CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Champaign County Mental Health Board (CCMHB)
Study Session Agenda
Wednesday, October 16, 2024, 5:45PM

This study session will be held in person at the Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Members of the public may attend in person or watch the meeting live through this link: https://us02web.zoom.us/j/81393675682 Meeting ID: 813 9367 5682

I. **Call to order**
II. **Roll call**
III. **Approval of Agenda***
IV. **Agency or Citizen Input/Public Participation** *All are welcome to attend the Board's study session to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
V. **Chairperson's Comments – Molly McLay, designating Chris Miner**
VI. **Executive Director's Comments – Lynn Canfield**
VII. **STUDY SESSION – Behavioral Health and Justice**

Justice System Partners will discuss collaborations which utilize and determine resources for adults who have justice system involvement, including Problem Solving Courts, Crisis Intervention Team Steering Committee, and Reentry Council.

VIII. **Related Information**
a) **A Personal Story** (pages 3-6)
b) **PY25 Funded Programs** (pages 7-15)
c) **Illinois Across the Sequential Intercepts** (pages 16-31)
d) **Recommendations and Resources (Courts)** (pages 32-46)
e) **CESSA Overview (Crisis Response)** (pages 47-49)
f) **Pre-Trial Fairness Act Resources (Jail, Reentry)** (pages 50-54)

IX. **Agency or Citizen Input/Public Participation** *All are welcome to attend the Board's study session to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
X. **Board Announcements and Input**
XI. **Adjournment**

** Board action is requested.*

For accessible documents or assistance with any portion of this packet, please contact us (leon@ccmhb.org).

Participants Representing Justice System and Other Governmental Entities:

Megan Cambron, Crisis Coordinator for UIUC Police Dept

Ben Dyer, Judge (Drug Court, Mental Health Court)

Antwan Funches, Behavioral Health Detective, Urbana Police Dept

Elisabeth Pollock, Public Defender

Christina Reifsteck, Sgt Rantoul Police Dept

Julia Rietz, State's Attorney

Ed Sexton, County Board (Justice and Social Services Committee Vice Chair, Community Action Board, Community Coalition, Highway and Transportation)

Shannon Siders, Director, Probation & Court Services

Mike Smith, County Board (Reentry Council, Rural Transit Advisory Liaison, Facilities Committee)

Leah Taylor, County Board (Justice and Social Services Committee Chair, DDB Liaison, Highway and Transportation)

Karee Voges, Captain, County Corrections Division

Amanda Wells, Supervisor, Adult Probation

Story of a Client (CU at Home)

Molly* was just four years old when she and her younger brother were abandoned on a street in Korea. At that tender age, she stepped into the role of caregiver. Despite her young age, she felt a profound sense of responsibility and did the best she could for her brother and herself. Eventually, a nearby orphanage took them in and, at around 6 years old, they were adopted and brought to the United States. While this might have been a fairy tale ending, the true pain and trauma for Molly emerged in the post-adoption phase.

Soon after the adoption, while Molly was still learning a new language and acclimating to a new culture, another child in the house, an adopted brother, began sexually molesting her. Molly kept silent for years out of fear that if she wasn't available to her adopted brother, he would begin molesting her younger biological sibling.

It didn't take long for Molly to seek ways to cope with her trauma. She connected with peers at school who had access to alcohol and began drinking and dissociating to survive each day. Her adoptive parents discovered her drinking when she could no longer conceal it. They labeled her the "problem child," the one who just couldn't get her life on track. Shouldn't she feel more grateful? After all, they would tell her, she was rescued — adopted and given a new chance at life.

Molly's alcohol consumption escalated as she endured ongoing abuse from her brother and criticism from her family, who viewed her solely as a problem. Eventually, Molly reached a stage where drinking alone was insufficient, leading her to experiment with harder drugs, stay away from home, and steal items to give to her "friends" in exchange for alcohol and drugs.

Even though Molly experienced a short time during her pregnancies when she attempted to stay clean for her unborn children, she never truly knew an adult life free from drugs or alcohol. Despite her deep love for her children, she struggled to stay sober after their birth, ultimately resulting in her losing custody of them.

One night, Molly found herself surrounded by men who were drinking, using drugs, and prepared to exploit her in the same way her brother had. She became

trapped in a destructive cycle of drinking, substance use, and experiencing abuse. The items she stole and the locations she targeted also began to escalate, leading to her being caught multiple times. Her first interactions with law enforcement occurred in 2006.

During one of the times she ended up in jail, she was presented with a chance to enter the Champaign County Drug Court. Eager to escape worse consequences, she accepted the offer, but her true desire was simply to get out, use drugs, and continue her life. And that's precisely what she did. She quickly reconnected with people who were using. She found herself right back in the cycle of using drugs and being abused. One evening, after spending time with a group while under the influence, several men in the gathering forcibly took her aside and began to abuse and assault her. They assaulted her so severely that eventually someone in the group recognized she needed medical attention. Fearing the consequences of their actions, they abandoned her at the emergency room doors.

Molly spent several weeks in the hospital recovering from her injuries, during which time the Drug Court reached out to her due to her outstanding warrants. Because the Court considered her a flight risk, Molly was taken directly from the hospital to jail while she awaited a spot at a treatment facility. At the age of 43, determined to change her life, she prayed for the first time in a long while, seeking God's assistance.

The Drug Court arranged Molly's treatment at Rosecrance, a drug and alcohol rehabilitation facility. While there, Molly began to take the vital first steps toward overcoming her addiction and toward healing. She started to address her trauma, acquired tools to maintain her sobriety, built a supportive community of sober individuals, and even found a sober new best friend. After completing her treatment, Molly moved into a Rosecrance home, where she lived for several months. As her discharge approached, Molly and her case manager from Drug Court/Rosecrance contacted C-U at Home. Although Molly had gained significant confidence in her sobriety and was on the path to healing, she faced the challenge of having nowhere to live. Returning to the streets would only lead her back into the same destructive cycle of drug use, abuse, and theft.

Molly joined the C-U at Home program and continued to make progress. She collaborated with her C-U at Home case manager, started counseling sessions at

the Elliot Counseling Center, maintained her job, and attended Seeking Safety classes. Additionally, Molly participated in Narcotics Anonymous meetings and met weekly with a women's group for a book club focused on “Codependent No More” by Melody Beattie. She graduated from Drug Court and is now part of an alumni team being formed to support people who face the challenges she is familiar with. Molly has reunited with her own children, who were taken away from her during her active addiction. She also cherishes her grandchild and is working to form a relationship with him. She remains in the C-U at Home program as she continues to build her skills.

Molly is an incredible woman brimming with hope. She steadily and mindfully progresses in her journey of sobriety and healing. We feel privileged to be a part of her inspiring story.

**Name and other details changed to protect confidentiality*

Champaign County Mental Health Board programs (not I/DD) for PY2025 (7/1/24-6/30/25)				
Agency	**Program**	**Focus**	**$ Amount**	**Summary**
Champaign County Children's Advocacy Center	Children's Advocacy Center	Healing from Interpersonal Violence	$63,911	Using a child-centered, evidence-based, coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.
Champaign County Christian Health Center	Mental Health Care at CCCHC	Closing the Gaps in Access and Care	$33,000	A psychiatrist provides direct mental health care to patients; mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Primary care providers also treat or refer those with mental health conditions, especially anxiety and depression. Provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	Closing the Gaps in Access and Care	$86,501	Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals by connection to resources and benefits and help navigating the health care system to get their needs met... establishes trust with clients by helping them gain and maintain access to benefits, provides emotional support, and helps them identify services they need in a non-stigmatizing and supportive way.
Champaign County Health Care Consumers	Disability Application Services	Closing the Gaps in Access and Care	$105,000	Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney if an appeal is needed; emotional/psychological support for individuals applying.The decision to apply for disability and the process of doing so can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services include helping clients to access health services to document their disabling conditions.
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	Safety and Crisis Stabilization	$90,147	For people who have justice-involvment, Community Health Worker services are offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met.
Champaign County Regional Planning Commission - Community Services	Homeless Services System Coordination	Closing the Gaps in Access and Care	$54,281	Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeles, mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee.
Champaign County Regional Planning Commission - Community Services	Youth Assessment Center (Companion Proposal)	Safety and Crisis Stabilization	$76,350	Early intervention and diversion for youth, particularly those overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to weekly phone counseling, group programming (CBT approach), and partnership with UIUC Psychological Services Center/Childhood Adversity & Resiliency Services to reduce barriers to MH treatment.

