



CBHA Conference
December 13, 2016

Illinois Center of Excellence for Behavioral Health and Justice

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www.illinoiscenterofexcellence.org

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Illinois Center of Excellence for Behavioral Health and Justice

Vision of the Center of Excellence

Persons involved with the criminal justice system are addressed in a way that best improves health, promotes recovery and enhances public safety.

Mission of the Center of Excellence

The mission of the Center of Excellence is to equip communities to appropriately respond to the needs of persons with behavioral health disorders who are involved with the criminal justice system.

Goals of the Center of Excellence

Goal 1: Provide **training, technical assistance** and **information** to facilitate appropriate responses to the needs of persons with behavioral health disorders who are involved with the criminal justice system.

Goal 2: Increase and improve **collaboration** regarding the mission of the Center of Excellence.

Training and Technical Assistance

- **The Center of Excellence provides resources and training on over 60 topics. Customized technical assistance is provided to courts, counties, communities, and organizations.**
 - **Problem-Solving Courts**
 - **Neurobiology of Addictions**
 - **Introduction to Mental Illness**
 - **Sequential Intercept Model/Mapping**
 - **Psychotropic Medications and Side Effects**
 - **How Being Trauma-Informed Improves Criminal Justice System Responses**
 - **Evidence-Based Practices**
 - **Recovery in Behavioral Health**

Training and Technical Assistance Stats

October 2015-September 2016

**The Center of Excellence
provided/managed:**

- 51 training and technical assistance events
- that engaged over 2,200 attendees
- From 77 of the 102 Illinois counties (75%).

October 2014-September 2015

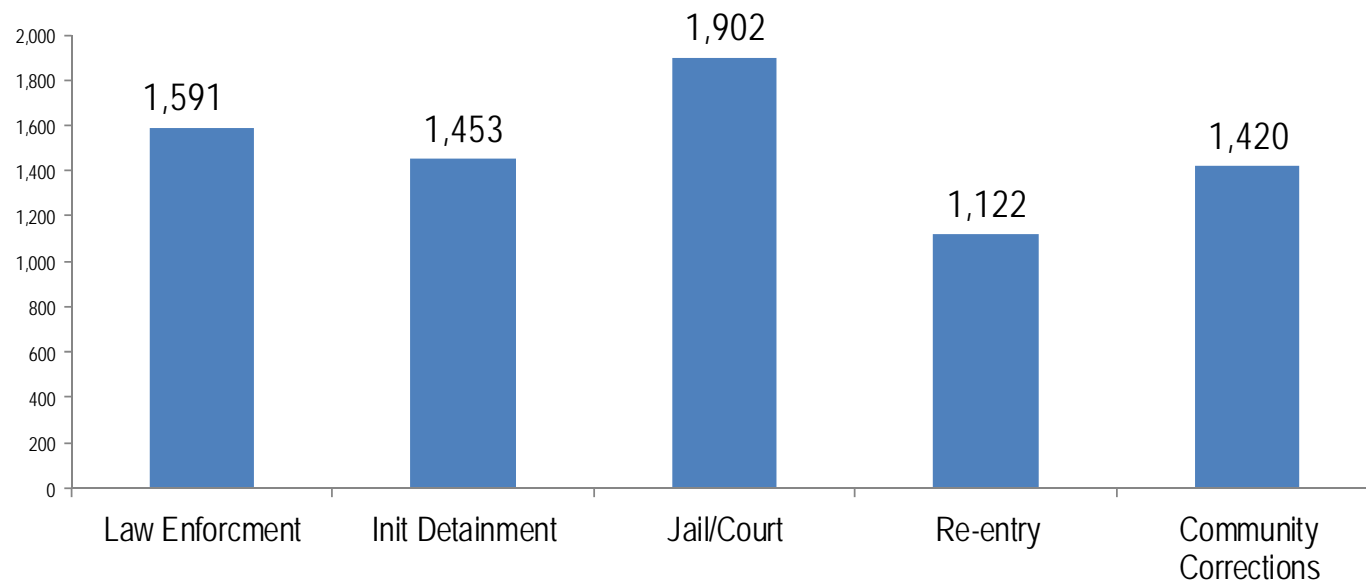
- 40 training and technical assistance events
- that engaged over 2,200 attendees
- from 89 of the 102 Illinois counties (87%).

Follow-Up Interviews to Training

- Three months after the event, sites reported the training by the Center of Excellence led to:
 - Improved problem-solving court practices and fidelity
 - Enhanced team functioning and cross-team training
 - Increased communication
 - Increased use and fidelity of evidence-based practices
 - Development of new problem-solving courts
 - Increased statewide collaboration
- Follow-Ups at 3 and 12 months

Training and the Sequential Intercepts

*Number of Recipients Benefiting from the Center of Excellence
Categorized by SAMHSA GAINS Center
Sequential Intercept Model*



May be in more than one Intercept

Providing Information/Resources Stats October 2015-September 2016

- **The Center of Excellence provided information/resources to:**
 - 238 specific requests for information
 - Provided to 71 counties (70%)
 - Provided information through website to 2887 visitors

Collaborations - State

The Center of Excellence collaborates with over 20 entities to 1) engage in national and statewide discussions, 2) leverage resources and 3) keep Illinois courts and communities up-to-date on trends and research.

