs that bring fitness into question, a significant state interest should be apparent before prosecution moves forward. Far too often, individuals charged with non-serious offenses are subjected to delays, incarceration, and a lack of mental health treatment while subject to the fitness to stand trial processes.

   Whether the line is drawn at misdemeanors, violent offenses, or based on a criminogenic risk assessment, there is a threshold below which the state should not expend the resources nor subject defendants to the fitness procedures. Rather, they should be connected with – and if appropriate, ordered to – treatment and supportive services matched to their assessed level of need. By diverting defendants to appropriately targeted interventions and services and reserving the fitness to

[10] Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model. (https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900484)

stand trial mechanism for fewer cases and for circumstances for which the process is more proportionate, resources would be better spent and the outcomes for everyone, including the defendants, would be better.[11]

Implementation Guidance: The first potential point of diversion occurs when someone chooses to raise the issue of *bonafide* doubt. In some circumstances, it may be appropriate to take proceeding with a fitness evaluation off the table. Courts should convene multidisciplinary teams to identify case characteristics which may replace fitness evaluations and consider opportunities to develop diversion options available to the court. See Judges' Guide to Mental Health Diversion[12] created by the National Judicial Task Force to Examine State Courts' Response to Mental Illness to serve as a resource framework for courts and judges to promote and implement diversion strategies for individuals with behavioral health needs.

4. Promote outpatient treatment when deemed an appropriate level of clinical care.

Overview: In order to augment the state's mental health infrastructure to "improve the forensic admissions process," the Illinois Department of Human Services was successful in facilitating legislative amendments to the Illinois Administrative Procedure Act. The amendments were signed into law, effective "immediately" on January 18, 2023, via Public Act 102-1118.

> *(725 ILCS 5/104-17) (from Ch. 38, par. 104-17) Sec. 104-17. Commitment for treatment; treatment plan. (b) If the defendant's disability is mental, the court may order him placed for secure treatment in the custody of the Department of Human Services, or the court may order him placed in the custody of any other appropriate public or private mental health facility or treatment program which has agreed to provide treatment to the defendant. If the most serious charge faced by the defendant is a misdemeanor, the court shall order outpatient treatment, unless the court finds good cause on the record to order inpatient treatment.*

[11] Leading Reform: Competence to Stand Trial Systems (https://www.ncsc.org/__data/assets/pdf_file/0019/66304/Leading_Reform-Competence_to_Stand_Trial.pdf)

[12] Judges Guide to Mental Health Diversion: https://www.ncsc.org/__data/assets/pdf_file/0031/85189/Judges-Guide-to-Mental-Health-Diversion.pdf

Furthermore, in the 1999 *Olmstead v. L.C. Supreme Court Decision*[13], the Court found that states are required to provide community-based services that enable individuals with disabilities, including those with serious mental illnesses, to live in the most integrated setting appropriate to them. Judges must consider Olmstead implications when determining where evaluations and restoration services are conducted.

Implementation Guidance: Treatment should generally be provided in the least restrictive setting that is appropriate, so unless there is a safety concern or other clinical issue, treatment should be in the community. The Illinois Department of Human Services has contracted with approximately 18 service providers to conduct community-based restoration services. In some cases, particularly where it may be difficult for a defendant to travel to a specific provider, telehealth services may be available. Courts can contact Jason Stamps, *Administrator of Forensic Community Service Programs and Grant Funded Entities* for more information about accessing and developing outpatient services within a high-need geographic location. (jason.stamps2@illinois.gov)

5. Consider a Civil Response as a viable alternative to ordering a Fitness Evaluation.

Overview: Persons who have been charged with crimes allegedly committed outside a mental health facility can still access civil alternatives that may render criminal proceedings no longer necessary.

> *(405 ILCS 5/3-607) (from Ch. 91 1/2, par. 3-607). Court ordered temporary detention and examination. When, as a result of personal observation and testimony in open court, any court has reasonable grounds to believe that a person appearing before it is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm, the court may enter an order for the temporary detention and examination of such person. The order shall set forth in detail the facts which are the basis for its conclusion. The court may order a peace officer to take the person into custody and transport him to a mental health facility. The person may be detained for examination for no more than 24 hours to determine whether or not she or he is subject to involuntary admission and in need of immediate hospitalization. If a petition and certificate are executed within the 24 hours, the person may be admitted provided that the certificate states that the person is both subject to involuntary admission and in need of immediate hospitalization. If the certificate*

[13] Olmstead v. L.C., 527 U.S. 581; 119 S. Ct. 2176.

states that the person is subject to involuntary admission but not in need of immediate hospitalization, the person may remain in his or her place of residence pending a hearing on the petition unless he or she voluntarily agrees to inpatient treatment. The provisions of this Article shall apply to all petitions and certificates executed pursuant to this Section.

Note Limitations: If inpatient admission is thought to be needed, that can be pursued but not if a person has a felony charge. 405 ILCS 5/3-100; *In re Megan G.*, 2015 IL App (2d) 140148, ¶¶14,24, *petition for leave to appeal denied*, March 30, 2016 (addressing trial court's procedural limitation on hearing civil inpatient commitment petition while respondent has pending felony charge).

Implementation Guidance:

5.A. Courts, prosecutors, and defense attorneys should convene and review the National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report[14] and determine what local resources are available to develop alternatives to criminal proceedings.

5.B. Judges and attorneys should review the Illinois Judicial College Civil Mental Health Proceedings Training Series, specifically sessions Three: Orders for Detention and Examination: The Writ Process and Five: Involuntary Treatment Proceedings and discuss local opportunities to divert to civil alternatives.

6. Reinforce caseflow management practices that limit avoidable delays.

Courts must control case progress and court events through judicial leadership and control of their dockets. Courts should be accountable and hold attorneys and community providers accountable in ensuring the court process meets the specific needs of the individual. Individuals with behavioral health needs are best served through availability of multiple pathways to treatment and recovery.[15]

[14] National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report, https://www.ncsc.org/__data/assets/pdf_file/0022/77143/National-Diversion-Landscape.pdf

[15] New Model for Collaborative Court and Community Caseflow Management, https://www.ncsc.org/__data/assets/pdf_file/0024/78801/New-Model-for-Collaborative-Court-and-Community-Caseflow-Management.pdf

Implementation Guidance:

6.A. Courts should consider appointing a single point of contact to interface with local corrections officials and the Department of Human Services to increase cross-system communication.

6.B. Consider the use of technology to increase access to timely evaluations. The use of videoconferencing to conduct assessments has the potential to help meet this increasing demand by improving the availability and efficiency of evaluation services. However, perceived legal and practical barriers to using videoconferencing for adjudicative competency evaluations or other forensic evaluations can inhibit adoption of these capabilities.[16] Courts should increase communication with local corrections officials to identify resources necessary to facilitate remote capabilities.

6.C. Although statutory timelines dictate case proceeding milestone events, judges can increase oversight and accountability through asking attorneys to consider the timeliness implications on each defendant's mental health and proceed by setting individualized and meaningful review/status hearing dates. When setting court events, judges should ask attorneys to consider the timeliness implications for each defendant's mental health status.

6.D. Per 725 ILCS 5/104-20(a) Upon entry or continuation of any order to undergo treatment, the court shall set a date for hearing to reexamine the issue of the defendant's fitness not more than 90 days thereafter. In addition, whenever the court receives a report from the supervisor of the defendant's treatment pursuant to subparagraph (3) of paragraph (a) of Section 104-18, the court shall forthwith set the matter for a first hearing within 14 days unless good cause is demonstrated why the hearing cannot be held. When the court, the State, and the defense receive the supervisor's report, all parties should immediately review the report to see if either of the accelerated hearing provisions has been triggered by the contents of the report per subsection (e).

6.E. Whenever the court receives an IDHS Progress Report during the Initial or Extended Period of Treatment, which opines that "the defendant has attained fitness" (104-18(a)(2)), courts should facilitate the expeditious transfer of defendants from IDHS Forensic Treatment Programs, through reinforcing the urgency of "immediate transport orders" as stated within Section 5-104 of the Illinois Code of Criminal

[16] Forensic competency evaluations via videoconferencing: A feasibility review and best practice recommendations. https://www.davidluxton.com/publications/Luxton_and_Lexcen_Forensic_competency_evaluations_via_videoconference.pdf

Procedure. By doing so, the occupied IDHS bed becomes available for another defendant from the existing waitlist.