CU Early	CU Early (another portion of this contract is for DD - see below)	Thriving Children, Youth, and Families	$64,578	Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. ($64,578 of the total contract relates to mental health, another $16,145 to I/DD.)
CU at Home	Shelter Case Management	Safety and Crisis Stabilization	$256,700	The services and supports offered through the program meet the client's essential needs in the midst of that crisis. The program provides intensive case management and care coordination to assist the client in moving from crisis to stabilization, and ultimately community integration. The program eliminates the need for clients to be homeless, decreases their contact with law enforcement, or the need for clients to seek stability through hospitalization.
Champaign County RPC Head Start/Early Head Start	Early Childhood Mental Health Services (another portion of this contract relates to DD-	Thriving Children, Youth, and Families	$171,663	Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school-to-prison pipeline. Participation in preschool impacts important quality-of-life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem-solving during the critical window between birth and 5 years.
Community Service Center of Northern Champaign	Resource Connection	Closing the Gaps in Access and Care	$68,609	A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.
Courage Connection	Courage Connection	Healing from Interpersonal Violence	$128,038	"… Our clients are not just victims, they are survivors. They have survived interpersonal violence, and are reaching out to us to find healing. According to Boston University, interpersonal violence, also called intimate partner violence or domestic violence, is a pattern of behavior used to establish power and control over another person. Through our counseling and advocacy programs, we walk alongside our clients on their healing journey as we help them restore their sense of personal freedom, power, and well-being. All our services are also victim services but we also want to focus on this healing aspect of our work."
Crisis Nursery	Beyond Blue-Champaign County	Thriving Children, Youth, and Families	$90,000	Supports mothers experiencing perinatal depression, with a focus on the mental health and well-being of children and families, by strengthening the parent child bond through playgroups, support groups, and home visiting services. Through coordination with the Home Visitors Consortium, Crisis Nursery focuses on families who are identified as experiencing perinatal depression and then blends this programming with our Prevention Initiative funding through the Illinois State Board of Education which focuses on the development of children birth-3 years.
Cunningham Children's Home	ECHO Housing & Employment Support	Closing the Gaps in Access and Care	$203,710	Housing First Approach: prioritized permanent housing as a platform from which participants can pursue goals and improve quality of life. Customized Employment: this program connects eligible participants with Illinois workNet as an approach towards competitive employment for individuals with significant disabilities that's based on determination of the individuals' strengths, needs, and interests. Case management: assists participants in applying for eligible benefits
Cunningham Children's Home	Families Stronger Together	Thriving Children, Youth, and Families	$282,139	Trauma informed, culturally responsive, and therapeutic and preventative services to youth… involved in or are vulnerable of being involved in the juvenile justice system. Our focus for the next two years will be primarily focused on preventative services for the younger population. FST can offer early intervention services to Treatment Plan Client (TPC) youth and families. The FST program will continue to utilize the ARC framework in working with these youth, families, and community.

Don Moyer Boys & Girls Club	CU Change	Thriving Children, Youth, and [illegible]	$85,575	High yield programming, mental health resources and intensive case management… to address issues encountered in the educational setting, social settings, family, and community. With a focus on… stabilization of the family unit to support youth in graduating from high school with a plan for the future.
Don Moyer Boys & Girls Club	Community Coalition Summer Initiatives	Thriving Children, Youth, and Families	$100,000	Supports youth and community mental health needs during critical out-of- school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.
East Central IL Refugee Mutual Assistance Center ("Refugee Center")	Family Support & Strengthening	Thriving Children, Youth, and Families	$62,000	Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations in Champaign County. Staff speaks over ten languages in house, with other languages available through qualified translators… offers a connection to area resources that is culturally and linguistically appropriate. Staff often accompanies clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.
Family Service of Champaign County	Counseling	Closing the Gaps in Access and Care	$30,000	Affordable, accessible counseling services to families, couples and people of all ages. Serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client-driven services utilize family and natural support systems and are respectful of clients' values, beliefs, traditions, customs, and personal preferences. Clients can be as young as 5.
Family Service of Champaign County	Self-Help Center	Closing the Gaps in Access and Care	$28,930	Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.
Family Service of Champaign County	Senior Counseling & Advocacy	Closing the Gaps in Access and Care	$178,386	Caseworkers assist with needs and challenges faced by seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Services are provided over the phone, Zoom meetings, in the home or in the community.
First Followers	FirstSteps Reentry House	Safety and Crisis Stabilization	$69,500	A transition house for men (and, new in PY25, one for women) returning home to Champaign County after incarceration. Rent-free housing in homes donated by the Housing Authority of Champaign County, for up to four people at a time; furniture, appliances, computers, kitchen equipment, exercise equipment, basic clothing items, and food until the person has the means to pay either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is 3-12 months.
First Followers	Peer Mentoring for Re-Entry	Safety and Crisis Stabilization	$95,000	Formerly incarcerated individuals serve as peer mentors of the program as well as providing the direct support to clients. Provides counseling and social/emotional supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.

GCAP	Advocacy, Care, and Education (NEW)	Closing the Gaps in Access and Care	$61,566	Addresses existing gaps in care for people living with HIV/AIDS (PLWHA)… holistic support, empowering individuals through: Independent Living Skills (education on life skills, budgeting, managing finances, and building self-reliance); Transportation Assistance (access to essential services, appointments, and opportunities); and Social Connection & Belonging (access to community activities, learning, and peer support). People to be served are those in GCAP transitional or emergency/rapid rehousing units, those who are unsheltered or at risk of becoming unsheltered and interested in GCAP housing or supportive services, and those receiving emergency assistance.
GROW in Illinois	Peer Support	Closing the Gaps in Access and Care	$157,690	A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and a monthly socials. Groups (3 to 15 members) include in-person as well as virtual sessions for men and for women, and are held in various locations, including the Champaign County Jail.
Promise Healthcare	PHC Wellness	Closing the Gaps in Access and Care	$107,078	Case Managers and Community Health Workers provide assisstance to patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. Accepts outside referrals for behavioral health services and enabling services. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services.
Promise Healthcare	Mental Health Services	Closing the Gaps in Access and Care	$330,000	Mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive MH treatment through counselor, psychiatrist, or primary care provider. Counseling and psychiatry available at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment.
Rape Advocacy, Counseling & Education Services	Sexual Trauma Therapy Services	Healing from Interpersonal Violence	$140,000	Improves the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking. Therapy services at RACES are part of the agency's Survivor Services Program. Master's level clinicians provide trauma-informed, culturally competent therapy through multiple treatment modalities, utilizing approaches that best meet the goals and the needs identified by clients. Cognitive-behavioral therapy, EMDR, and arts-based therapy, provided by five full-time staff members at Urbana office and contractual therapist with office in Rantoul,to increase access to therapy services for survivors in the area.
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	Healing from Interpersonal Violence	$75,000	Services for residents of Champaign County aged three and older, at no cost. Uses a comprehensive, multi-level, evidence-informed strategy to provide age-appropriate programming to students, parents, teachers, and other community members. Special attention is given to ensuring the inclusion of historically underserved and marginalized communities, including racial and ethnic minorities, rural residents, members of the LGBTQ+ community, and individuals with disabilities. The most common locations for RACES prevention programming are K-12 schools.
Rosecrance Central Illinois	Benefits Case Management	Closing the Gaps in Access and Care	$84,625	Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to behavioral health client. The program aims to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May also assist clients with access to housing, employment, healthy food, and other resources.
Rosecrance Central Illinois	Child & Family Services	Thriving Children, Youth, and Families	$77,175	For Champaign County residents aged 5 to 17 (and their families) with MH disorder and need for counseling, transportation, case management, wellness, and psychiatric services supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination; multi-disciplinary team and coordination between psychiatrist and clinician; individual, group, or family counseling sessions, using skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; and transportation.

