

NAMI Presentation

October 16, 2009

MENTAL HEALTH COURTS IN ILLINOIS

Objectives

- ① Overview of Mental Health Court Treatment Act
- ① Essential Elements of a Mental Health Court
- ① Mental Health Courts in Illinois
- ① Mental Health Court Association of Illinois

Illinois Mental Health Court Treatment Act

Illinois Mental Health Court Treatment Act

- Purpose of the Act

Create specialized mental health courts with the necessary flexibility to meet the problems of criminal defendants with mental illnesses and co-occurring mental illness and substance abuse problems

Effective June 1, 2008

Conclusion of the General Assembly

- ⦿ Large percentage of criminal defendants have diagnosable mental illness
- ⦿ Mental illness has a dramatic effect on criminal justice system
- ⦿ Mental illness and substance abuse co-occur in substantial percentage of criminal defendants
- ⦿ Need a program that will reduce recidivism among this population
- ⦿ Provide appropriate treatment for this population
- ⦿ Reduce the incidence of crimes committed as a result of mental illness or co-occurring

Statistics

- In 2004, Winnebago County determined that 16% of inmates had a severe mental illness.
- Commonly cited figures about jail detainees with mental illness are in the range of 10 to 15% with some estimates much higher.
- In 2009, the Council of State Governments released a study of more than 20,000 adults entering 5 local jails and found serious mental illnesses in 14.5 % of men and 31% of women, or 16.9%. These rates are 3 to 6 times those found in the general population.

Statistics

- ◎ Percentage of inmates with mental health problem
 - State prison 56%
 - Federal prison 45%
 - Local jail 64%

Female prisoners had a higher rate of mental health problems than male inmates at a rate of 73% vs. 55%

Bureau of Justice Statistics 2006

Recidivism Statistics

- In 2004, the National Institute of Justice found that recidivism rates for detainees who suffer from mental illness was well over 50% in a 12 month period.

Eligibility under Mental Health Court Treatment Act

- ⦿ Admitted with the agreement of the prosecutor and defendant and with approval of the court

Exclusions under Mental Health Court Treatment Act

- ⦿ Crime is a crime of violence
- ⦿ Defendant does not demonstrate a willingness to participate in a treatment program
- ⦿ Defendant has been convicted of a crime of violence in the past 10 years excluding incarceration
- ⦿ Defendant previously completed or has been discharged from a mental health court with in the last 3 years

Crimes of Violence Defined

- Includes:

First degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, stalking, aggravated stalking, or any offense involving the discharge of a firearm

Eligibility Requirement Concerns

- ⦿ Defendant previously completed or has been discharged from a mental health court with in the last 3 years
 - Is this section necessary
 - If Mental Health Courts are effective why do we want to preclude someone from the Court
 - Lack of medication compliance is not a criminal act

Essential Elements of a Mental Health Court

Bureau of Justice Assistance Council of State Governments

- ① Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court

Common Characteristics of Mental Health Courts

- ① Specialized court docket with a problem-solving approach
- ① Judicially supervised, community-based treatment plans for each defendant
- ① Regular status hearings where treatment plans and conditions are reviewed with the use of incentives and sanctions
- ① Criteria defining a participant's completion

Key Principles that Underlie the Essential Elements

- ① Collaboration among the criminal justice, mental health, substance abuse treatment and related systems
- ① Mental health courts are not a panacea. Reversing the over-representation of people with mental illnesses in the criminal justice system requires a comprehensive strategy of which mental health courts should be just one piece.

1. Planning and Administration

- A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.

2. Target Population

- Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offense, while allowing the individual circumstances of each case to be considered.

3. Timely Participant Identification and Linkage to Services

- ⦿ Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.

4. Terms of Participation

- Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.

5. Informed Choice

- Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

6. Treatment Supports and Services

- ⑥ Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use – and increase the availability of – treatment and services that are evidence-based.

7. Confidentiality

- Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.

8. Court Team

- ⦿ A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

9. Monitoring Adherence to Court Requirements

- Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

10. Sustainability

- Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.

Mental Health Courts in Illinois

Mental Health Courts in Illinois

- ◎ Currently 9 Mental Health Courts in Illinois
 - Cook, DuPage, Kane, Lake Lee, Madison, McHenry, Rock Island and Winnebago
- ◎ 3 Being Developed
 - McLean, Macon and Will

Similarities in Mental Health Courts

- ⦿ Axis One Diagnosis
- ⦿ Voluntary
- ⦿ Non-violent cases
- ⦿ Probationable case
- ⦿ Sanctions and Incentives
- ⦿ Works with Drug Court

Differences in Existing Mental Health Courts and Why

- ⦿ Pre plea vs. post plea
- ⦿ Misdemeanor vs. Felony
- ⦿ Domestic Violence Cases
- ⦿ Age of Defendant
- ⦿ Residency
- ⦿ Services in the Community
- ⦿ Length of Stay in Program

Therapeutic Intervention Program (TIP)

- Winnebago County, Illinois
- Began February 2005
- To date we have 48 graduates
- Goal to have 75 participants in TIP at any given time

TIP Mission

- To enhance and protect public safety while restoring the liberty and community functioning of defendants with severe mental illness through comprehensive and therapeutic judicial intervention.