- Administrative Office of the Illinois Courts
- Adult Redeploy Illinois
- Illinois Department of Human Services/Division of Mental Health
- Treatment Alternatives for Safer Communities (TASC)
- NAMI Illinois
- Illinois Association of Problem-Solving Courts

Collaborations - National

- Substance Abuse Mental Health Services Administration (SAMHSA)
- National Association of Drug Court Professionals (NADCP)
- National Drug Court Institute (NDCI)
- Council for State Governments Justice Center (CSG)
- Center for Court Innovation (CCI)
- American Bar Association (ABA)

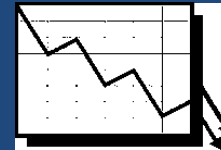


Sequential Intercept Model

The Problem: Overrepresentation of Persons with Behavioral Disorders



Arrested at disproportionately higher rates
-Co-occurrence of SUDs
-Homelessness



Low utilization of EBPs



Stay longer in jail and prison



High recidivism rates



Limited access to health care



More criminogenic risk factors

Sequential Intercept Model as an Organizing Tool

Mark Munetz
Summit County and Ohio's Coordinating Center
of Excellence



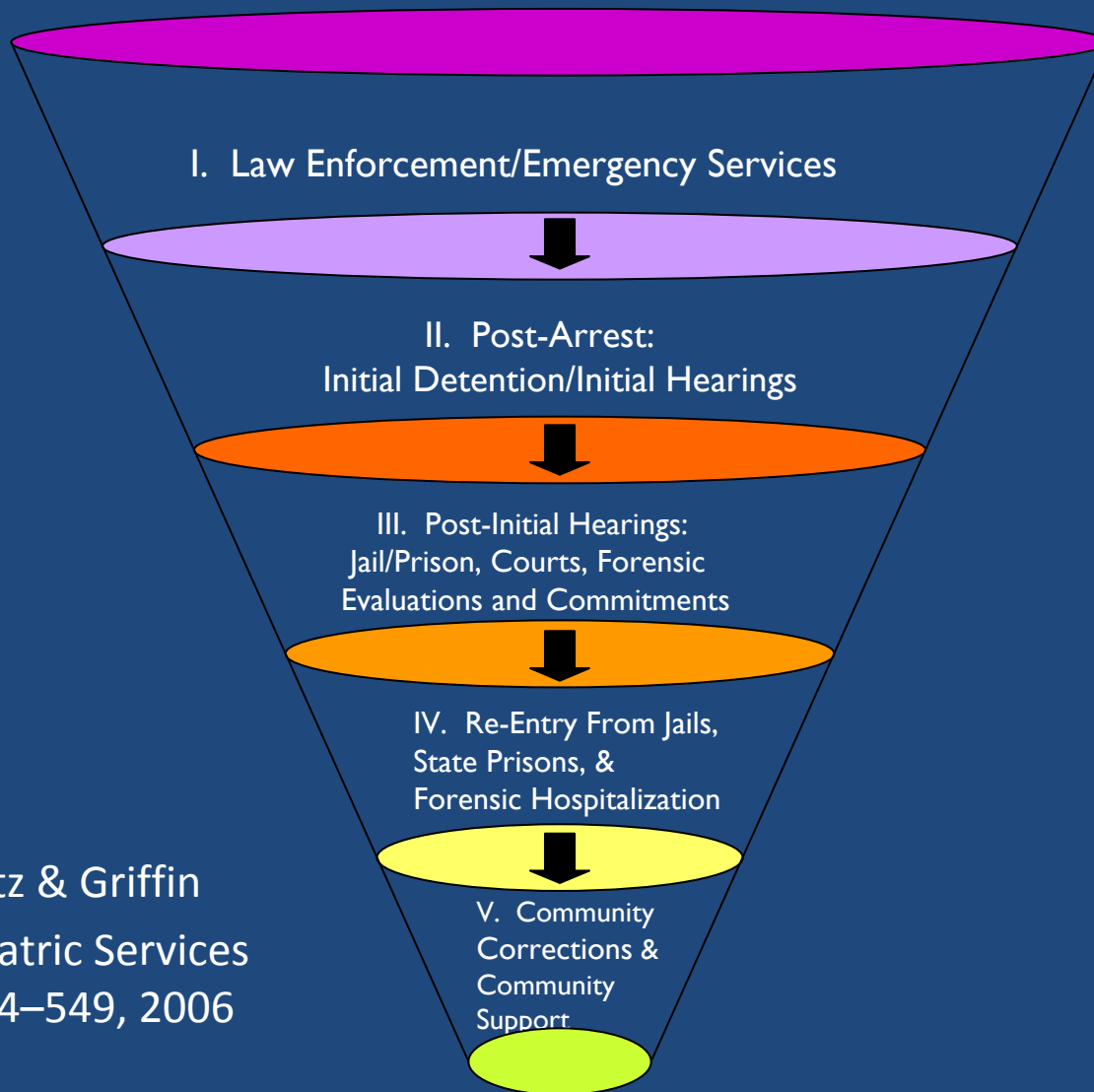
Patty Griffin
Southeast Pennsylvania's Forensic Task
Force --- Promising Practices
Subcommittee



Hank Steadman
National GAINS Center and TAPA
Center for Jail Diversion

Sequential Intercepts

The Ultimate Intercept



Munetz & Griffin
Psychiatric Services
57: 544–549, 2006

Sequential Intercept Model

- Sequential: People move through criminal justice system in predictable ways
- Intercept: Envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system
 - Key points to “intercept” to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system
 - Linkage to community resources