Rosecrance Central Illinois	Criminal Justice PSC	Safety and Crisis Stabilization	$336,000	Community-based behavioral health program aims to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are - Champaign County jail, probation, or community. Using a person-centered, client-driven plan, the staff coordinates across systems, with and on behalf of people with justice system involvement. Case managers conduct screening, assessment, case management, and group therapy while individuals are in jail and help with the transition from incarceration to re-entry into the community.
Rosecrance Central Illinois	Crisis Co-Response (CCRT) and Diversion	Safety and Crisis Stabilization	$310,000	Responds to need for behavioral health support in Urbana, Rantoul, and Champaign County and aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing.
Rosecrance Central Illinois	Recovery Home	Closing the Gaps in Access and Care	$100,000	An alcohol and drug-free environment that provides individuals a safe, supportive living environment. Individuals go through a peer support recovery program while developing independent living skills in a community setting. Staff assist clients in addressing "problems in living" and the social determinants of health. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports.
Rosecrance Central Illinois	Specialty Courts	Safety and Crisis Stabilization	$186,900	Coordinates across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement. Clinicians provide Specialty Court clients behavioral health assessments, individualized treatment plans, group, and individual counseling services. Case manager provides intensive case management to help clients overcome barriers and connect to mental health treatment and resources such as food, clothing, medical and dental services, employment, housing, education, transportation, and childcare.
Terrapin Station Sober Living	Recovery Home	Closing the Gaps in Access and Care	$88,880	Provides equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system, in a manor that is forward-thinking and original. Intensive individualized case management; support for activities of daily living and relapse prevention skills; access to vocational/educational programs; assistance linking to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety-based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities.
WIN Recovery	Community Support ReEntry Houses-New	Safety and Crisis Stabilization	$183,000	Gender-responsive, trauma-informed, health-promoting services for women and gender minorities, as an alternative to incarceration upon reentry. Service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.
The UP Center of Champaign County	Children, Youth & Families Program	Thriving Children, Youth, and Families	$190,056	Uniting Pride(UP) works to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan. UP assists individuals dealing with depression, anxiety, substance use, suicidal ideation. Support groups meet in-person and/or on Zoom depending on participant preferences. UP provide trainings to organizations, agencies, schools to build inclusive communities accepting of LGBTQ+ members. UP has launched a food pantry, increased free gender-affirming clothing program, and greatly expanded online resources.
			$4,851,988	***CCMHB Total Investment in Programs other than DD***

Champaign County Mental Health Board's I/DD programs for PY2025 (7/1/24-6/30/25)

Champaign County RPC - Head Start/Early Head Start	(part of MH Services contract above)	Collaboration with CCDDB (portion for DD services)	$216,800	Addresses social-emotional concerns in the early childhood period and identifies developmental issues and risk. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. ($171,663 of the total contract is for MH services, $216,800 for I/DD.)
Developmental Services Center	Family Development	Collaboration with CCDDB	$656,174	Serves children birth to five years, with or at risk of developmental disabilities, and their families. Culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.
CU Early	(part of CU Early contract described above)	Collaboration with CCDDB (portion for DD services)	$16,145	Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. ($64,578 of the total contract relates to mental health, another $16,145 to I/DD.)
			$889,119	***Total CCMHB Investment in Agency I/DD Supports and Services***

Champaign County Developmental Disabilities Board programs for PY2025 (7/1/24-6/30/25)

Agency	Program	Focus	$ Amount	Summary
Champaign County Regional Planning Commission- Community Services	Decision Support PCP	Linkage and Coordination	$418,845	Conflict-free case management and person-centered planning, transition from high school to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults.Conflict-free person-centered planning and case management services provided to eligible people. Outreach to high school professionals and families before IEP meetings to offer transition planning services for people with I/DD nearing graduation from secondary education. Staff attend scheduled events in the community to engage underserved populations, providing opportunities for preference assessment. Online survey opportunities and focus groups are used to gather data from people about service preferences. Dual Diagnosis Case Manager utilizes evidence-based approaches to increase service engagement. Case Manager works with clients on development/achievement of desired goals.
Community Choices, Inc.	Customized Employment	Work Life	$239,500	Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Supported Experiences for First Time Job Seekers provides classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional experiences.
Community Choices, Inc.	Inclusive Community Support	Home Life	$213,000	Housing, skills, connections, resource coordination, benefits and budget management, health, daily life coordination, and comprehensive HBS administration. Services chosen after in-depth planning process, in 1 of 3 tracks. Family-Driven Support: planning process for self-directed community living. Sustained Community Supports (ala carte): choice of specific services and supports in any domain, short or long term. HBS Basic Self-Direction Assistance (SDA): Individuals with state-funded HBS may choose an SDA to aid in the basic management of their personal support workers. (Paid for through Waiver Funding). Program Design: Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes available to participants and other Members.

Community Choices, Inc.	Self Determination Support	Community Life	$213,500	Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: 1 leadership class and Human Rights & Advocacy Group. Building Community: Structured Opportunities for adults with I/DD to explore their communities; Urban Explorers community opportunities with support from CC staff; Community Coaching: social skills development, tech training, interest exploration, individual and group connections. Cooperative Facilitation: management of resources to build cooperative communities, including member online platforms, individual membership connections, and the dissemination of coop news and opportunities.
Community Choices, Inc.	Staff Recruitment and Retention	Strengthening the I/DD Workforce	$34,000	Allows for: New Hire Bonuses to attract and hire well qualified staff in a timely manner; $500 bonus to all new employees who successfully complete their training and 90 day probationary period; Retention Bonuses to retain high performing employees; current staff are eligible for a quarterly bonus of $500 for maintaining their good-standing, active employment, including ongoing professional development applicable to each position.
Community Choices, Inc.	Transportation Support	Personal Life	$171,000	Addresses barriers that many people with I/DD have in accessing and being engaged in the community. Transportation Coordination and Training: A dedicated staff person manages, schedules, and trains participants on the use of our transportation options as well as existing options (MTD, Uber, Lyft, etc) and the additional tools, technologies, and apps that can make those options safer and more accessible. Personalized Driver Services: CC drivers will be available from 8am-8pm on weekdays to provide scheduled rides to members according to their needs and preferences. Cost-free rides will be door to door with personalized reminders/arrival confirmations. Group rides will also be available for CC structured events.
DSC	Clinical Services	Personal Life	$260,000	Mental health and behavioral expertise to support people with I/DD. Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling. Initial/annual psychiatric assessment, quarterly medication review, and individual planning consultation. Psychological assessment, including new prospective participants (eligibility determination) and for changes in level of functioning. DSC seeks clinicians and options beyond the consultants enlisted to support people seeking/receiving services. State funding is maximized prior to the use of county funding. Staff Support Specialist provides staff training and dedicated resources to improve behavioral support and enhance participant engagement.
DSC	Community Employment	Work Life	$500,000	Assists people to find and maintain jobs. Discovery process: employment plan development; interviews with the person and others; daily observation; exploration of job interests; encourage/support volunteer opportunities; discussions of pre-employment habits. Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice. Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring. Job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. Job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identifying and facilitating natural supports. Supported Employment: establish volunteer/work options for all people; support to increase time management skills, communication, and work preparedness; support niches for a small group of people within local businesses. Employment Plus addresses work/social life balance. Planned get-togethers will function as a peer support forum for participants. Topics and activities will be driven by attendees.
DSC	Community First	Community Life	$950,000	Community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Personalized support based on individual interests with choice identified through the personal plan, self-report, and surveys completed prior to the rotation of group offerings. Supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 30 options.