TIP Eligibility

- ⦿ Defendant must have a serious mental illness as described in DSM-IV-TR
- ⦿ There must be a causal connection between the mental illness and the crime
- ⦿ Misdemeanors and non-violent felonies are accepted
- ⦿ Defendant must be willing to cooperate with the Court and approved treatment agency and sign all releases
- ⦿ Defendant must be screened by TIP Team
- ⦿ Defendant must be 18 years of age or older

TIP Exclusions

- ⦿ Driving Under the Influence
- ⦿ Residential Burglary
- ⦿ Arson
- ⦿ Robbery
- ⦿ Any Felony Involving a Weapon
- ⦿ Any Misdemeanor Involving a Weapon Unless the Defendant's Mental Illness is a Causative Factor in the Offense
- ⦿ Sexual Offenses with the exception of Prostitution
- ⦿ A Defendant's Prior History of Violent and Sexual Offenses May be Factors for Exclusion

Other TIP Factors

- ⦿ Voluntary Program
- ⦿ Medication Compliance Required
- ⦿ Pre Plea and Post Plea
- ⦿ Community Outpatient Mental Health Center – Janet Wattles Center
- ⦿ Sanctions and Incentives
- ⦿ Levels
- ⦿ Victim Consent on Domestic Violence Cases

Procedure for Entering TIP

- ⦿ Referral can be made by anyone
- ⦿ Referrals are valid for 30 days
- ⦿ Assessor meets with defendant
- ⦿ Team staffs the case
- ⦿ Team decision as to whether or not a case is accepted
- ⦿ Notification of team decision is given to the attorneys, judge and referral source

Statistics

January 1, 2005 to July 31, 2009

- 734 defendants were referred
- 148 defendants were accepted (19.84%)
- 66 participants as of September 15, 2009
- 37 participants left the program
- 39 participants have graduated
- 8 participants have received a certificate of participation
- 5 defendants have a neutral discharge

Statistics Continued

- ④ 48.64% had co-occurring, 14.58% had no substance abuse issues and 36.78% unknown
- ④ 71.62% entered on a guilty plea
- ④ 25% entered pre plea
- ④ 3.38% entered with a pending PTV
- ④ Most common diagnosis in order
 - Bipolar Disorder
 - Major Depression
 - Schizophrenia

Statistics Continued

January 1, 2005 to July 31, 2009

- ◎ 39 graduates had 4,584.10 jail days prior to TIP = \$275,046
- ◎ 39 graduates had 178.57 jail days while in TIP = \$10,714.20
- ◎ 39 graduates after leaving the program, only 6 have been rearrested for 178.61 jail days = \$10,716

Statistics Continued

January 1, 2005 to July 31, 2009

- 59 current participants had 12,305.17 jail days before being accepted to TIP = \$738,310.20
- 59 current participants had 5,800.69 jail days 5 years prior to TIP = 348,041.40
- 59 current participants had 761.17 jail days after being accepted to TIP = \$45,670.20

Statistics Continued

- ③ 37 left TIP prior to completion had 5,047.34 jail days prior to entering TIP = \$302,840.40
- ③ 37 had 3,290.34 jail days 5 years prior to TIP = \$197,420.40
- ③ 37 had 1,599.54 jail days while in TIP = \$95,972.40
- ③ After leaving TIP 22 defendants had 1,197.68 jail days = \$71,860.80

**Mental Health Court
Association of Illinois**

Mission Statement

- To create a statewide association of professionals, consumers, families, advocates and public officials who support the development and sustainability of Mental Health Courts and criminal justice diversion programs for persons with mental illness in Illinois.

History of Development

- Began development after 1st Annual Mental Health Court Conference in June 2008. Identified need for an association to better foster and develop ideas and have one large voice to advocate.
- Planning sessions began in July 2008.
- Bylaws written and approved in April 2009.
- Board of Directors voted in June 2009.

Goals of the Association

- ① Define different models of mental health courts in Illinois
- ① Develop consistencies with different mental health courts in Illinois where appropriate
- ① Promote a statewide database for mental health courts in Illinois that is currently being developed by the Illinois Department of Human Services/Department of Mental Health
- ① Assist any jurisdiction with the creation of a mental health court
- ① Educate communities and legislators on the effectiveness of mental health courts and mental health issues

Committees

- ⦿ Membership
- ⦿ Programming
- ⦿ Consumer and Legislative Advocacy
- ⦿ Finance
- ⦿ Technology/Communications

Membership Committee

- ⦿ Recruit Members
- ⦿ Marketing
- ⦿ Inclusive Statewide Membership
- ⦿ Information/Education
- ⦿ Brochure

- ⦿ Chairman Michelle Rock

Programming

- ⦿ Conference
- ⦿ Workshops
- ⦿ Seminars
- ⦿ Networking/Sharing Information
- ⦿ Mental Illness Awareness Week - October
- ⦿ Mental Well Being Day – May
- ⦿ Cross Training Disciplines
- ⦿ Education/Awareness

- ⦿ Chair Lisa Salvadore

Consumer and Legislative Advocacy

- Advocate for Change Mental Health Court Act in Illinois
- Advocate for Change in Professional Rules of Judicial Conduct
- Advocate for Change in federal/state laws regarding eligibility for housing and benefits
- Legislation
- Budget Cuts & Effects
- Long term adequate services
- Collaborate with NAMI and other organizations on consumer advocacy

- Chair Alicia Kusiak

Finance

- ① Develop a budget
- ① Annual Reports
- ① Audits
- ① Reports to Board of Directors and Association at meetings

Technology/Communications

- ⦿ Determine phone/video conferencing capabilities and equipment options
- ⦿ Website
- ⦿ Database
 - Data Link
 - State-wide Mental Health Court Database
- ⦿ Webinars
- ⦿ Policies, procedures and forms between courts
- ⦿ Work with Marketing

- ⦿ Chair Carl Alaimo

Questions

Contact Information

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