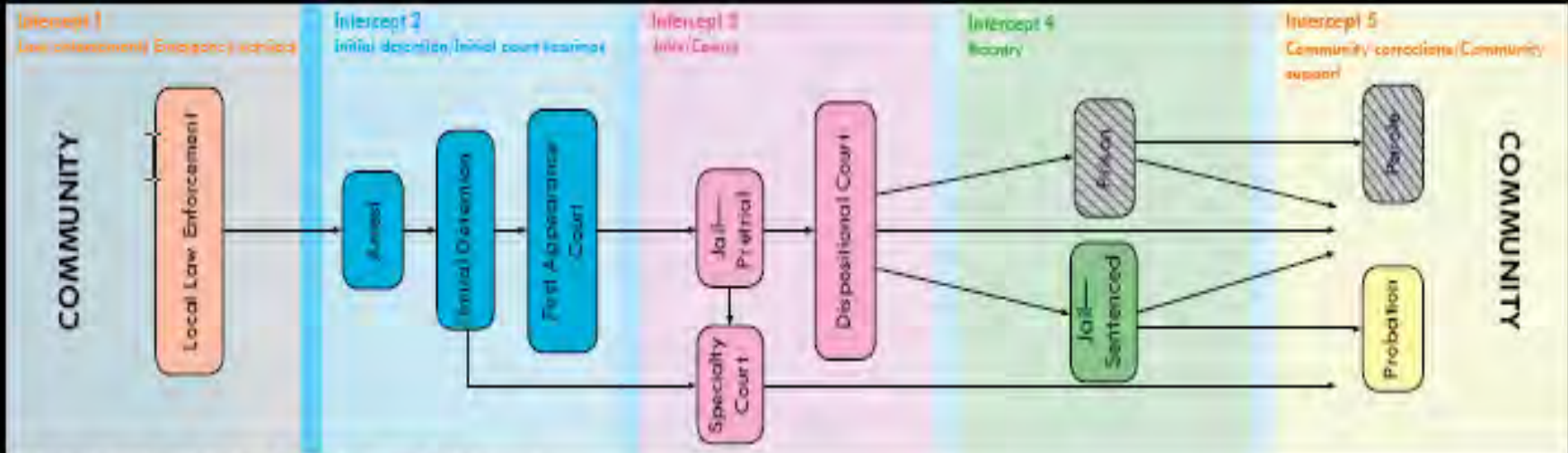
Five Key Points of Interception

- 1. Law enforcement / Emergency services**
- 2. Booking / Initial court hearings**
- 3. Jails / Courts**
- 4. Re-entry**
- 5. Community corrections / Community support**

Sequential Intercepts for Change: CJ-MH Partnerships

Actions for State Level Change...

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services make criminal justice clients a priority for housing, as done in MD
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility group without "net-widening" or limiting services to others, for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- Request for Police Service:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders.
- On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor.
- Officer Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability.
- Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests.

Source: Policy Statement 2-6, Coanessa Project (2002)

- Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution.
- Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness.
- Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion.

Source: Policy Statement 7-11, Coanessa Project (2002)

- Intake Procedures:** Establish a comprehensive standardized objective and validated intake procedure to assess individual's strengths, risks, and needs upon admission.
- Individualized Programming Plan:** Using information obtained from assessments identify programs necessary during incarceration to ensure safe and successful transition to the community.
- Physical Health Care & Mental Health Care:** Facilitate community-based providers of care to prisons and jails and promote service delivery consistent with community and public health standards.
- Substance Abuse Treatment, Outcomes & Facilitate, Behaviors & Attitudes, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and stress coping skills.

Source: Policy Statement 8-16, Re-entry Policy Council (2006)

- Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken.
- Development of Transition Plan:** Offer the safe and successful transition of people with mental illness from prison or jail to the community.
- Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition checklist to identify service needs and provide effective linkage to services.
- Rehabilitation & Benefits:** Ensure releaseses and prisoners jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail.

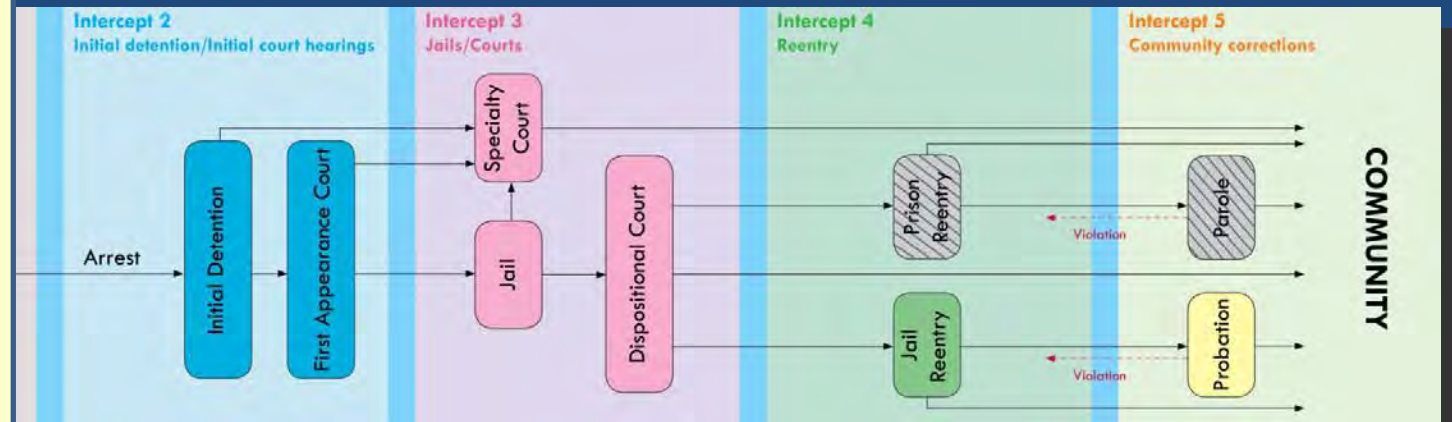
Source: Policy Statement 19-21, Coanessa Project (2002); APC Re-entry System (SMP) County 18 & 26 Re-entry Policy Council (2006)

- Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies to the needs of released, victim, community, and family change.
- Maintaining a Community of Care:** Connect inmates to employment, including supportive employment services, prior to release. Facilitate released, sustained engagement in treatment, mental health and supportive health services, and stable housing.
- Graduated Response & Modification of Conditions of Supervised Release:** Create a range of options for community corrections officers to respond to reinforce positive behavior and effectively address violation or noncompliance with conditions of release.