DSC	Community Living	Home Life	$615,000	Supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy and assist people with independent living skills, health and wellness, community access, various financial supports, and technology. Emergency Response is available after hours and on the weekends.
DSC	Connections	Community Life	$115,000	Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment. Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.
DSC w/ Community Choices	Employment First	Work Life	$98,500	Promotes a change in culture surrounding people with disabilities and their role and contribution to Champaign County as members of the workforce. Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Directory of Disability-Inclusive Employers is a means of identifying employers who wish to hire qualified people with I/DD, a resource for those seeking employment, and a learning platform. Advocacy and ongoing dialogue with Division of Rehabilitation Services, Rotaries, Chambers of Commerce, and more.
Developmental Services Center	Individual & Family Support	Personal Life	$308,000	Resource Coordinator supports families to have access to much needed services. Resource Coordinator prioritizes education, guidance and support for individuals with needs and interests related to Advocacy, Human Rights, and Sexuality which enhances these individuals' personal lives.Financial support from CCDDB has afforded families to benefit from extended breaks through support such as traditional respite, CUSR camps, after-school programs, and summer camps with specialized supports. Other examples have included YMCA and fitness club memberships; overnight trips to conferences; social skills training; home modifications; and therapy/sensory/accessibility equipment not funded by insurance.
DSC	Service Coordination	Linkage and Coordination	$520,500	Works with ISC to develop Personal Plans and Implementation Strategies for county-funded and waiver participants. Supports people to be as active as possible in the development of their plan and to speak up for what they want. Offers intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for and maintain enrollment in SSDI and SSI and "Extra Help"; coordinate and assist with Medicare eligibility and enrollment; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.
DSC	Workforce Development and Retention	Strengthening the I/DD Workforce	$244,000	Strengthens and stabilizes the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis and pandemic. Retention bonuses occur 3 times per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies.
PACE	Consumer Control in Personal Support	Personal Life	$45,972	Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant (PA)/PSW Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals.
			$4,946,817	***CCDDB Total Investment in Supports for People with I/DD***

CCMHB-CCDDB I/DD Special Initiatives programs for PY2025 (7/1/24-6/30/25)

Agency	Program	Focus	$ Amount	Summary

Champaign County Regional Planning	Community Life Short Term Assistance - NEW	Community Life	$232,033	Provides financial assistance, along with supportive services to address needs and desires of furthering community life for adults with I/DD… [to] access social, developmental, and leisure activities, that may not otherwise be financially accessible… assisting individuals with I/DD toward further understanding, confidence building and longer-term self-sufficiency.
			$232,033	***IDDSI Fund Total Investment in Supports for People with I/DD***

Other supports funded by Champaign County Mental Health & Developmental Disabilities Boards

Alliance for Inclusion and Respect	Community Events	Anti-Stigma, MI/SUD/ID/DD	CCMHB, some CCDDB		Community events, including: sponsorship, screenings, and discussions of anti-stigma film, related activities (CCMHB only); coordination, promotion, and marketing of artists/entrepreneurs with disabilities, such as International Galleries year-round booth and indoor Market at the Square table; social media campaigns. Costs vary with opportunities for events and are offset by member contributions and in-kind.
Cultural and Linguistic Competence Coordination	Trainings and Consultations	for funded programs and board/staff	CCDDB/CCMHB		Support to organizations serving or supporting people, in the areas of: Cultural and Linguistic Competence and the Enhanced National CLAS (Culturally and Linguistically Appropriate Services Standards); Working with Culturally Diverse Populations; Positive Youth Development; Asset Building for Youth; Ethical Communication; Building Evaluation Tools; System of Care Development; Addressing Mental Health Disparities; Systemic Racism; Community Engagement.
disAbility Resource Expo	Annual Expo Event	Anti-Stigma, MI/SUD/I/DD	CCDDB/CCMHB		A well-known, family-friendly event with information and resources from over 100 organizations, to promote a better quality of life for people with disabilities. Resource book available year round, hard copy and reflected in a comprehensive searchable online directory. Costs are offset by significant contributions from sponsors and exhibitors as well as in-kind contributions.
211/PATH (with United Way)	211	Information and Referral	CCDDB/CCMHB		Staffed 24/7 to refer callers to the most appropriate source of assistance. Employs a database comprised of services which include health and human services, governmental agencies, non-for-profit organizations, and much more.
Mental Health First Aid Trainings	Adult, Youth, Teen, and Public Safety modules	Open to community, limited series	CCDDB/CCMHB		Mental Health First Aid is a course designed to identify and understand signs and symptoms to provide the initial support for a person who is experiencing mental health challenges and/or challenges with substance use disorders. MHFA for Adults and Adults Assisting Youth has a virtual option, as well as blended learning for both an in-person and self-paced course. Teen MHFA: this in-person training teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling, equipping them with the knowledge and skills to foster their own wellness and support each other. The in-person course normally costs about $45.00 per person, virtual about $30.00.
Monthly Workshops	Trainings, Presentations, Discussions	Open to funded programs and community	CCDDB/CCMHB		Typically 2-3 hours and held on the last Thursday of each month. Sessions are free of charge, offer CEUs for various (QIDPs, LCSWs, and others as appropriate), and are on topics of interest to case managers, family members, social workers, and other stakeholders. Many topics are as requested. A goal is to develop topics for direct support professionals and find best time/location to offer them sessions.
Student Projects	Community Learning Lab and Other	Community and CCMHB/CCDDB	CCDDB/CCMHB		CCMHB/CCDDB staff work with student groups on projects of interest to the boards and community, to strengthen systems of care for people with MI, SUD, or I/DD. Students have helped improve online resource information, reported on literature review of barriers to adequate social services workforce,nexplored best practices for outreach to rural residents, improved presentation of aggregate data from funded programs, designed marketing plans for entrepreneurs with disabilities, and more.
UIUC Family Resource Center	Building Program Evaluation Capacity	Supports CCMHB/CCDDB funded programs	CCDDB/CCMHB		Research project to improve the system of collection, reporting, and analysis of program performance measures across diverse service provider agency programs. Works closely with 4-6 target programs each year, follows up on previous target programs. Funded programs are encouraged to use the consultation bank, repository of outcomes systems, trainings, and presentations. Also assists CCDDB/CCMHB staff with enhancements of funding application materials and reporting requirements.

Illinois
Across the Sequential Intercepts

Scott Block, MA, LCPC, CADC, CCJP, CCM
Statewide Behavioral Health Administrator
Administrative Office of the Illinois Courts

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

Learning Objectives

As a result of this presentation, participants will be able to:

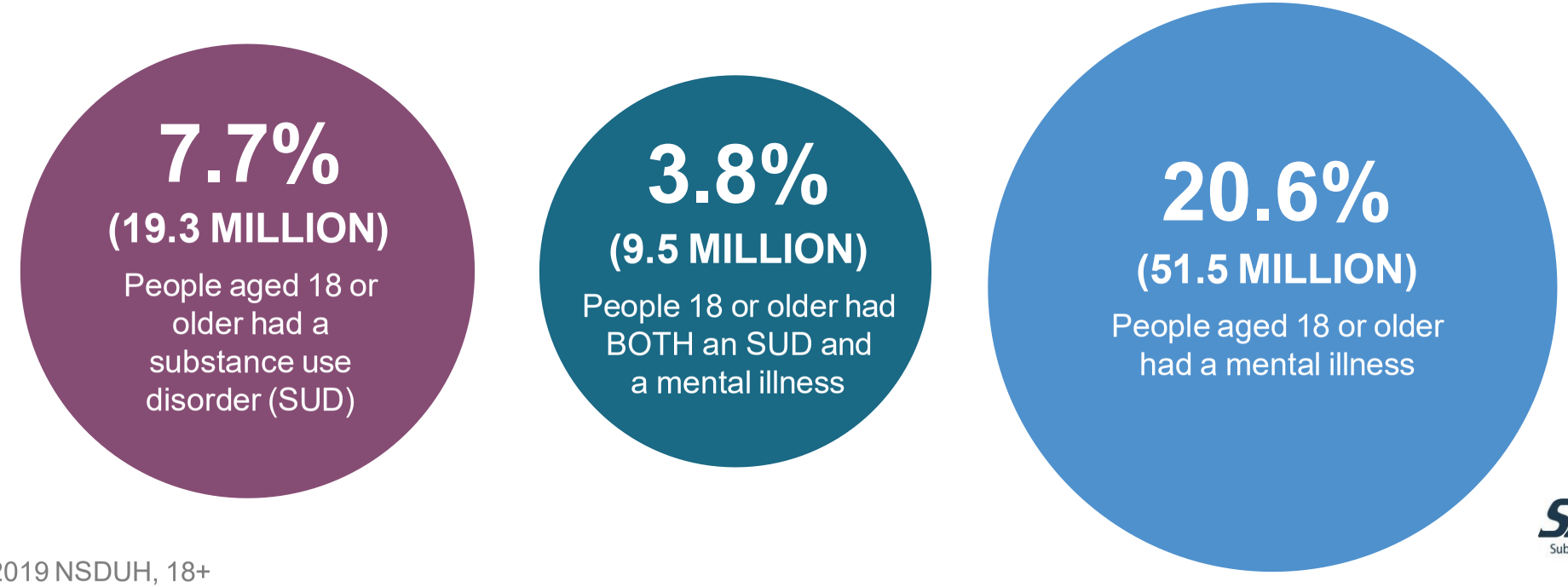
1. Discuss the correlation between behavioral health and justice

2. Identify community resources to better serve the public

3. Describe national and statewide efforts to improve the Court/Community response to behavioral health disorders

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

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



PAST YEAR, 2019 NSDUH, 18+

SAMHSA
Substance Abuse and Mental Health Services Administration

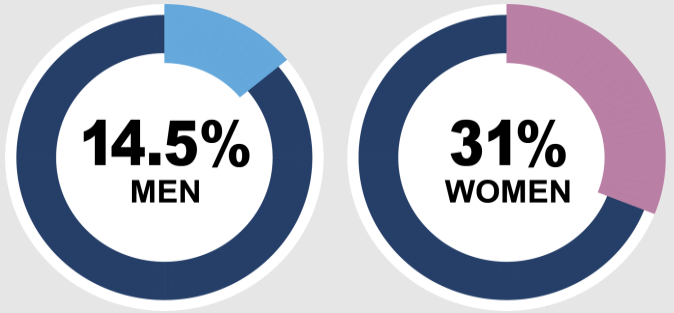
Mental Illness is Overrepresented in the Courts

serious mental illness is

four to six times higher

in jail than in the general population*

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



Sources: Vera Institute of Justice, Council of State Governments Justice Center.