Comment: Judges have voiced concern over the procedural issue which arises when a defendant is transferred from a bed when IDHS opines a patient to be fit, but the court finding is in conflict. When the bed is backfilled, the defendant is placed back on the IDHS waitlist and often held in the local jail. At the time of this report, no statewide data exists on the frequency of this issue. (IDHS anecdotal reports suggest an approximate 4% "disagreement rate.")

7. **Evaluate feasibility to implement a Fitness Docket/Centralized Calendar.**

Depending on the size of the jurisdiction, fitness cases may be few and far between, or they may be an everyday occurrence. In either event, combining whatever cases there are and sending them to one judge (or more if the volume requires) will result in a more proficient judge.[17]

Implementation Tip(s): Courts should facilitate a meeting with the circuit clerk, prosecutor, defense, and bar to develop predictable processes and fluency in fitness to stand trial proceedings.

[17] Leading Reform: Competence to Stand Trial Systems, https://www.ncsc.org/__data/assets/pdf_file/0019/66304/Leading_Reform-Competence_to_Stand_Trial.pdf

Illinois Supreme Court Actions for Consideration

1. Create Uniform Documents

- Task the Special Supreme Court Advisory Committee for Justice and Mental Health Planning with drafting a Uniform Order for Detention and Examination Based on Observation and Testimony.
- Task the Special Supreme Court Advisory Committee for Justice and Mental Health Planning and select justice partners with drafting a Uniform Evaluation Template.

Comment: When the reports differ in content, style, and structure, delays and miscommunication may result. A number of states employ evaluation report templates, so the readers — judges, lawyers and other clinicians — have a consistent experience in reviewing a report. This can ensure that all required statutory elements are addressed, factual background and detail are consistent, and conclusions and recommendations are legally sufficient.

2. Update the Fitness Procedures in the Illinois Courts Bench Book

- Task the Special Supreme Court Advisory Committee for Justice and Mental Health Planning with updating the Fitness Procedures in the Illinois Courts Bench Book.
- Incorporate legislative amendments to Article 104 of the Illinois Administrative Procedure Act that were signed into law, effective "immediately" on January 18, 2023, via Public Act 102-1118.[18]
- Incorporate relevant updates stemming from Public Act 102-0913[19] (Mental Health Inpatient Facility Access Act).
- Incorporate best practices from Leading Reform: Competence to Stand Trial Systems.[20]

[18] Public Act 102-1118: https://ilga.gov/legislation/publicacts/fulltext.asp?Name=102-1118
[19] Public Act 102-0913: https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0913
[20] Id footnote 17

3. Increase Training Opportunities

- Task the Special Supreme Court Advisory Committee for Justice and Mental Health Planning and the Judicial College with developing increased training events focusing on fitness to stand trial procedures and caseflow management techniques for individuals with mental health challenges.
- Consider the addition of fitness to stand trial training within the New Judges School curriculum.
- Consider developing a judicial training focused on the goals and outcomes of fitness restoration services versus treatment services.

4. Prioritize Data Collection and Reporting

- Task the Special Supreme Court Advisory Committee for Justice and Mental Health Planning, the Court Services Division, and the Judicial Management Information Services Division to identify and prioritize data collection and reporting of nationally identified fitness to stand trial data elements.
- Accurate, accessible data is critical for policymakers and courts to make informed decisions about what is working well and where changes are needed in the fitness to stand trial process.[21]
- See minimum data set as identified in the Behavioral Health Data Elements Guide for State Courts.[22]

[21] Just and Well: Refining How States Approach Competency to Stand Trial

[22] https://www.ncsc.org/__data/assets/pdf_file/0023/84254/Behavioral-Health-Data-Elements-Guide.pdf

Enhancing Court and Justice Partner Collaborations

1. Through the Statewide Behavioral Health Administrator and select justice partners, engage with Illinois Sheriffs Association to:
    - promote the use of technology and policies to conduct virtual evaluations, and
    - standardize jail mental health screenings at booking and develop best practices to transfer information to the court and counsel.
2. Through the Statewide Behavioral Health Administrator and select justice partners, engage with the Illinois Psychiatric Society and Illinois Psychological Association to:
    - promote the use of technology and specialized training to facilitate virtual evaluations,
    - convene an annual training and propagate best practices in forensic evaluations, and
    - consider opportunities to incentivize the submission of timely evaluation reports.
3. Through the Statewide Behavioral Health Administrator and select justice partners, engage with the Illinois Department of Human Services to:
    - promote an increase in outpatient fitness restoration agencies,
    - standardize treatment practices that incorporate restoration requirements,
    - encourage the use of court liaisons to provide case management services,
    - invest in local jail discharge planners to facilitate service linkages prior to release, and
    - develop additional training for judges, prosecutors, and public defenders regarding statutes, caselaw, and processes for fitness to stand trial restoration and treatment practices.

Appendix A

Leading Reform: Competence to Stand Trial Systems
QUESTIONS STATE COURT LEADERS SHOULD ASK FIRST

Note: That statutory scheme is set out in Article 104 of the Illinois Code of Criminal Procedure, Fitness for Trial, to Plead, or to be Sentenced. 725 ILCS 5/104-10 *et seq*. The scheme covers initial considerations of fitness, the fitness determination, different periods of treatment, and restoration to fitness.

Policies (Statutes & Rules)

Are there exclusions for charges/offenses that are eligible for referral to the CST process?

No – All criminal misdemeanor and felony charges/offenses are eligible.

Maximum lengths of treatment time are established as follows: Effective August 22, 2014, the fitness law on the length of the Initial Period of Fitness was amended from one year for all felony and misdemeanor offenses to a period of time that "shall be no longer than the sentence if convicted of the most serious offense." 725 ILCS 5/104-17(e). The result is that Initial Period of Treatment may be no longer than 1 year for all felonies, 364 days for Class A misdemeanors, 6 months for Class B misdemeanors, and 30 days for Class C misdemeanors. For the three misdemeanor categories, these periods are not only the maximum length of treatment during the Initial Period, but these periods are also the maximum length of treatment in total during any of the treatment periods. 725 ILCS 5/104-25(g)(4).

How many competency evaluations are required?

Two: 1) Independent Examination 2) IDHS Placement Evaluation (can be found "fit" at this time)

The defense, state, or court may raise the issue of fitness at any time. If a *bona fide* doubt as to fitness is raised, the court shall order a determination of the issue before proceeding further. 725 ILCS 5/104-11(a).

When the issue of fitness involves the defendant's mental condition, the court shall order an examination of the defendant by one or more licensed physicians, clinical psychologists, or psychiatrists chosen by the court but not employed by the Department of Human Services in his or her official capacity. 725 ILCS 5/104-13(a).

At the conclusion of the fitness hearing in which the defendant was found unfit with a substantial probability, if provided with a course of treatment, of attaining fitness within the time period of 1 year for felonies, 364 days for Class A misdemeanors, 6 months for

Class B misdemeanors, and 30 days for Class C misdemeanors, the court shall order the defendant to undergo treatment for the purpose of rendering him or her fit. 725 ILCS 5/104-16(d).

Upon the clerk's transmittal of the order and other statutorily required paperwork to DHS, DHS will conduct a placement evaluation (725 ILCS 5/104-17(b).

> **Opportunity**: Provide treatment from the time of raising doubt through the placement evaluation as the clinical presentation and symptoms can change.
>
> Accept "virtual" placement evaluations as the normal procedure.
>
> See 725 ILCS 5/104-23(b) re: civil commitment alternatives if found "fit" by IDHS when facilitating the placement evaluation. (Nolle Pros or Reduce Charges)

What requirements pertain to the content and format of the evaluations?
The report shall include per 725 ILCS 5/104-15:

A diagnosis and an explanation as to how it was reached and the facts upon which it is based.

A description of the defendant's mental or physical disability, if any; its severity; and an opinion as to whether and to what extent it impairs the defendant's ability to understand the nature and purpose of the proceedings against him or to assist in his defense, or both.

If the report indicates that the defendant is not fit to stand trial or to plead because of a disability, the report shall include an opinion as to the likelihood of the defendant attaining fitness within these periods of time from the date of the finding of unfitness if provided with a course of treatment (and per Corbett 2022 IL App (2d) 200025 ¶ 47,56,64,66,70 the strong implication is that the report should include the basis for the opinion as to the likelihood of the defendant attaining fitness within the applicable term):

For a felony, one year

For a Class A misdemeanor, 364 days

For Class B misdemeanors, 6 months

For Class C misdemeanors, 30 days

If the person or persons preparing the report are unable to form such an opinion, the report shall state the reasons therefor.