Source: Policy Statement 24-28, Re-entry Policy Council (2004); Coanessa Project (2002)

Intercept 0

**Intercept
0**
ER/Crisis/Respite



Intercept 0 Interventions

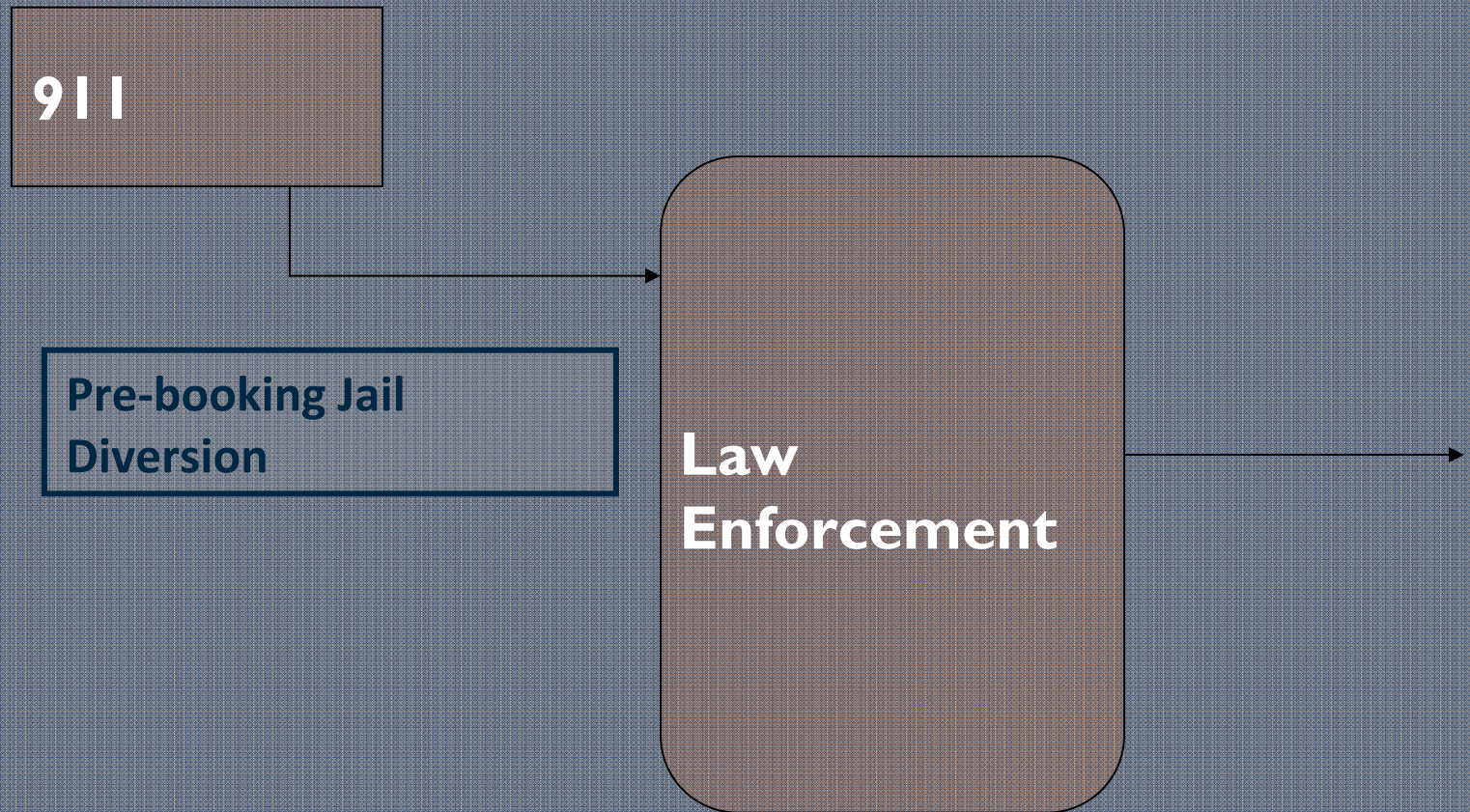
- Behavioral Health Services – Mental Health, Substance Abuse, Trauma, Domestic Violence, Medications, Individualized Treatment Plans, Detox Beds, Inpatient Services, Intensive Outpatient Services, Group/Individual Services, Bilingual, Gender Specific, Integrated, Psychiatric Care
- Housing – Emergency Shelters, Transitional Housing, Recovery Homes, Permanent Supportive
- Transportation
- Access to Medical Care
- Integrated Behavioral Health in the Health Care Setting
- Crisis Line
- Food Pantries
- Access to Child Care
- Funding

Evidence-Based Practices

- Integrated Treatment
- Integrated Dual Disorder Treatment (IDDT)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Individualized Placement Services (IPS)
- Assertive Community Treatment (ACT)