Of the 19.3 Million with a Substance Use Disorder

2 IN 5

(38.5% or 7.4M)

Struggled with illicit drugs

3 IN 4

(73.1% or 14.1M)

Struggled with alcohol use

1 IN 9

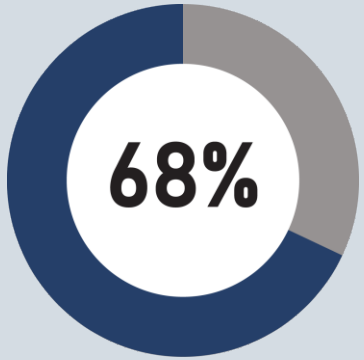
(11.5% or 2.2M)

Struggled with illicit drugs and alcohol

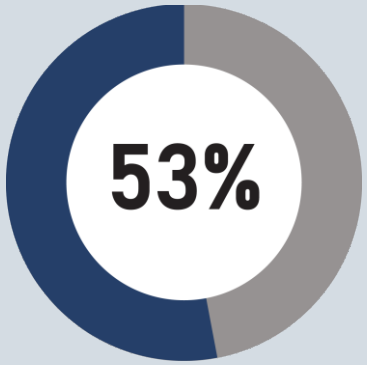
PAST YEAR, 2019 NSDUH, 18+

SAMHSA
Substance Abuse and Mental Health Services Administration

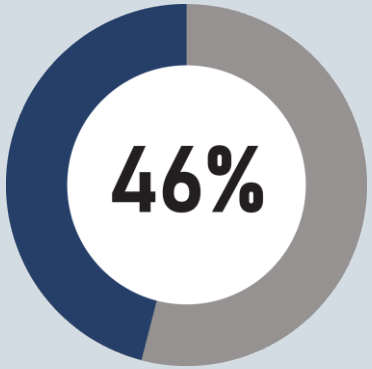
Substance Use Disorders are Overrepresented in Jails and Prisons



of people in custody



of people in custody in state prisons



of people in custody in federal

Sources: Vera Institute of Justice, Council of State Governments Justice Center.

SMI in U.S. Jails

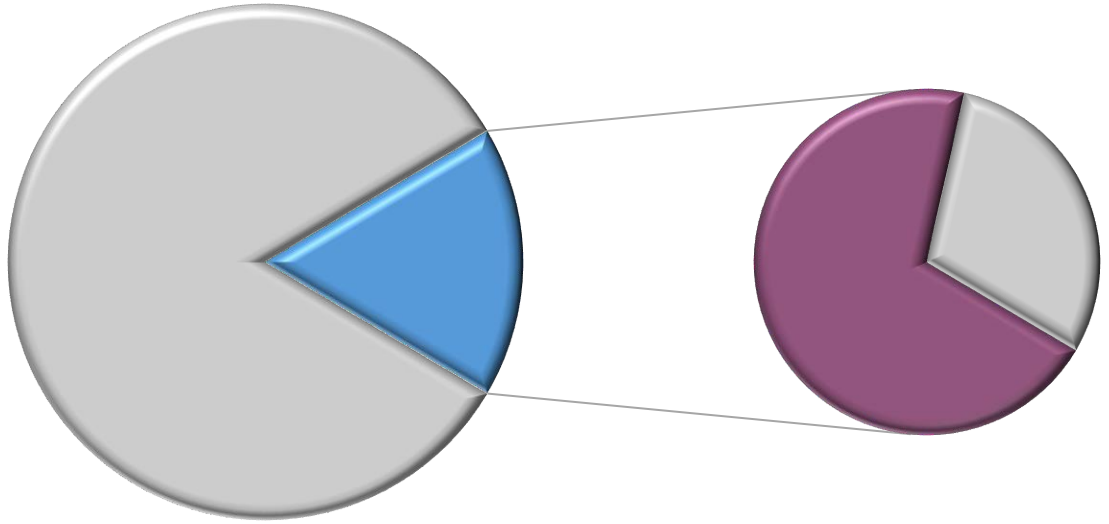
General Population

4% Serious Mental Illness

Jail Population

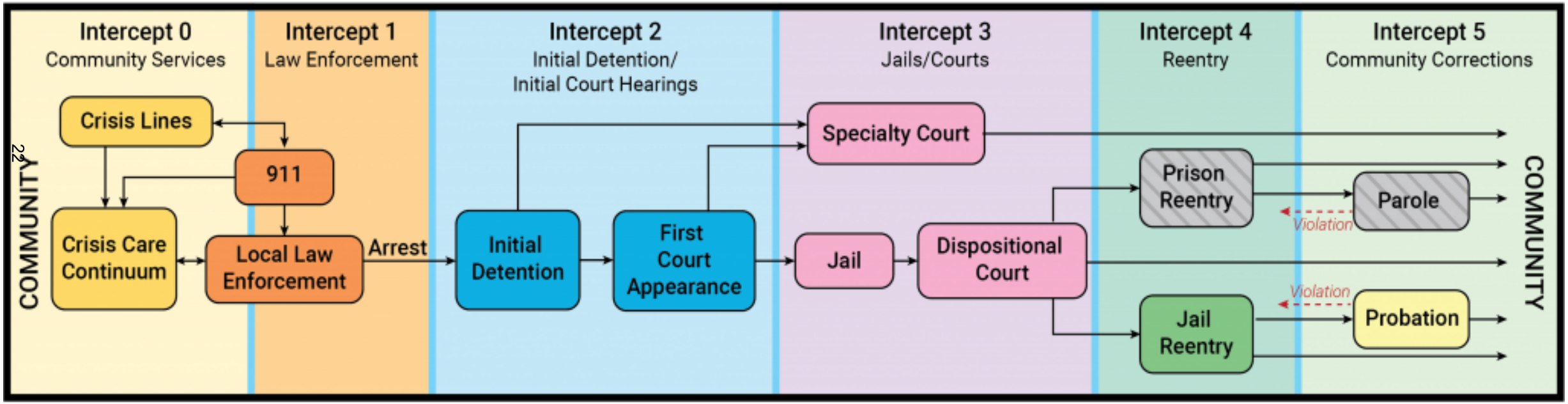
17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder

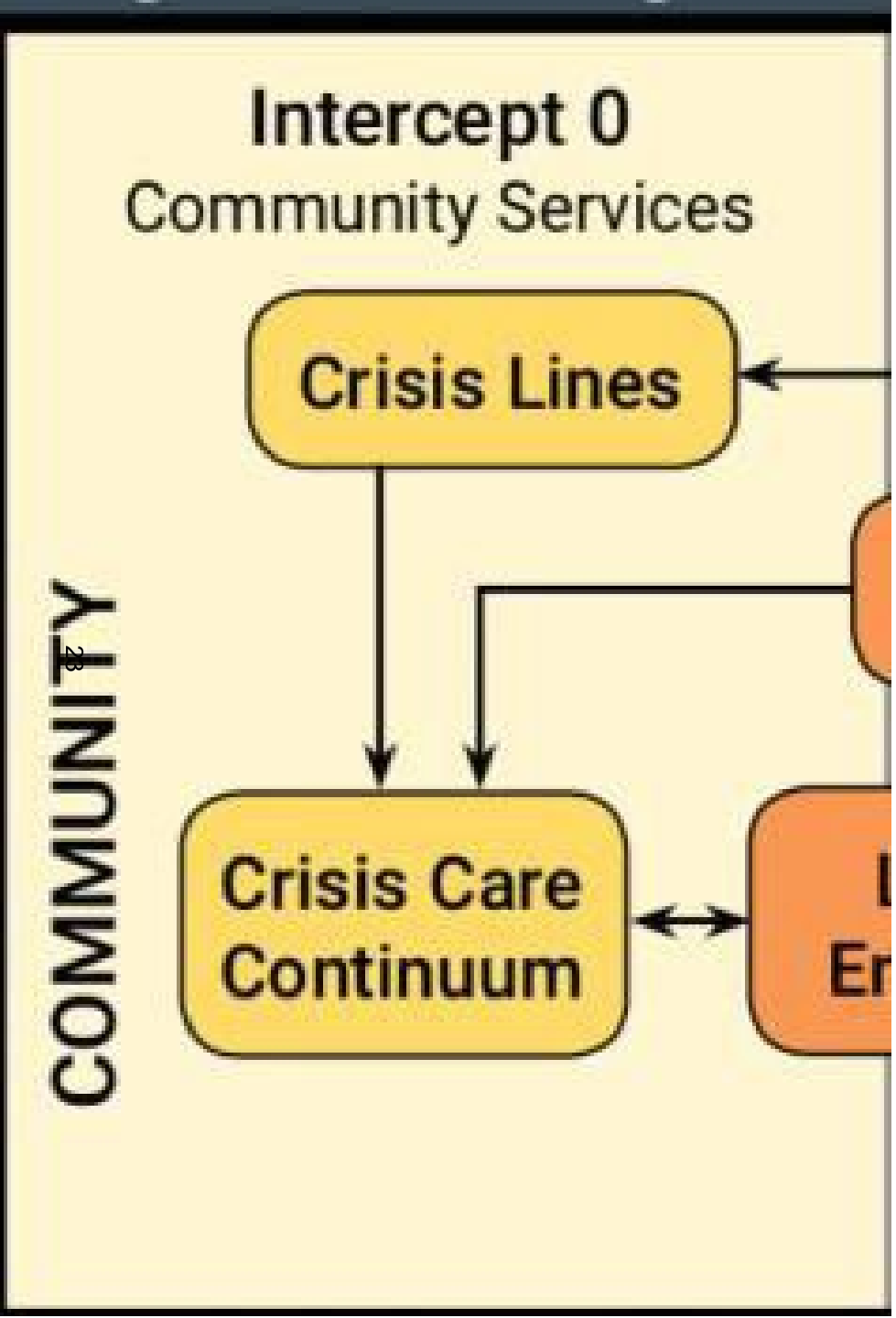


Sequential Intercept Model

SAMHSA's GAINS CENTER



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300



Best Practices and Illinois Resources/Forces of Change

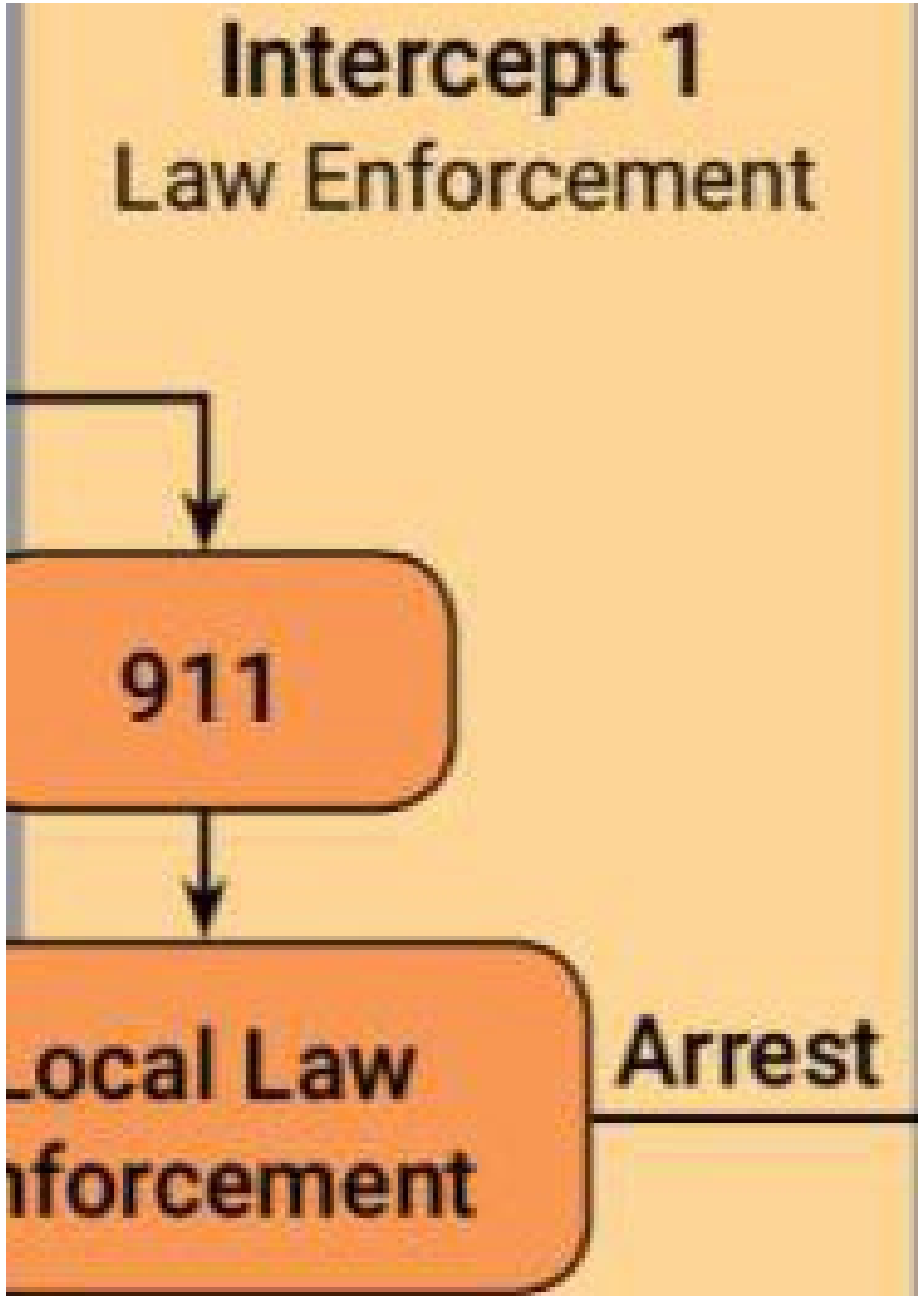
- Warm lines and hotlines
- Mobile crisis outreach teams
- Peer-operated crisis response support
- Crisis Stabilization/Triage Center