The report **may** include a general description of the type of treatment needed and of the least physically restrictive form of treatment therapeutically appropriate.

The report shall indicate what information, if any, contained therein may be harmful to the mental condition of the defendant if made known to him.

> **Opportunity**: Consider SC approved uniform evaluation report template.
>
> Ensure least physically restrictive form of treatment is considered and included in the report.

What are the relevant required timelines for: CST being raised to adjudication, from referral for evaluation to report submission, from adjudication to initiation of restoration services, from commencement of restoration services to court review, the frequency of court reviews, and what are the time limits on the length of restoration?

Sec. 104-11. Raising Issue; Burden; Fitness Motions.) (a) The issue of the defendant's fitness for trial, to plead, or to be sentenced may be raised by the defense, the State or the Court at any appropriate time before a plea is entered or before, during, or after trial.

Referral for evaluation to report submission The examiners shall submit a written "report" to the court, the State, and the defense within 30 days of the order finding the defendant unfit. 725 ILCS 5/104-15. The court may, upon a showing of good cause, grant an additional 7 days to complete the examination.

Fitness hearing within 45 days of receipt of fitness report.

Unfit with a substantial probability, if provided with a course of treatment, of attaining fitness within 1 year, 364 days, 6 months, or 30 days (based on class of charge).

30-day/Admissions Report to be filed w/in 30 days, and if believed a probability of fit within applicable time period, then with treatment plan.

DHS shall admit the defendant to a secure facility within 60 days of the transmittal of the court's placement order, unless DHS can demonstrate good faith efforts at placement and a lack of bed and placement availability. If placement cannot be made within 60 days of the transmittal of the court's placement order and the DHS has demonstrated good faith efforts at placement and a lack of bed and placement availability, the DHS shall provide an update to the ordering court every 30 days until the defendant is placed.

Progress Reports filed 7 days prior to hearings, or filed if defendant will not be fit within applicable time period. Hearing required within 14 days or if DHS believes defendant to be fit.

Regaining of Fitness: Statute states "immediate" order to return to jail.

> **Opportunity**: Caseflow Management Practices – Case assignment to designated Judge/Courtroom.
>
> Mandated e-filing to facilitate report submissions.

What are the requirements and options at the end of that restoration period and in the event of a determination of non-restorability?
See Supplemental PDF Attachments: *unfit with no substantial probability, if provided with a course of treatment, of attaining fitness within the applicable time period.*

Are there legal presumptions for the location of CST evaluations? For the location of CST restoration?
Evaluation: An examination ordered under this Section shall be given at the place designated by the person who will conduct the examination, except that if the defendant is being held in custody, the examination shall take place at such location as the court directs. 725 ILCS 5/104-13(c).

Restoration: If the defendant's disability is mental, the court may order him placed for secure treatment in the custody of the Department of Human Services, or the court may order him placed in the custody of any other appropriate public or private mental health facility or treatment program which has agreed to provide treatment to the defendant. If the most serious charge faced by the defendant is a misdemeanor, the court shall order outpatient treatment, unless the court finds good cause on the record to order inpatient treatment. If the court orders the defendant to inpatient treatment in the custody of the Department of Human Services, the Department shall evaluate the defendant to determine the most appropriate secure facility to receive the defendant and, within 20 days of the transmittal by the clerk of the circuit court of the court's placement order, notify the court of the designated facility to receive the defendant.

> **Opportunity**: Use virtual and jail-based services, outpatient fitness restoration.
>
> Consider promoting housing with outpatient fitness restoration.
>
> Figure out how to link to treatment as people are released from jails once fit. Often the case is dismissed and the person is just released without connection to services/treatment.

PROCEDURES (Note: Some procedures and resources may not be uniform statewide and may vary from local jurisdiction to jurisdiction.)

What diversion options exist for defendants for whom CST has been raised?
Not by statute – options vary by circuit (to consider - treatment and social support resources and prosecutorial discretion)

> **Opportunity**: Normalize and standardize diversion when applicable

What evaluations (clinical, criminogenic, etc.) are done to determine diversion from CST process eligibility? With whom is that information shared?

Pretrial Assessment – Virginia Pretrial Risk Assessment: results provided to judge, state, and defense.

> **Opportunity**: the VPRA does not have specific mental health questions but Illinois is developing a new tool that intends to identify mental illness risk/need factors.

How are defendants identified and reviewed for diversion, and by whom are they reviewed?

Varies by Circuit – typically by defense.

> **Opportunity**: See 17th Circuit Wellness Track – screening of police reports and pretrial risk assessment for diversion opportunities.
>
> Standardize jail mental health screening and how this information is shared.
>
> Ensure pretrial assessment for mental health.
>
> Add a check box on the probable cause statement for law enforcement which would alert court and attorneys of possible mental health issues.

How are CST evaluators qualified, selected, and reviewed? How is the quality of the evaluations assured or measured?

Illinois Courts do not have a standardized or uniform process to qualify and select evaluators or conduct quality assurance reviews.

When the issue of fitness involves the defendant's mental condition, the court shall order an examination of the defendant by one or more licensed physicians, clinical psychologists, or psychiatrists chosen by the court but not employed by the Department of Human Services in his or her official capacity. 725 ILCS 5/104-13(a).

> **Opportunity**: Arizona law restricts the performance of court-ordered competency evaluations in criminal and juvenile cases to mental health experts who are approved by the court under court-developed guidelines. This program is designed for licensed Arizona physicians and psychologists with forensic experience who seek to become court-approved evaluators in criminal and juvenile cases. Faculty include judges and mental health experts from throughout Arizona and nationwide.

Where are the evaluations done and are there options?
An examination ordered under this Section shall be given at the place designated by the person who will conduct the examination, except that if the defendant is being held in custody, the examination shall take place at such location as the court directs. 725 ILCS 5/104-13(c).

No examinations under this Section shall be ordered to take place at mental health or developmental disabilities facilities operated by the Department of Human Services.

How are CST cases calendared – is there a team involved (consistent prosecutor, defense counsel, judge, treatment representative, etc.)?
Not by rule – Some courts may assign a single judge to hear all competency proceedings.

> **Opportunity**: Consistency in case assignment and court actors (consider – rural circuits and SOJ)

Is anyone assigned to specifically case manage CST cases? For whom do they work?
No

> **Opportunity**: Several states have begun to use court connected or court employed personnel to provide case management-like functions for the court. Colorado calls them court liaisons, Washington calls them forensic navigators, other states refer to them as boundary spanners, but the function is essentially the same: bridge the behavioral health and criminal justice systems to more effectively manage individual defendants' circumstances. In a competency context, this case management role can facilitate the pairing of defendants and evaluators, identify services that would allow the evaluation and restoration process to occur in the community instead of a custodial facility, ensure appropriate attention is paid to timelines and resource coordination, and generally make sure that cases do not fall through the cracks. Translating behavioral health system processes and requirements to a criminal justice context, and vice versa, has shown to benefit all the system players by saving resources and more effectively delivering behavioral health services and access to justice.

At which points in the process are peers utilized?
Illinois Courts do not utilize Peer Support to assist with case management.

> **Opportunity**: See #7 (AOIC Statewide Behavioral Health Administrator has suggested the utilization of case managers and/or peers to the Governor's Chief Behavioral Health Officer and DHS-Division of Mental Health Leadership)

DATA QUESTIONS

Note: Per Manual on Recordkeeping - 2022 Edition:

Civil Case Code MH: A Mental Health case number shall be assigned to proceedings involving hospitalization, discharge, or restoration to legal status. When a proceeding relative to a resident of Illinois is held in a county other than the county in which the person resides and a transcript of such proceeding (including change of status reports) is received by the circuit clerk of the county of such person's residence, the clerk shall assign a new MH case number. A petition for discharge or restoration is a new case if filed in a county other than the county from which the person was committed; if filed in the same county, it is a post-termination proceeding in the original case. *data is predominantly available as annual totals by County

Unfit To Stand Trial: There is an ADR (Automated Disposition Reporting) code for being found "Unfit to Stand Trial," so this is something all counties would be reporting to the AOIC that would then be transmitted to the Illinois State Police**.**
A defendant is found to be unfit to stand trial, plea, or be sentenced pursuant to Article 104 of the Code of Criminal Procedure of 1963, 725 ILCS 5/104et.al.