Intercept 1: Law enforcement

COMMUNITY



Intercept 1 Interventions

- Crisis Intervention Team Training for Law Enforcement
- Mental Health First Aid Training
- Behavioral Health Training for First Responders
- Mobil Crisis Team
- Triage Center
- Crisis Respite Beds
- Hospitalization
- Linkages to Services
- Peer Recovery Supports

Criminal Justice
System does
something
different

Both systems
work together
differently

Treatment
System does
something
different

Diversion

```
graph TD; A[Criminal Justice System does something different] --> D((Diversion)); B[Both systems work together differently] --> D; C[Treatment System does something different] --> D;
```


Intercept 2:

Initial detention / Initial court hearings

Arrest

**Initial
Detention**

**First
Appearance
Court**

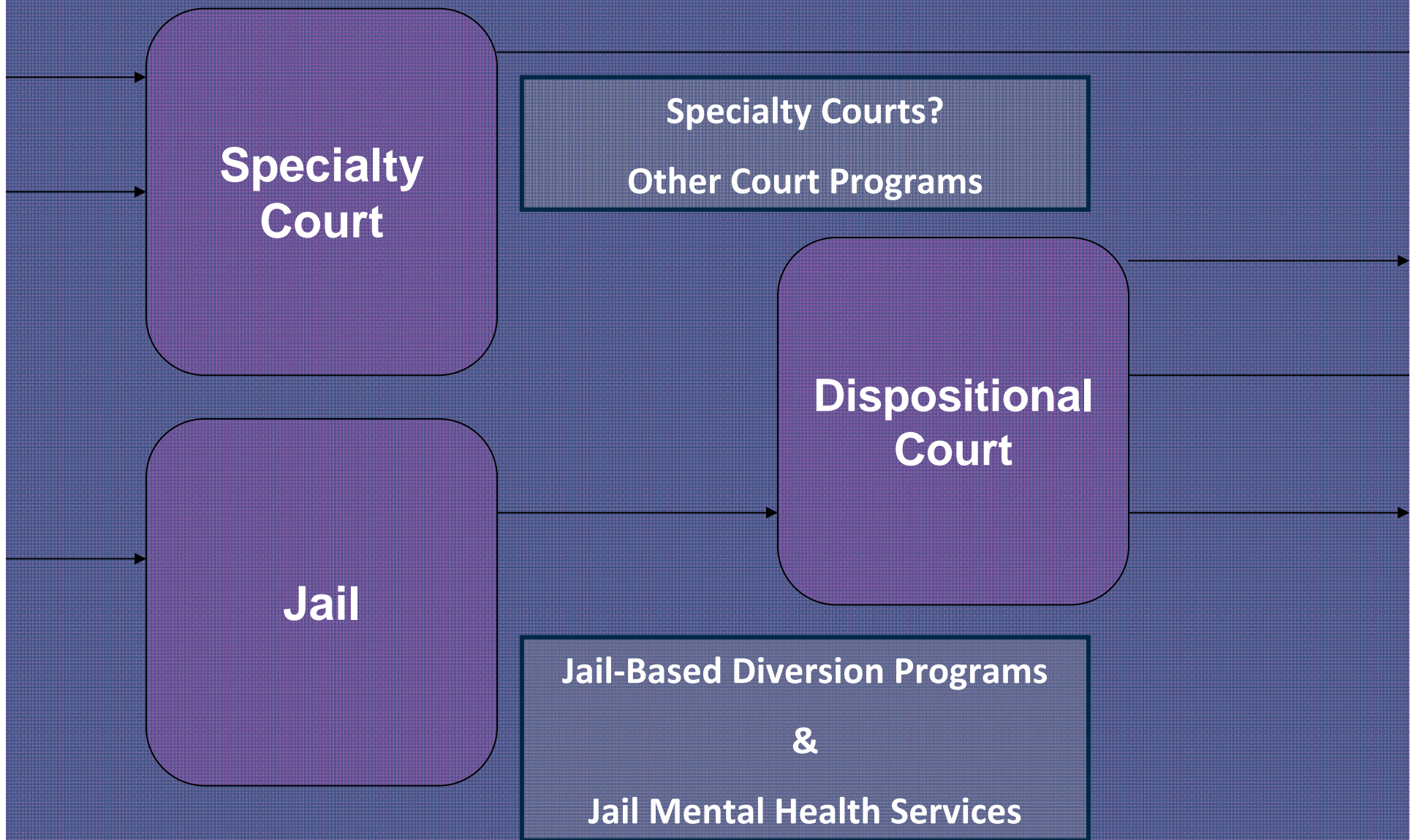
**Post-Booking Diversion
Options**

After arrest has been made

Intercept 2 Interventions

- Validated screening tools for early identification
- Role of Pretrial Services
- Use of management information systems to identify and re-link to services
- Pre-Diversion Programs
- Immediate referrals to community services
- Follow-up into the community

Intercept 3: Jails / Courts



Intercept 3 Interventions

- Make decisions based on screening and assessment
- Service linkage
- Court coordination
- Court accountability for defendant
- Jail-based services — medications, psychiatric services, screening/assessment, linkage, NA/AA, GED
- Level of Service Inventory Revised (LSI-R)
- Problem-solving courts
- Cross training
- Peer mentors

Intercept 4: Reentry

The diagram features two rounded rectangular boxes. The top box is light blue with a diagonal hatching pattern and contains the text 'Prison/ Reentry'. The bottom box is solid green and contains the text 'Jail Re-entry'. Both boxes have an arrow pointing into them from the left and an arrow pointing out of them to the right. A third arrow points from the bottom of the green box to the right edge of the slide.