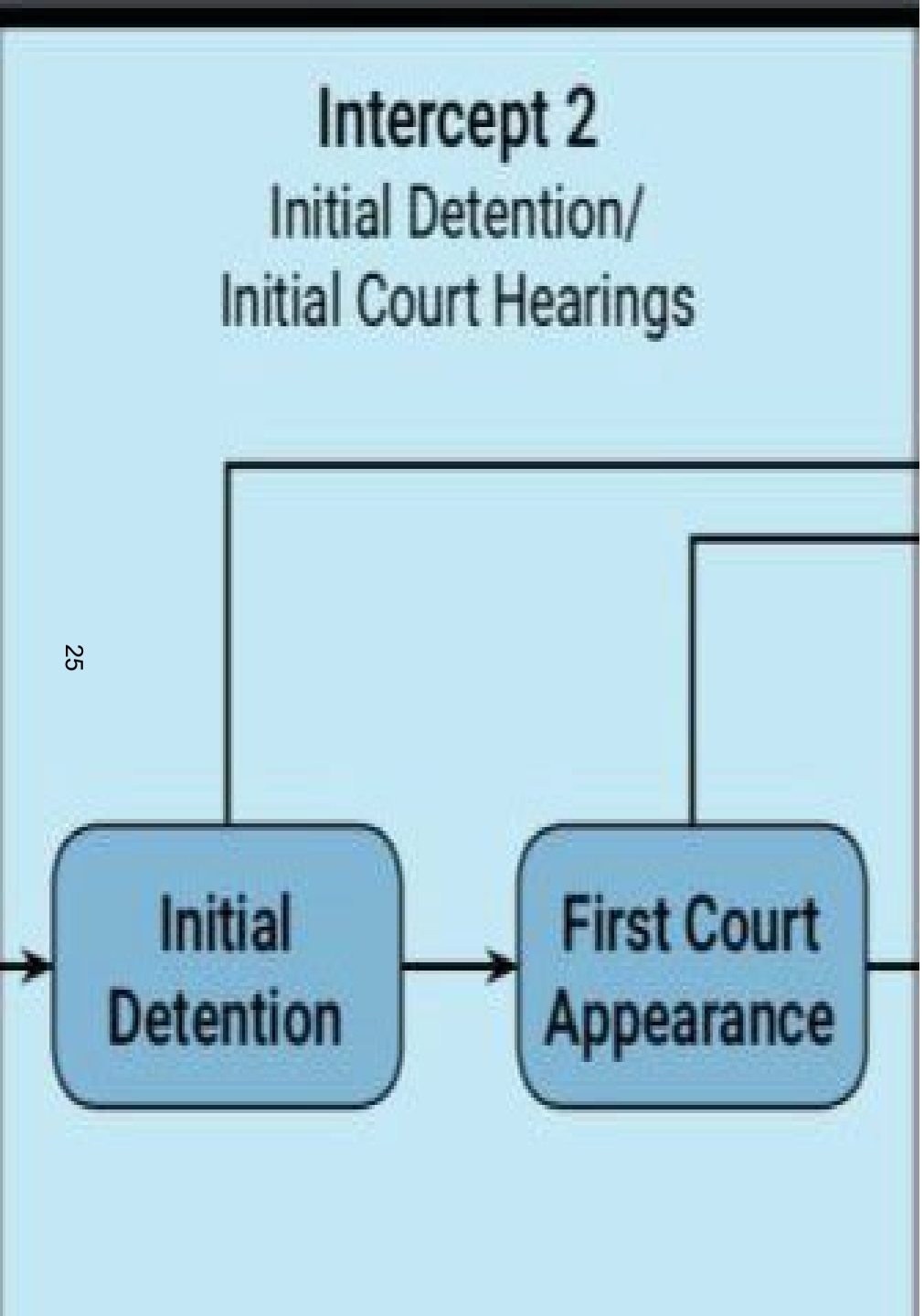
- IDHS – Warm Line/Call 4 Calm/Opioid Helpline
- IHFS Mobile Crisis Response/DHS Program 590
- DHS Living Rooms
- 988 Implementation

Best Practices and Illinois Resources/Forces of Change

- Dispatcher Training
- Specialized Law Enforcement Training
- Specialized First Responder Programs
- Data Sharing

- Safe -T Act: CIT Training and Co-Response Language
- Community Emergency Services and Support Act





Best Practices, Illinois Resources, and Forces of Change

Best Practices

- Screening
- Data Matching
- Pretrial Supervision and Diversion
- Post-booking release

Illinois Resources

- Brief Jail Mental Health Screen (BJMHS)
- Jail Data Link
- Office of Statewide Pretrial Services

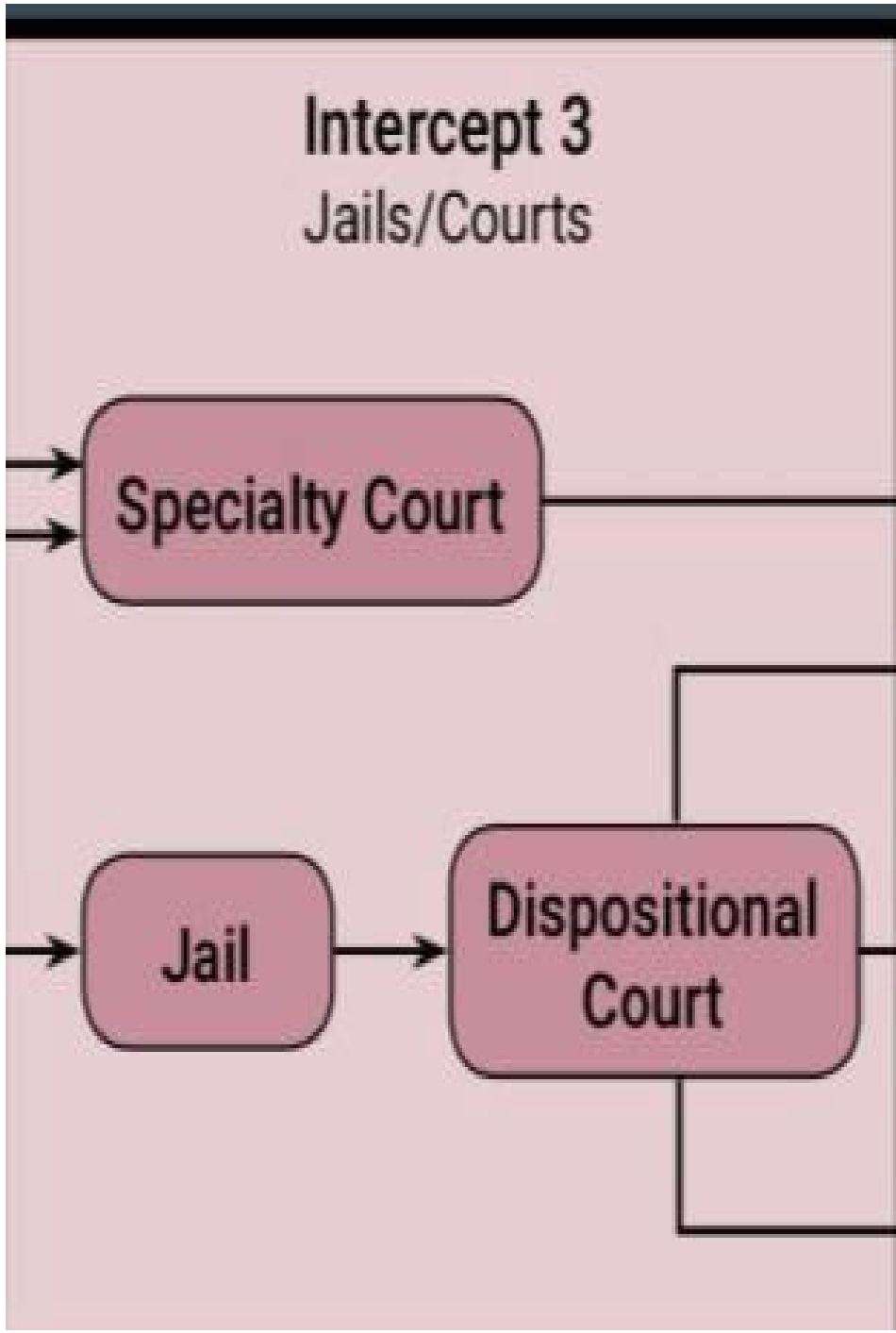
Best Practices, Illinois Resources, and Forces of Change