How many individuals have their competency formally raised before the court?
No Data on Criminal Cases including Fitness concerns is available within the Annual Report and Statistical Summary of Illinois Courts.

> **Opportunity**: Socrata Data Project and mandated collection of UST caseflow information

How many individuals of those are referred for evaluations?
Unknown

> **Opportunity**: Socrata Data Project (See Oregon Dashboard)

What percentage are determined to be incompetent to stand trial?
Unknown

> **Opportunity**: Socrata Data Project (See Oregon Dashboard)

How long do each of the segments of the process take (same events as #4 above)
Unknown

> **Opportunity**: Socrata Data Project (See Oregon Dashboard)

If there are delays or waiting lists at any of these points, how long are they?
DHS average time from placement evaluation to admittance: 65 days

Per February 21, 2023: DHS Waitlist is 137 individuals with 105 > 60 days

What are the demographics of those involved at each point in the process – criminal charge, race/ethnicity, gender, in custody or not, diagnosis, etc.?
Per February 21, 2023: Of the individuals on the waitlist, 15 are charged with criminal misdemeanor/13 waiting in the community > 60 days.

Other demographics unknown

> **Opportunity**: The AOIC Chief Diversity and Inclusion Officer is working with Southern Illinois University, Applied Research Consultants, to complete a multi-scope data research project to review court processes, procedures, climates, decision-making, outcomes, and demographics, through a DEI lens.

What are the outcomes in terms of restoration success and timeliness of the process, by each of the demographic categories above?
Unknown

Where is restoration done, and what are the options?
Upon receipt of an order for outpatient fitness restoration under Section 17(b) of Article 104 of the Code of Criminal Procedure, within 20 days of receipt of the order, IDHS will conduct an initial evaluation of the defendant to make an individualized determination as to whether: (i) fitness restoration is still indicated; (ii) if so, whether outpatient placement is the least restrictive alternative consistent with the person's needs; and (iii) if it is likely that the individual may be restored to fitness within the statutory timeframe (30 days for a Class C misdemeanor, 180 days for a Class B misdemeanor and 364 days for a Class A misdemeanor). Thus, if it is determined that outpatient restoration is not indicated due to the individual factors present, IDHS will recommend to the court that the outpatient order be changed to inpatient.

In some cases, particularly where it may be difficult for a defendant to travel to a particular provider, telehealth services may be available. Some providers may also be able to render fitness restoration services at the person's home or other mutually agreed site. At present, however, these services are not available at all locations.

(725 ILCS 5/104-17) (from Ch. 38, par. 104-17) Sec. 104-17. Commitment for treatment; treatment plan.

(b) If the defendant's disability is mental, the court may order him placed for secure treatment in the custody of the Department of Human Services, or the court may order him placed in the custody of any other appropriate public or private mental health facility or treatment program which has agreed to provide treatment to the defendant. If the most serious charge faced by the defendant is a misdemeanor, the court shall order outpatient treatment, unless the court finds good cause on the record to order inpatient treatment. If the court orders the defendant to inpatient treatment in the custody of the

Department of Human Services, the Department shall evaluate the defendant to determine the most appropriate secure facility to receive the defendant and, within 20 days of the transmittal by the clerk of the circuit court of the court's placement order, notify the court of the designated facility to receive the defendant.

- DHS holds contracts with 17 outpatient providers

> **Opportunity**: Expand outpatient treatment options
>
> Note: Jail-based restoration is not recommended by the National Mental Health Task Force or by Just and Well

What are the components of the restoration options – treatment, medication, legal education? All three?

All Three: If the DHS report indicates that there is a substantial probability that the defendant will attain fitness within the time period, the treatment supervisor shall also file a treatment plan which shall include:

(1) A diagnosis of the defendant's disability;

(2) A description of treatment goals with respect to rendering the defendant fit, a specification of the proposed treatment modalities, and an estimated timetable for attainment of the goals;

(3) An identification of the person in charge of supervising the defendant's treatment. 725 ILCS 5/104-17(e).

Opportunity: Person-Center Treatment vs. Concentration on Court Process

Provide linkage to treatment after finding of fitness instead of just dismissing a case and releasing a person.

What are the protocols and frequency for restoration progress judicial review – standardized? Up to counsel? The judge? The restoration provider? Are individuals regularly transported for those hearings?

Progress Reports: During the Initial Period of Treatment, the treatment supervisor shall submit a written report to the court, the State, and the defense as follows:

(1) At least 7 days prior to the date for any hearing on the issue of the defendant's fitness;

(2) Whenever the treatment supervisor believes that the defendant has attained fitness;

(3) Whenever the treatment supervisor believes that there is not a substantial probability that the defendant will attain fitness, with

treatment, within one year from the date of the original finding of unfitness. 725 ILCS 5/104-18(a).

Right to be present at all hearing – can be waived (Not common practice to be in attendance)

Is there a transition plan and case management for individuals returning from restoration? Who develops it and oversees it?

Per DHS: State Operated Hospitals prepare a discharge plan; however, local jails vary on their ability to follow through with recommendations due to resources, or time to affect the discharge plan.

> **Opportunity**: Increased jail-based resources and community step-down programs
>
> Provide a mechanism to ensure medication continuity as people move between agencies and systems.

What are the resources available to those transitioning back into the community from a restoration process – medication, housing, coordinated mental health treatment, case management, SUD treatment, benefits coordination, etc.?

Per DHS: The resources are primarily community mental health agencies. Housing is the biggest dilemma that we face in terms of linkage. Medication typically comes from the jail once they are released not DHS. Also, we can't realistically coordinate benefits when the person is being discharged back to the jail and we have no idea how or when their case may be resolved.

> **Opportunity:** Increased jail-based resources and discharge/reentry planning and increase supported housing through community mental health agencies.

Are there any existing entities focused on monitoring or improving the CST process? Are the courts a part of this entity?

Special Supreme Court Committee for Justice and Mental Health Planning – Competency Subcommittee

Mental Health Inpatient Facilities Act: Illinois General Assembly - Full Text of Public Act 102-0913 (ilga.gov)

Appendix B

CST2 Survey Matrix

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Crisis Response from Law Enforcement	None	Local 911 dispatchers have been trained in behavioral health	Law enforcement officers receive Crisis Intervention Team (CIT) training and/or other trainings aimed at working with people in mental health crisis	911 calls are triaged to prioritize non-law enforcement responses, such as mobile crisis or other multidisciplinary team response units	Law enforcement utilizes an officer and behavioral health co-responder model
988 Implementation	None	The court provides information to all judges about 988, including why it is a relevant resource for courts	The court provides information about 988 to court users and members of the community	The court's community or state has a 988 advisory committee	The court has appointed a representative to the community- or state-level 988 advisory committee

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Crisis Stabilization	None	There is awareness of the Crisis Now Self-Assessment or other scoring tool	The community has crisis stabilization facilities; however, there are frequently no beds available when needed	The community has crisis stabilization facilities; however, at times there are no beds available when needed	The community has crisis stabilization facilities; beds are nearly always available when needed
Screening for CST Evaluation	None	There are "offramps" to divert cases throughout the CST process	The jurisdiction has court rules or statutes that exclude specific case types from referral to CST	The court diverts cases from formal processing and CST referral based on assessments of clinical needs and criminogenic risk, as reviewed by a cross-disciplinary team, and the nature of the charge	The court periodically evaluates the criminogenic risk screen to ensure the tool is reliable and valid for the population

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Alternatives to CST Evaluation	None	The jurisdiction has processes to divert cases to treatment services, including legal avenues for accessing civil court-ordered services, instead of relying on court CST referrals to provide treatment	The community has behavioral health services that can take CST diversion cases; however, there is frequently little to no availability	The community has behavioral health services for different levels of risk and clinical support	The jurisdiction has court rules or statutes that require diversion to be prioritized under certain circumstances