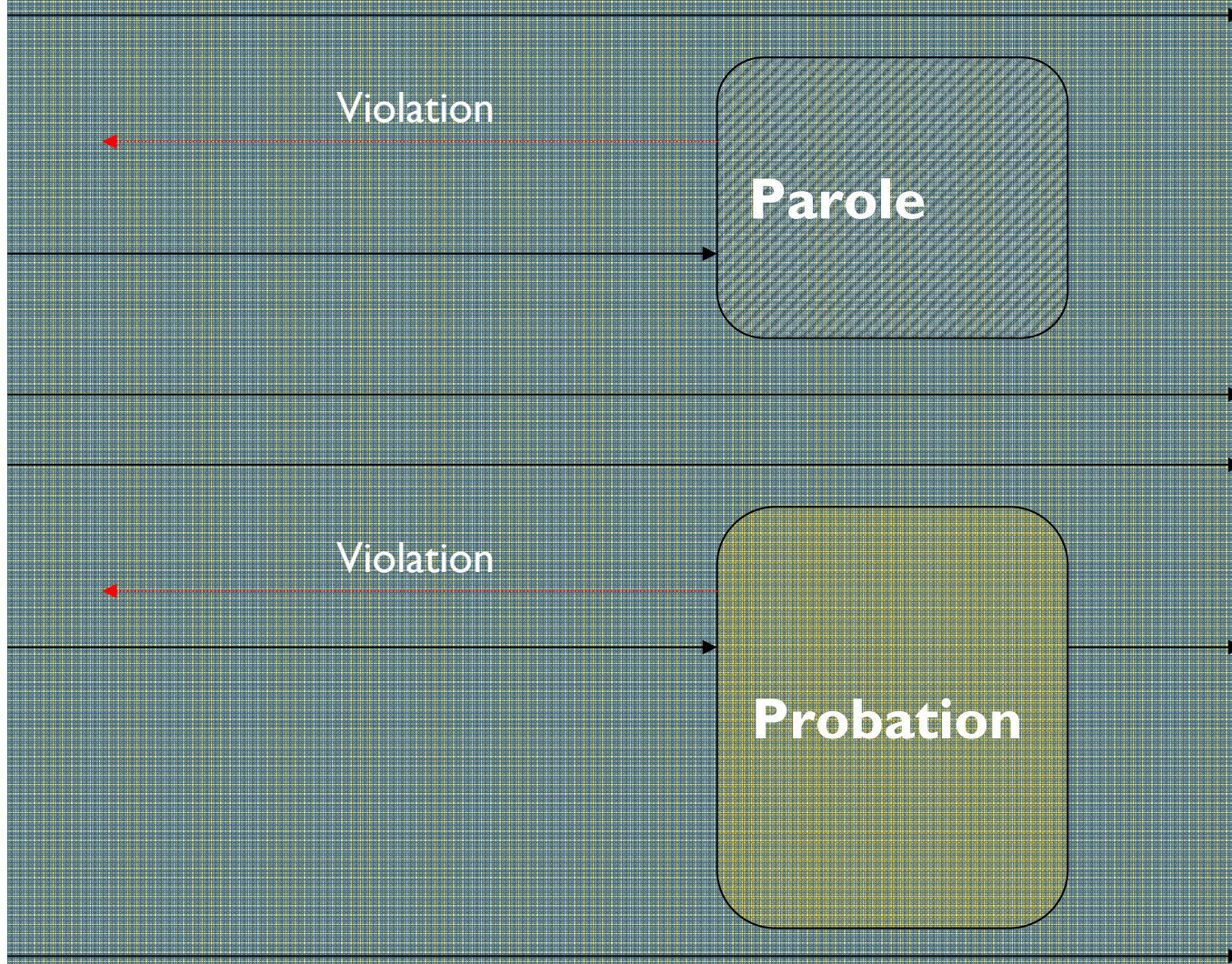
Prison/
Reentry

Jail
Re-entry

Intercept 4 Interventions

- TASC Re-Entry
- LSSI Re-Entry
- Jail/Prison
- Transition/Discharge Plan
- Assess Needs
- Link to Services
- Housing
- Employment
- Transportation

Intercept 5: Community Corrections



COMMUNITY

Intercept 5 Interventions

- Evidence-Based Practices — Cognitive Behavioral Therapy (Moral Reconciliation Therapy, Thinking 4 a Change), Motivational Interviewing
- Reduced Caseloads
- Job Training/Employment/GED
- Prosocial Supports
- Computer Skills
- Parenting Skills
- AA/NA
- Electronic Monitoring
- Housing
- Relationship Between Probation and

Useful Organizing Tool

- Identifies
 - Existing local services and systems
 - Issues considered important to local stakeholders
 - Strengths to build on
- Helps everyone see “big picture” & how they fit
 - Helps diverse groups from various systems understand where/how everything fits
 - Intercepts provide “manageable” venues and opportunities for systems interventions
- Using the model, a community can develop targeted strategies over time to increase diversion, reentry, and linkage to the community

Sequential Intercept Mapping

- Assess available resources
- Identify gaps in services
- Bring stakeholders and community together
- Collaboration
 - Coordination of services, communication, information sharing, training, interagency agreements/MOUs
- Develop Task Force
- Collect and Use Data
- Use evidence-based practices
- Use money creatively
- Share vision and direction

Using Data

- Accountability
 - Recidivism
- Measuring Success in Addressing the Problems
- Making the Case to Support These Efforts