II. Expanding Community-based Services and Support

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Availability of Community-based Services for People with Behavioral Health Needs	None	The community has assessed the availability of community-based services for mental health, substance abuse, crisis response, education, vocational training, prosocial activities, supportive housing, and transportation	The community is working with relevant stakeholders to expand the types and availability of community-based services	Stakeholders have examined policies and administrative rules to determine whether there are opportunities to expand funding for various types of community-based services	Stakeholders have implemented new policies or administrative rules to determine whether there are opportunities to expand various types of community-based services
Availability of Community-based Services for People Involved in the Criminal System	None	The community has assessed the availability of community-based services for individuals at each stage of the criminal justice process(including pre-arrest, post-arrest/pre-trial, post-convictions, and reentry)	The community is working with stakeholders to ensure there are services available for individuals at each system point	Stakeholders have examined policies and administrative rules to determine whether there are opportunities to expand services for individuals at each system point	Stakeholders have implemented new policies or administrative rules to determine whether there are opportunities to expand services for individuals at each system point

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Court Processes for Referring to Alternative Evaluation Sites	None	The court has an informal practice of seeking non-custodial settings for competency evaluation	The jurisdiction has a statutory presumption that evaluations occur in the least restrictive setting	The court utilizes a formal assessment of clinical needs and criminogenic risk to determine the least restrictive setting appropriate for a CST evaluation	The court utilizes a formal assessment of clinical needs and criminogenic risk to determine the least restrictive setting appropriate for a CST evaluation; the assessment tools are periodically reviewed to ensure they are reliable and valid for the population

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Availability of Competency Evaluation Placement and Community Programs	None	Alternative evaluation sites exist in the community, rather than solely relying on hospital- and jail-based programs	The community has multiple alternative evaluation sites inclusive to diverse groups with a focus on culturally responsive services	The community has multiple alternative evaluation sites inclusive to diverse groups with a focus on culturally responsive services and offers remote evaluation options	There are measures in place to examine and ensure the cultural responsiveness and reliability of evaluations

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Court Processes for Referring to Alternative Restoration	None	The court formally assesses criminogenic risk and clinical needs with an assessment tool for determining the least restrictive alternative for CST restoration	The court uses and periodically evaluates the criminogenic risk and clinical needs tool to ensure the tool is appropriate (reliable and valid) for the local population	The jurisdiction has a statutory presumption that restorations occur in the least restrictive setting	There is a clear statutory (or other rule) requirement that outlines how cases should be restored in the least restrictive setting, restricts cases that are restored in a hospital-based setting, and considers the forensic evaluators' clinical triage recommendation

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Availability of Competency Restoration Facilities	None	Alternative restoration sites exist in the community	Alternative restoration sites exist in the community, and they are inclusive to diverse groups with a focus on culturally responsive services	Alternative restoration sites exist in the community, and they are inclusive to diverse groups with a focus on culturally responsive services; they use uniform standards of care and objective determinants of treatment	Alternative restoration sites exist in the community that serve different levels of risk and clinical support needs, inclusive to diverse groups with a focus on culturally responsive services; they use uniform standards of care and objective determinants of treatment; they go beyond restoration to include recovery

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Data-driven timelines for evaluation and restoration	None	The court examines its case processing data to understand the timelines for evaluation and restoration, considering varying stabilization periods	The court and system partners collaborate to proactively develop workable and appropriate timelines for the evaluation process	Presumptive evaluation and restoration timelines are enforced through tailored statutes or rules	The court and system partners regularly examine/audit case processing data to identify points in the system where efficiency can be improved
Timely Evaluation Processes	None	The jurisdiction does not require multiple evaluations as a matter of course	The court schedules evaluations in blocks or batches to increase timely access to evaluators	The court makes use of telemedicine to increase the efficiency of evaluation when appropriate	The court uses a competency team approach to increase trust in the evaluation process and reduce requests for redundant evaluations

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Timely Restoration	None	The jurisdiction has statutory definitions for "reasonable time frames" for competency restoration that are compatible with Jackson v. Indiana and proportional to the nature of the alleged offense, risk level, and clinical need	The jurisdiction uses a CST triage system for restoration, in which cases with the most urgent treatment needs begin restoration before those that are less urgent	Initial status or review hearings are presumptively set; subsequent court reviews (if needed) are frequent and meaningful (i.e., the court ensures that the defendant is transported, that meaningful reports have been prepared and reviewed by all parties, and that treatment progress is maintained)	Restoration triage timelines are periodically assessed, and benchmarks are developed for monitoring median time to restoration across cases

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Restoration Plans	None	Restoration plans are standardized within the jurisdiction, so the restoration plan for each individual does not vary arbitrarily	Restoration plans don't vary arbitrarily across individuals, but the plans are tailored to each individual's clinical needs	Restoration plans include a combination of medication, individualized treatment, and legal education that are tailored to each individual's needs	The court team regularly discusses restoration plans, and fidelity to the plans, to ensure equity and that they are consistent with best practices
Release and Reentry	None	After the maximum time for restoration has been reached, the next steps (e.g., filing for civil intervention) are implemented immediately, and responsibility for initiating civil processes is clear	Every individual is screened before being released from jail to ensure that there is a plan in place for housing, medication, transportation, and other services; State Medicaid coverage is immediately reinstated upon release	A dedicated Reentry Coordinator is available to connect people to medication, housing, transportation, and other services that they need upon release from jail or prison	The jurisdiction owns its own transitional housing and provides beds, transportation, and peer support for individuals who need them upon release from jail or prison

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Cross-agency Coordination in Case Management	None	The jail/sheriff's office has a procedure in place for automatically screening for mental health upon booking and informing the appropriate system partners when someone has been booked who may have mental health needs	One person acts as the informal hub for sharing information between the courts and other partners about mental health cases (e.g., one court staff member maintains regular contact with jail, prosecutor, defense, and providers)	The court employs a coordinator to serve as the official hub for sharing information between the courts and other partners (e.g., mental health coordinator, forensic navigator)	The court holds regular case review meetings that include judges, attorneys, probation, and behavioral health providers

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Sequential Intercept Mapping	None	The jurisdiction has conducted a Sequential Intercept Mapping exercise with stakeholders (including all three branches of government, community partners, mental health administrators, sheriffs/jail administrators, law enforcement, medical professionals, and treatment providers)	The court maintains regular, ongoing communication and meetings with the stakeholder group (e.g., monthly, quarterly) to address system improvements	The court ensures that the stakeholder group reflects the geographic, racial, ethnic, and linguistic diversity of court users	The court updates its Sequential Intercept Mapping exercise on a regular basis (e.g., every few years)

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Evaluation Consistency and Quality	None	A multidisciplinary body establishes and enforces drafting rules for evaluation reports to promote consistency and quality; there is a process for the court to give feedback	A multidisciplinary body provides templates for evaluation reports to promote consistency and quality; there is a process for the court to give feedback	A multidisciplinary body provides training to evaluators to promote consistency and quality of evaluation report; there is a process for the court to give feedback	The court has a consolidated calendar for CST; a multidisciplinary body controls evaluator qualifications, training, compensation, and ensures that evaluator personnel are diverse; there is a process for the court to give feedback
Court Personnel Training	None	The court requires regular, ongoing training for all court personnel who work with individuals with mental health needs	Training is consistent with recommendations from the American Academy of Psychiatry and the Law and the American Bar Association criminal justice and mental health standards	The court has engaged with community stakeholders and justice partners to get feedback and suggestions for training	Training includes material on trauma-informed care that accounts for racial, cultural, ethnic, linguistic, and socioeconomic backgrounds

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

	Practices Needing Improvement (1)	Basic Practices (2)	Progressing Practices (3)	Good Practices (4)	Excellent Practices (5)
Data Governance	None	The jurisdiction is aware of the elements in the Behavioral Health Data Elements Guide and has compared the court's data collection practices to recommendations	The jurisdiction collects data elements in the Behavioral Health Data Elements Guide	The jurisdiction collects and utilizes data in the Behavioral Health Data Elements Guide; court staff/stakeholders can examine data through an internal dashboard or regular reports as needed	The jurisdiction collects and utilizes data in the Behavioral Health Data Elements Guide; select data/reports are available in a public-facing dashboard

Resources

The following provides a list of resources for detailed guidance on how to improve competency and restoration systems under each area. Access the full NCSC Behavioral Health Resources Hub here.

Section I. Deflecting and Diverting Cases from CST Systems Resources

Crisis Now Assessment

Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services, 71(7),* 698-705.

Callahan, L. (November 2019). Competence to Stand Trial: Opportunities for Diversion. Policy Research Associates.

Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of police crisis intervention training programs. *Journal of the American Academy of Psychiatry and Law, 47(4),* 414-21.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2020). National Guidelines for Behavioral Health Crisis Care – A Best Practices Toolkit. Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.

Section II. Expanding Community-based Services and Support Resources

National Youth Screening & Assessment Partners. Juvenile Competence to Stand Trial (page with several resources).

Substance Abuse and Mental Health Services Administration (SAMHSA). GAINS Center for Behavioral Health and Justice Transformation.

Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services, 71(7),* 698-705.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Forensic Assertive Community Treatment (FACT): A Service Delivery Model for Individuals with Serious Mental Illness Involved in the Criminal Justice System.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Screening and Assessment of Co-Occurring Disorders in the Justice System.

Section III. Developing Alternative Evaluation and Restoration Sites Resources

Ash, P., et al. (2020). A Jail-based Competency Restoration Unit as a Component of a Continuum of Restoration Services. *The Journal of the American Academy of Psychiatry and the Law, 48 (1),* 43-51.

Gowensmith, W. N., Pinals, D. A., & Karas, A. C. (2015). States' standards for training and certifying evaluators of competency to stand trial. *Journal of Forensic Psychology Practice, 15(4),* 295-317.

Hogg foundation for Mental Health (2013). Restoration of Competency to Stand Trial, issue brief.

Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services, 71(7),* 698-705.

Policy Research Associates (2019, November). Competency Restoration: Thoughts from the Field (SAMSHA's GAINS Center).

Substance Abuse and Mental Health Services Administration (SAMSHA, 2019). Screening and Assessment of Co-Occurring Disorders in the Justice System.

Section IV. Improving Evaluation and Restoration Case Processing Resources

Gowensmith, W. N., Pinals, D. A., & Karas, A. C. (2015). States' standards for training and certifying evaluators of competency to stand trial. *Journal of Forensic Psychology Practice, 15(4),* 295-317.

Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services, 71(7),* 698-705.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Dequential Intercept Model Trifold Brochure.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Data Collection Across the Sequential Intercept Model (SIM): Essential Measures.

Jackson v. Indiana

Section V. Improving Systems and Building Capacity Resources

Gowensmith, W. N., Pinals, D. A., & Karas, A. C. (2015). States' standards for training and certifying evaluators of competency to stand trial. *Journal of Forensic Psychology Practice, 15(4),* 295-317.

National Youth Screening & Assessment Partners. Juvenile Competence to Stand Trial (page with several resources).

Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services, 71(7),* 698-705.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Screening and Assessment of Co-Occurring Disorders in the Justice System.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Sequential Intercept Model Trifold Brochure.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2019). Data Collection Across the Sequential Intercept Model (SIM): Essential Measures.

Response Summary

The table below summarizes the results for the four Illinois courts based on the following scale from 1 to 5.

Practices (Needing improvement)	=	1
Basic Practices	=	2
Progressing Practices	=	3
Good Practices	=	4
Excellent Practices	=	5

Court	I. Deflecting and Diverting Cases from CST Systems	II. Expanding Community-based Services and Support	III. Developing Alternative Evaluation and Restoration Sites	IV. Improving Evaluation and Restoration Case Processing	V. Improving Systems and Building Capacity	Total Ave
A	3	4	1	2	1	**2.2**
B	2	1	2	1	2	**1.6**
C	2	3	3	4	1	**2.6**
D	2	5	2	2	1	**2.4**
Total Ave	**2.25**	**3.25**	**2**	**2.25**	**1.25**	**2.2**

Individual Court Responses

Following is a detailed breakdown of each court's responses, including notes.

COURT A

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

Crisis Response from Law Enforcement
Response**:** Law enforcement utilizes an officer and behavioral health co-responder model

988 Implementation
Response**:** The court's community or state has a 988 advisory committee

Crisis Stabilization
Response: The community has crisis stabilization facilities; however, there are frequently no beds available when needed

Screening for CST Evaluation
Response: None

Alternatives to CST Evaluation
Response: The jurisdiction has processes to divert cases to treatment services, including legal avenues for accessing civil court- ordered services, instead of relying on court CST referrals to provide treatment

II. Expanding Community-based Services and Support

Availability of Community-based Services for People with Behavioral Health Needs
Response: Stakeholders have examined policies and administrative rules to determine whether there are opportunities to expand funding for various types of community-based services

Availability of Community-based Services for People Involved in the Criminal System
Response: Stakeholders have examined policies and administrative rules to determine whether there are opportunities to expand services for individuals at each system point

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

Court Processes for Referring to Alternative Evaluation Sites
Response: None

Availability of Competency Evaluation Placement and Community Programs
Response: None

Court Processes for Referring to Alternative Restoration

Response: None

Availability of Competency Restoration Facilities
Response: None

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

Data-driven timelines for evaluation and restoration
Response: The court examines its case processing data to understand the timelines for evaluation and restoration, considering varying stabilization periods

Timely Evaluation Processes
Response: The jurisdiction does not require multiple evaluations as a matter of course

Timely Restoration
Response: Initial status or review hearings are presumptively set; subsequent court reviews (if needed) are frequent and meaningful (i.e., the court ensures that the defendant is transported, that meaningful reports have been prepared and reviewed by all parties, and that treatment progress is maintained)

Restoration Plans
Response: None

Release and Reentry
Response: None

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

Cross-agency Coordination in Case Management
Response: The jail/sheriff's office has a procedure in place for automatically screening for mental health upon booking and informing the appropriate system partners when someone has been booked who may have mental health needs

Sequential Intercept Mapping
Response: The court maintains regular, ongoing communication and meetings with the stakeholder group (e.g., monthly, quarterly) to address system improvements

Evaluation Consistency and Quality
Response: None

Court Personnel Training
Response: None

Data Governance
Response: None

COURT B

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

Crisis Response from Law Enforcement
Response**:** Law enforcement utilizes an officer and behavioral health co-responder model

988 Implementation
Response**:** None

Crisis Stabilization
Response: The community has crisis stabilization facilities; beds are nearly always available when needed

Screening for CST Evaluation
Response: None

Notes: Very little in place to identify CST pre-arraignment

Alternatives to CST Evaluation
Response: None

II. Expanding Community-based Services and Support

Availability of Community-based Services for People with Behavioral Health Needs
Response: The community has assessed the availability of community-based services for mental health, substance abuse, crisis response, education, vocational training, prosocial activities, supportive housing, and transportation

Availability of Community-based Services for People Involved in the Criminal System
Response: None

Notes: I don't believe the "community" as a whole is doing much in these areas specific to the CJS

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

Court Processes for Referring to Alternative Evaluation Sites
Response: None

Notes: Limited options that are non-custodial. Typically stay in custody to achieve evaluation

Availability of Competency Evaluation Placement and Community Programs
Response: Alternative evaluation sites exist in the community, rather than solely relying on hospital-and jail-based programs

Notes: At this time only One option for off site evaluation exists

Court Processes for Referring to Alternative Restoration
Response: There is a clear statutory (or other rule) requirement that outlines how cases should be restored in the least restrictive setting, restricts cases that are restored in a hospital-based setting, and considers the forensic evaluators' clinical triage recommendation

Notes: This is difficult because the Statute wants Courts to use least restrictive means, however, those means are very limited and compliance is problematic based on the Defendants current state

Availability of Competency Restoration Facilities
Response: None

Notes: We utilize OHS for restoration. No local facilities

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

Data-driven timelines for evaluation and restoration
Response: None

Timely Evaluation Processes
Response: None

Notes: Jurisdiction complies with statutory requirements as to timeframes

Timely Restoration
Response: The jurisdiction has statutory definitions for "reasonable time frames" for competency restoration that are compatible with Jackson v. Indiana and proportional to the nature of the alleged offense, risk level, and clinical need

Restoration Plans
Response: None

Notes: Restoration is determined by OHS and not the Court

Release and Reentry
Response: After the maximum time for restoration has been reached, the next steps (e.g., filing for civil intervention) are implemented immediately, and responsibility for initiating civil processes is clear

Notes: Statutory requirements are followed

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

Cross-agency Coordination in Case Management
Response: The jail/sheriff's office has a procedure in place for automatically screening for mental health upon booking and informing the appropriate system partners when someone has been booked who may have mental health needs

Sequential Intercept Mapping
Response: None

Evaluation Consistency and Quality
Response: None

Court Personnel Training
Response: Training includes material on trauma-informed care that accounts for racial, cultural, ethnic, linguistic, and socioeconomic backgrounds

Notes: The issue is that this training is pretty much only done for those in PSC's. Other felony and misdemeanor court personnel generally do not receive this type of training

Data Governance
Response: None

Notes: As to the Court system in general, this knowledge is unknown, but likely known by PSC

COURT C

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

Crisis Response from Law Enforcement
Response**:** Law enforcement officers receive Crisis Intervention Team (CIT) training and/or other trainings aimed at working with people in mental health crisis.