Other Initiatives

Problem-Solving Court Standards and Certification

- December 2015, Supreme Court announced the creation of Uniform standards and a certification and application process for all problem-solving courts
- Developed by the Administrative Office of Illinois Courts and the Special Supreme Court Advisory Committee for Justice and Mental Health Planning
- All PSC Courts must be certified by December 2016
- Allows for a 6 month extension
- Must be recertified every 3 years
- AOIC Workshops

Stepping Up Initiative

- Stepping Up: A National Initiative to Reduce the Number of People with Mental Illness in Jails
- Asks communities to come together to develop an action plan that can be used to achieve measurable impact in local criminal justice systems of all sizes across the country.
- Provides a resolution for counties to pass
 - Convene leaders
 - Collect data
 - Examine treatment and service capacity
 - Develop a plan
 - Implement research-based approaches to advance plan
 - Create process to track information
- Illinois only has 7 counties

Kennedy Forum Illinois

- Mission is to end stigma against mental health and substance use disorders.
- Goals:
 - Elevate and improve the quality of the public discourse and mass media coverage of mental health and addiction.
 - Ensure equal access and coverage of mental health and substance use disorder care.
 - Advance integration and coordination of behavioral health care and prevention into the general primary care medical system.
 - Leverage innovation and technology to advance and improve mental health/addiction interventions and integration.
 - Give children the best chance to succeed in life by addressing brain health at an early age.
- 100 Conversations in May

Illinois Association of Problem-Solving Courts

- January 2013 Boards of the Illinois Association of Drug Court Professionals and Mental Health Court Association of Illinois combined to form ILAPSC
- Mission to promote Problem-Solving Courts in Illinois by providing education, assistance, training, and development through collaboration of behavioral health and justice systems.
- Annual Conference

For More Information

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The Intersection of Criminal Justice and Behavioral Health: Where do we go from here?

*Panel Discussion
CBHA Conference
December 13, 2016*

Dr. Sharon Coleman
Deputy Director Forensic & Justice Services
**Illinois Department of Human Services/Division
of Mental Health**



Statutory Based Forensic Services

- Administration of pre-placement, inpatient, and outpatient services for adults and juveniles adjudicated under Forensic Statutes for individuals found Unfit to Stand Trial (UST) (725 ILCS, 104 -16) and Not Guilty by Reason of Insanity (NGRI) (730 ILCS, 5/5-2-4) and remanded by Illinois Courts to the Department of Human Services (DHS).
- Monitoring and tracking conditionally released NGRI clients receiving services in community outpatient and residential settings. (currently 117 in community)



Illinois DHS Forensic System

Largely inpatient at 5 hospitals.....

- **Alton MHC (Region 4)** - Adult Males/Females with Mental Illness– Medium Security (110 Forensic Beds)

- **Chester MHC (Region 5)** - Adult Males with Mental Illness - Maximum & Medium Security (217 Forensic beds)

- ❖ **Choate MHC (Region 5)** - Adult Males with Intellectual Disability- Medium Security (30 Forensic Beds)

 - (Note* Choate is operated as an intermediate care facility/developmentally disabled ICF/DD).

- **Elgin MHC (Region 2)** - Adult Males/Females with Mental Illness – Medium Security (344 Forensic Beds)

- **McFarland MHC (Region 3)** - Adult Males/Females with Mental Illness - Medium Security (50 Forensic Beds)

All DMH hospitals treat individuals with Dual Diagnosis

* Juvenile forensic treatment is coordinated through community providers

** Forensic patients can also be placed in DMH hospitals without dedicated forensic units in beds primarily utilized for civil patients.



How Inadequate Diversion Impacts the State Hospital System

- *Increased Misdemeanant Referrals*
- *Extended Inpatient Stays*

Statewide and Cook County Referrals FY14, FY15, FY16, FY17 To-date					
<i>Statewide</i>	<i>FY14</i>	<i>FY15</i>	<i>FY16</i>	<i>FY17 to-Date</i>	<i>Totals & Average%</i>
Referrals	509	642	550	156 (3mos)	1857
UST	464	602	514	145	1725
NGRI	45	40	36	11	132
Felony	316	450	390	103	1259
Misdemeanor	193	192	160	53	598
%Misdemeanor	38%	30%	29%	34%	33%
%Male	79%	79%	79%	82%	78%
%Female	21%	21%	21%	18%	20%
<i>Cook County</i>					
Referrals	124	167	133	46	470
UST	111	158	121	44	434
NGRI	13	9	12	2	36
Felony	78	113	91	32	314
Misdemeanor	46	54	42	14	156
%Misdemeanor	37%	32%	32%	30%	33%

DMH Hospitals Forensic LOS by Legal Status: Length of Stay in Days on Oct 5th, 2016

		> 30	31- 60	61-90	91- 180	181-270	271-1080	+1080 (+3year)
Alton								
	NGRI &EXTUST	1	1	0	4	6	35	37
	UST	5	4	10	11	9	14	0
Chester								
	NGRI &EXTUST	1	1	1	2	7	34	37
	UST	19	15	11	43	29	26	3
Elgin								
	NGRI &EXTUST	0	3	2	8	5	71	166
	UST	22	17	21	54	24	23	2
McFarland								
	NGRI &EXTUST	1	1	0	6	7	27	0
	UST	5	4	10	13	6	1	0
Totals								
	NGRI &EXTUST	3	6	3	20	25	167	240
	UST	51	40	52	121	68	64	5

Historical DMH Diversion Initiatives

2000 - DMH Mental Health Juvenile Justice Program

2000 - Jail Data Link Program

2000 - Support for Training of law Enforcement Crisis Intervention Teams (CIT)