988 Implementation
Response**:** The court provides information to all judges about 988, including why it isa relevant resource for courts

Crisis Stabilization
Response: The community has crisis stabilization facilities; however, there are frequently no beds available when needed

Screening for CST Evaluation
Response: The jurisdiction has court rules or statutes that exclude specific case types from referral to CST

Alternatives to CST Evaluation
Response: The community has behavioral health services that can take CST

II. Expanding Community-based Services and Support

Availability of Community-based Services for People with Behavioral Health Needs
Response: The community is working with relevant stakeholders to expand the types and availability of community-based services

Availability of Community-based Services for People Involved in the Criminal System
Response: Stakeholders have examined policies and administrative rules to determine whether there are opportunities to expand services for individuals at each system point

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

Court Processes for Referring to Alternative Evaluation Sites
Response: The court utilizes a formal assessment of clinical needs and criminogenic risk to determine the least restrictive setting appropriate for a CST evaluation; the assessment tools are periodically reviewed to ensure they are reliable and valid for the population

Availability of Competency Evaluation Placement and Community Programs
Response: The community has multiple alternative evaluation sites inclusive to diverse groups with a focus on culturally responsive services

Court Processes for Referring to Alternative Restoration
Response: There is a clear statutory (or other rule) requirement that outlines how cases should be restored in the least restrictive setting, restricts cases that are restored in a hospital-based setting, and considers the forensic evaluators' clinical triage recommendation

Availability of Competency Restoration Facilities
Response: Alternative restoration sites exist in the community

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

Data-driven timelines for evaluation and restoration
Response: The court and system partners regularly examine/audit case processing data to identify points in the system where efficiency can be improved

Timely Evaluation Processes
Response: The court uses a competency team approach to increase trust in the evaluation process and reduce requests for redundant evaluations

Timely Restoration
Response: Initial status or review hearings are presumptively set; subsequent court reviews (if needed) are frequent and meaningful (i.e., the court ensures that the defendant is transported, that meaningful reports have been prepared and reviewed by all parties, and that treatment progress is maintained)

Restoration Plans
Response: The court team regularly discusses restoration plans, and fidelity to the plans, to ensure equity and that they are consistent with best practices

Release and Reentry
Response: A dedicated Reentry Coordinator is available to connect people to medication, housing, transportation, and other services that they need upon release from jail or prison

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

Cross-agency Coordination in Case Management
Response: The jail/sheriff's office has a procedure in place for automatically screening for mental health upon booking and informing the appropriate system partners when someone has been booked who may have mental health needs

Sequential Intercept Mapping
Response: None

Evaluation Consistency and Quality
Response: A multi-disciplinary body provides templates for evaluation reports to promote consistency and quality; there is a process for the court to give feedback

Court Personnel Training
Response: None

Data Governance
Response: None

COURT D

I. Diverting and Deflecting Cases from CST Systems Crisis Response from Law Enforcement

Crisis Response from Law Enforcement
Response**:** Law enforcement utilizes an officer and behavioral health co-responder model

Notes: Countywide Police SW Program

988 Implementation
Response**:** The court's community or state has a 988 advisory committee

Crisis Stabilization
Response: None

Screening for CST Evaluation
Response: None

Alternatives to CST Evaluation
Response: None

II. Expanding Community-based Services and Support

Availability of Community-based Services for People with Behavioral Health Needs

Response: Stakeholders have implemented new policies or administrative rules to determine whether there are opportunities to expand various types of community-based services

Availability of Community-based Services for People Involved in the Criminal System

Response: Stakeholders have implemented new policies or administrative rules to determine whether there are opportunities to expand services for individuals at each system point

III. Developing Alternative Evaluation and Restoration Sites Court Processes for Referring to Alternative Evaluation Sites

Court Processes for Referring to Alternative Evaluation Sites

Response: The jurisdiction has a statutory presumption that evaluations occur in the least restrictive setting

Availability of Competency Evaluation Placement and Community Programs

Response: None

Court Processes for Referring to Alternative Restoration

Response: The jurisdiction has a statutory presumption that restoration occurs in the least restrictive setting

Availability of Competency Restoration Facilities

Response: None

Notes: Alternative restoration sites exist in the community

IV. Improving Evaluation and Restoration Case Processing Data-driven Timelines for Evaluation and Restoration

Data-driven timelines for evaluation and restoration

Response: Presumptive evaluation and restoration timelines are enforced through tailored statutes or rules

Timely Evaluation Processes

Response: The jurisdiction does not require multiple evaluations as a matter of course

Timely Restoration

Response: The jurisdiction has statutory definitions for "reasonable time frames" for competency restoration that are compatible with Jackson v. Indiana and proportional to the nature of the alleged offense, risk level, and clinical need

Restoration Plans

Response: Restoration plans include a combination of medication, individualized treatment, and legal education that are tailored to each individual's needs

Release and Reentry
Response: None

V. Improving Systems and Building Capacity Cross-agency Coordination in Case Management

Cross-agency Coordination in Case Management
Response: One person acts as the informal hub for sharing information between thecourts and other partners about mental health cases (e.g., one court staff member maintains regular contact with jail, prosecutor, defense, and providers)

Sequential Intercept Mapping
Response: The jurisdiction has conducted a Sequential Intercept Mapping exercise with stakeholders (including all three branches of government, community partners, mental health administrators, sheriffs/jail administrators, law enforcement, medical professionals, and treatment providers)

Notes: Last SIM was in 2014

Evaluation Consistency and Quality
Response: None

Court Personnel Training
Response: None

Data Governance
Response: The jurisdiction is aware of the elements in the Behavioral Health Data Elements Guide and has compared the court's data collection practices to recommendations

Appendix C

Forensic Outpatient UST Restoration & Outpatient NGRI Programs

Illinois Department of Human Services/Division of Mental Health
Forensic Outpatient UST Restoration & Outpatient NGRI programs

ADAPT OF ILLINOIS, INC.

Address: 2600 W. Boulevard, Belleville, Il 62221

Administrative/Business Program Contact: Maria Kooistra, LCPC, Director of Clinical Operation

Phone: 877-533-9440 Ext 4016; **Email**: MariaKooistra@adapt.us

UST & NGRI Referral Contact: Lyz Surber, Director of Community Services and Training

Phone: 618-581-6005

Email: LyzbethSurber@adapt.us

Rebecca Harszy, LCSW

Email: RebeccaHarszy@adapt.us

For NGRI Outpatients Only:
Erica Dieu-Smith, assistant community support director- (NGRI's only)
Ericadieu-smith@adapt.us cell, 618-593-9542

ARROWLEAF

Address: 125 N. Market St Golconda, IL 62938

Administrative/Business Program Contact: Kerie Moore, Chief Program Officer

Phone: 618-652-2039;

Email: kerie.moore@myarrowleaf

UST Referral Contact: Diedra Hopes, MSW, LCSW; Senior Program Director - Behavioral Health

Forensic Dept Office Address/Phone:

204 South Street; P.O. Box 548, Anna, IL 62906

Office: 618.833.8551; Cell: 618.652.2065

Fax: 618.833.2911; 24/7 Crisis Line: 618.658.2611

diedra.hopes@myarrowleaf.org

BRIDGEWAY INC

Address: 2323 Windish Drive, Galesburg, IL 61401

UST & NGRI Referral & General Program Contact: Stacy Brown, VP of Behavioral Health Services

Phone: 309-344-4265

Email: stacyb@bway.org

CHICAGO SCHOOL FORENSIC CENTER

222 Merchandise Mart Plaza, Suite 442 Chicago, Illinois 60654

325 N. Wells St. Chicago, Illinois 60654

UST & NGRI Referral Program Contacts: Dr. Morgan Perconti (Clinical Director)

Phone:312-410-8951
Email:MPerconti@thechicagoschool.edu

Dr. Casey Sharpe (Program Director-Outpatient Fitness to Stand Trial)
Phone: 312-329-6609
Email:CSharpe@thechicagoschool.edu

Gabriela Serrano, BA (Client Support Specialist)
Phone: 312-467-2501
Email: GSerrano@thechicagoschool.edu

DUPAGE COUNTY HEALTH DEPARTMENT

Address: 111 N County Farm Road, Wheaton, IL 60187

UST & NGRI Referral & Program Contact: Jeff Lata, Director of Clinical Operations

Phone: 630-221-7546

Email: jlata@dupagehealth.org

ECKER CENTER FOR MENTAL HEALTH

Address: 1845 Grandstand Place, Elgin, IL 60123

UST Referral & Program contacts: Nisha Shah, MS, CRC, LCPC. Chief Mental Health Officer

Phone: 847-695-0484

Email: nshah@eckercenter.org

Mariah Kuick, Outpatient Mental Health Director

Phone: 847-695-0484

Email: MCarreno@EckerCenter.org

Illinois Department of Human Services/Division of Mental Health
Forensic Outpatient UST Restoration & Outpatient NGRI programs

HERITAGE BEHAVIORAL HEALTH CENTER, INC.

Address: 151 North Main, Decatur, Illinois 62523

Program Contact: Tania Diaz, MSW, LCSW, Chief Clinical Officer

Phone: 217-420-4762 **Email**: tdiaz@heritagenet.org

UST & NGRI Referral Contacts: **Maria Nation, LCSW;** Director of Community Residential Services

Phone (Office): 217-420-4701

Cell: 217-521-0434

Email: mnation@heritagenet.org

Ashley Booker, MSW, LCSW, LPHA; Senior Clinical Director

Phone: 217-420-4755

Email: ABooker@heritagenet.org

TRILLIUM PLACE (FORMERLY HUMAN SERVICE CENTER OF PEORIA)

Address: 600 Fayette St, P.O. Box 1346, Peoria, IL, 61654

Mental Health Outpatient Program Contact: Tricia Larson, Director Outpatient Services- Behavioral Health

Phone: 309-671-8092 **Email**: Patrica.larson@unitypoint.org

UST & NGRI Referral Contact: **Lyuba Shur,** MA, LCPC; Licensed Behavioral Health Professional

Phone: (309) 671-8031

Email: Lyuba.shur@carle.com

HUMAN SUPPORT SERVICES

Address: 988 N. Illinois Route 3, PO Box 146, Waterloo, IL 62298-0146

UST & NGRI Referral: **Stephanie Moore, Chief Program Officer**

Phone: 618-939-4444 ext. 1239

Email: smoore@hss1.org

IROQUOIS MENTAL HEALTH CENTER

Address: 323 W. Mulberry Street, Waseka, IL 60979

Program Contact: Dennis P. Hopkins, Executive Director

Phone: 815-432-5241 **Email**: dhopkins@imhc.net

UST & NGRI Referral Contacts: Dr. Vickie Tsoflias; Director of Forensics

Phone: 331-303-2081

Email: vtsoflias@imhc.net

Isaan Allen, Forensic Restoration Case Manager

Phone: 331-303-2081

Email: Iallen@imhc.net

KENDALL COUNTY HEALTH DEPARTMENT

Address: 811 W John Street, Yorkville, IL 60560

UST & NGRI Referral Contacts: Lisa Holch, Director of Behavioral Health Services

Phone: 630-553-9100 ext. 8023

Email: lholch@kendallcountyil.gov

Lisa Sleezer, MA, LCPC, CCTP, Behavioral Health Clinician

Phone: (630) 553-9100 ext. 8041

Email: lsleezer@kendallcountyil.gov

LAKE COUNTY HEALTH DEPARTMENT

Address: 3010 Grand Avenue/Waukegan, IL 60085-2321

UST Referral & Program Contacts: Anne-Marie Kane, Practice Manager

Phone: 847-377-8087

Email: akane@lakecountyil.gov

Ashley Calderone, LPC, CADC

Phone: 847-377-8026

Email: ACalderone@LakeCountyil.gov

Illinois Department of Human Services/Division of Mental Health
Forensic Outpatient UST Restoration & Outpatient NGRI programs

ROBERT YOUNG CENTER; UNITY POINT HEALTH

Address: 4600 3rd Street, Moline, IL 61265-6106

Administrative Program Contact: Mary Petersen, Chief Operations Officer

Phone: 309-779-2257 **Email**: Mary.Petersen@unitypoint.org

UST Referral Contact Person: Eryka Bergland; LCPC, LMHC; Lead Forensic Team Leader

Phone: 309-779-3938

Email: Eryka.Berglund@unitypoint.org

Please Send Forensic Referrals Additionally to the following three contacts:

Joe Lilly; Director, Outpatient Services

Cell: 563-357-7949

Fax: 309-779-2167

Email: joseph.lilly@unitypoint.org

Paul.Phares@unitypoint.org

Ashley.Mitchell@unitypoint.org

SINNISSIPPI CENTERS (not DHS funded)

Address: 325 Illinois Route 2, Dixon, Illinois 61021

UST Referral & Program Contact: Becky Johanning, MS LPC CADC QMHP, Director of SUPR Services

Phone: 815-284-6611, 800-242-7642

Email: rebeccajohanning@sinnissippi.com

STEPPING STONES OF ROCKFORD

Address: 706 N. Main St., Rockford, IL., 61103

UST & NGRI Referral & Program Contact: Chris Overton, LCSW; DS

Phone: 815-963-0683

Email: coverton@steppingstonesrockford.org

Confidential Email: Christina.overton@illinois.gov

Outpatient Restoration Providers

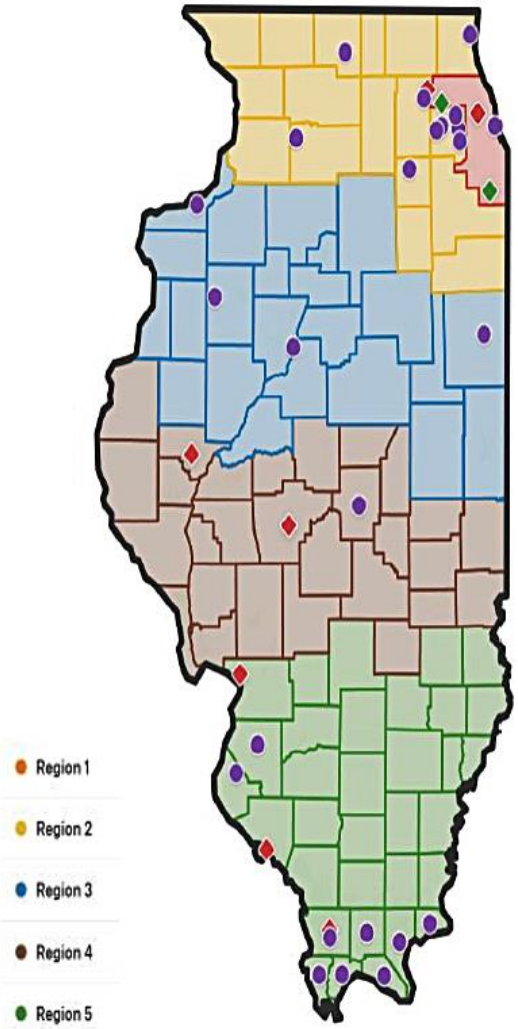
REGION 1
The Chicago School Forensic Center (Cook)

REGION 2
DuPage County Health Department (DuPage)
Ecker Center for Mental Health (Kane)
Kendall County Health Department (Kendall)
Lake County Health Department (Lake)
Stepping Stones of Rockford (Winnebago)
Sinnissippi Centers (Lee, Ogle, Whiteside, Carroll, Jo Daviess, Stephenson)

REGION 3
Bridgeway Inc. (Knox, Warren, Henry, Henderson, McDonough)
Human Service Center/UnityPoint (Peoria)
Iroquois Mental Health Center (Iroquois, Champaign, Jackson, Vermillion)
Robert Young Center (Rock Island)

REGION 4
Heritage Behavioral Health Center (Macon)

REGION 5
Adapt of Illinois (St. Clair)
Arrowleaf (Alexander, Massac, Hardin, Pope, Johnson, Pulaski, Union)
Human Support Services (Monroe, Randolph, St. Clair)



NOTES

- Outpatient orders should remand to the Department of Human Services and will be processed and assigned to a provider.
- Outpatient restoration can be coordinated with a consumer's primary mental health provider, if necessary, with training and technical assistance provided by DHS.