2002- Support for the Development of Problem Solving Courts

2011 - Center of Excellence for Behavioral Health & Justice

2011 - Evidence Based Practice Training: Moral Reconciliation Therapy – MRT



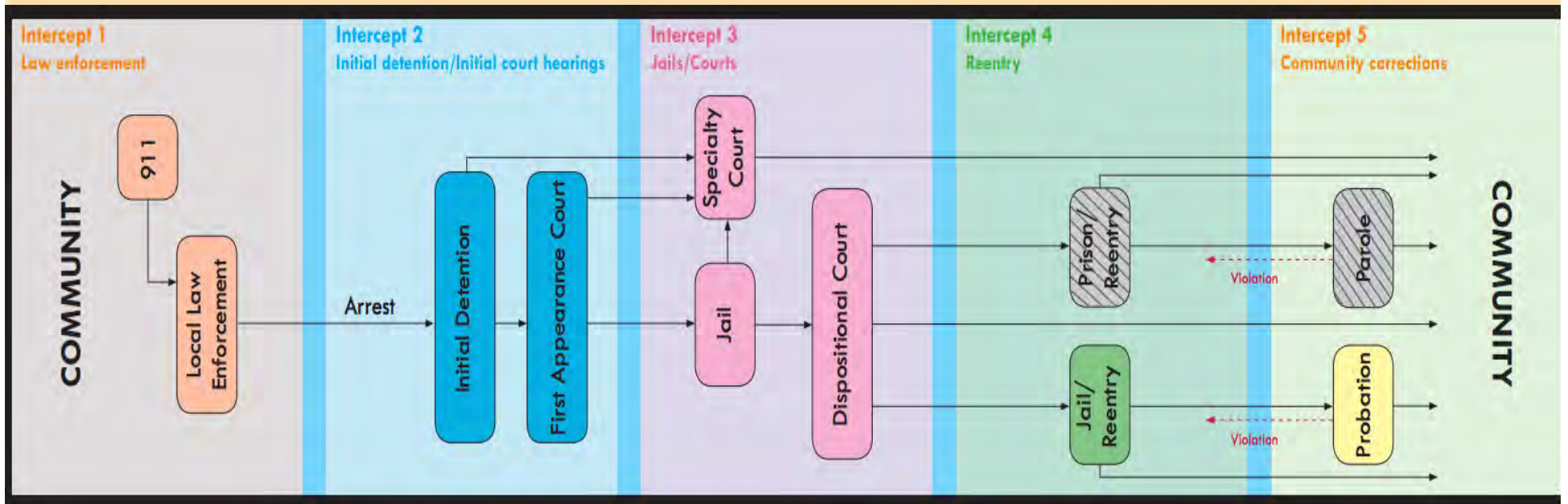
DMH Transformation Goals FY16/17

- Promote Diversion alternatives for those with Mental Illness
- Increase Outpatient Forensic alternatives for those in a UST and NGRI status
- Increase Step-down opportunities for individuals in a Forensic Status
- Assisted Outpatient Treatment (AOT)



Examples of Current Diversion Initiatives

Intercepts 1 thru 3



Diversion: Intercept 1

Educating and providing resources to local law enforcement to provide diversion alternatives

❖ Includes utilizing Police Drop-offs and Community Triage Centers

- **Region 1** –Cook County Community Triage Center (CTC) in Chicago
- **Region 2** - Rosecrance Mental Health and Addictions in Rockford
- **Region 3** - Robert Young Center (Rock Island), Human Service Center (Peoria), Chestnut Center (Bloomington)
- **Region 4** - No Police Drop off Triage Centers currently
- **Region 5** - No Police Drop off Triage Centers currently



Diversion: Intercept 1

Assisted Outpatient Treatment

- Targets consumers with SMI who are frequent users of psychiatric inpatient systems and entering jails
- 4-year grant expected to service 400 individuals and provide evidenced-based services
- Diversion sites include Madden & Chicago Read state hospitals, and Cook County Jail (Cermak Health Service)
- Supports collaboration in Cook County (Region 1)

Diversion: Intercept 2

Bond Court Diversion

Support efforts to target low risk arrestees and divert at bond court

- Cook County currently has key players including mental health providers and Sheriff's staff conducting mental health assessments during the bond process and providing recommendations for community treatment options to the court.
- Rosecrance in Rockford provides bond court diversion for referring judiciary in Winnebago County Court through their Triage center.



Diversion: Intercept 3

Problem Solving Courts

❖ Continue to support the operation and expansion of problem solving courts statewide through in a joint leadership role with the Illinois Center of Excellence for Behavioral health and Justice

Outpatient Forensic Alternatives

❖ Court Orders for Forensic consumers can be

- Inpatient
- **Outpatient**
- No Treatment (NGRI's only)

❖ Outpatient Alternatives

- Community Mental Health Centers providing Outpatient Fitness Restoration via Medicaid



Diversion and Benefit Access

Healthcare Funding is critical to diversion efforts in order to assure access to services.

❖ Medicaid Application Assistance Program: Treatment Alternatives for a Safe Community (TASC) works in the Cook County Department of Corrections' Jail Intake department, as well as in other community locations, providing general information about Medicaid and the advantages of having health coverage.

- Application Specialists screen individuals to determine whether they are likely to be eligible for Medicaid/health insurance, guide them through the insurance application process.

- Provides details on documentation requirements.

- Assists with documentation gathering, explain all subsequent steps and submit completed applications to the appropriate State agency.

❖ The AOT program in Cook County will collaborate with existing navigators in state hospitals and agencies working on enrollment in Cook County jail to support follow-up needed for processing Medicaid applications.



Diversion

Not enough!