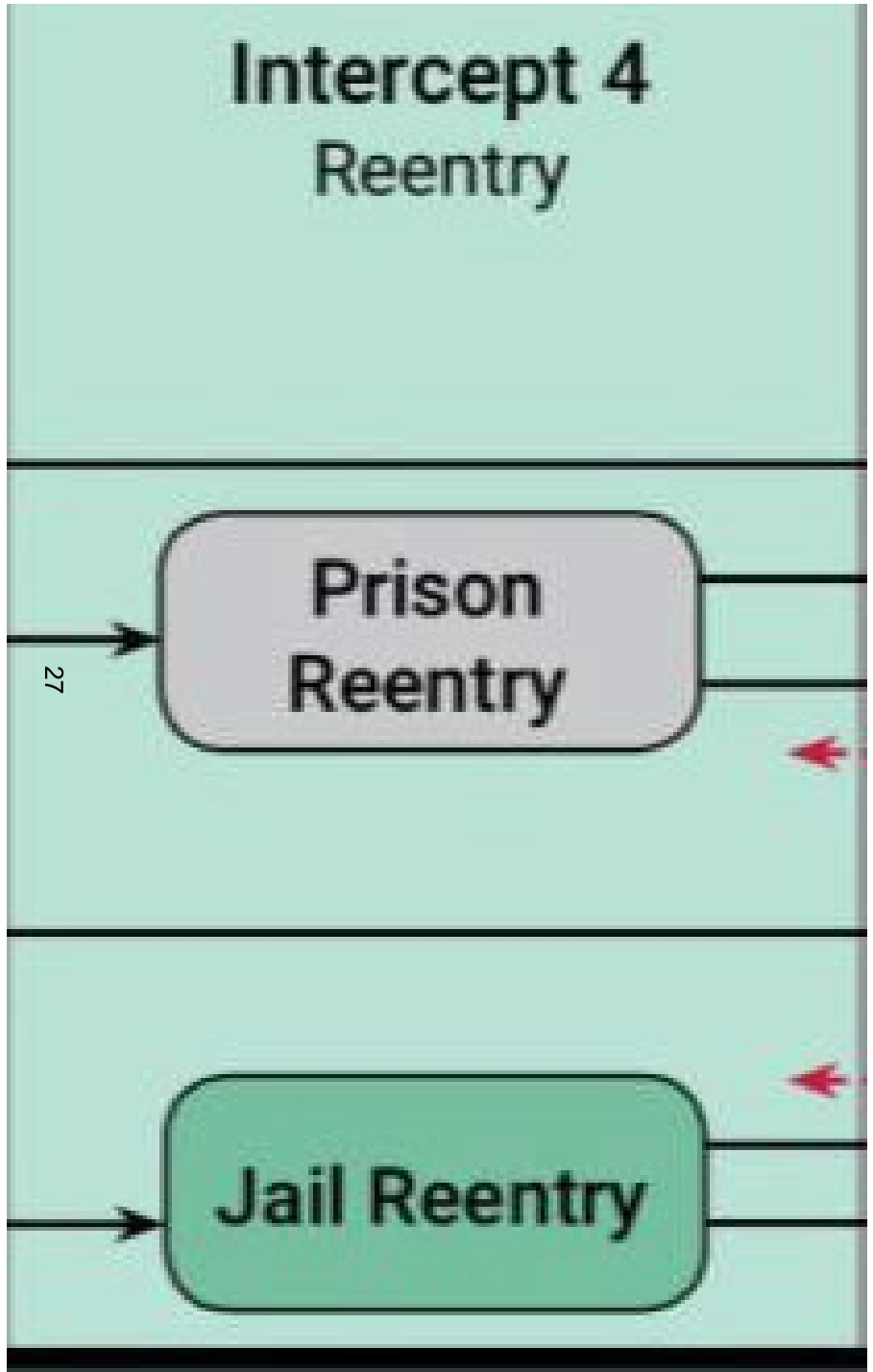
Best Practices

- Treatment Courts
- Alternatives to Prosecution
- Caseflow Management
- Rethinking Competency to Stand Trial
- Jail-based Services
- Jail Liaisons or Diversion Clinicians
- Veterans Justice Outreach

Illinois Resources

- Treatment Courts
- Outpatient Fitness Restoration
- Illinois SUPR – MAR Jail Collaborative
- Veterans Justice Outreach





Best Practices, Illinois Resources, and Forces of Change

Best Practices

Transition planning

Medication and prescription access upon release

Warm hand-offs

Peer support services

Illinois Resources

DOC: Community Support Advisory Councils

ICJIA : R3 Program

TASC: Community Reentry Programs

IDES: Re-Entry Employment Service Program

Not-for-Profits/Local Programs/Ministries

Best Practices, Illinois Resources, and Forces of Change

Best Practices

Mental health training for community corrections officers

Specialized caseloads

Community partnerships

Access to recovery supports

Illinois Resources

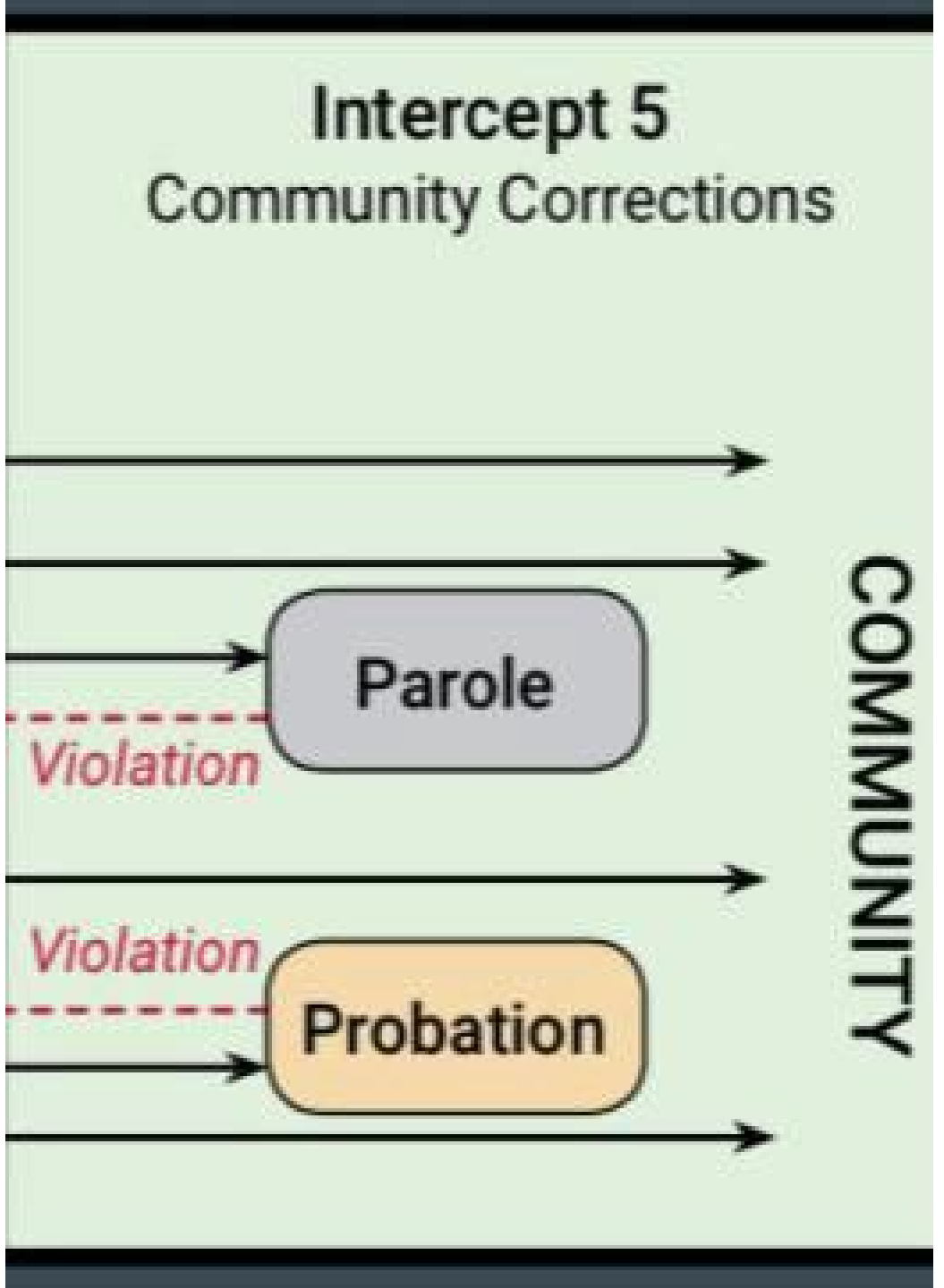
Social Determinants of Health

Illinois Correctional Association

Individual Placement and Support

Various Cognitive Behavioral Programs

State Issued ID Program



Common Cross Intercept Gaps

- Lack of a formal planning structure and coordination
- Information sharing and data integration
- Cross-training
- Evidence-based practices
- Trauma-informed approaches and trauma-specific treatment

- Cross-system screening for military service
- Integrated health services and healthcare reform
- Integration of peer services
- Housing, transportation, employment
- Data, Data, Data

For More Information or to Host a Sequential Intercept Mapping Workshop

Contact

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FINDINGS

1. An estimated 70% of individuals involved in the criminal justice system have a behavioral health disorder, making state courts a significant referral source to community behavioral health treatment, and often making jails the largest behavioral health facilities in the jurisdiction.

2. The coordination between the behavioral health and justice systems in states and communities is often lacking and ineffective in providing care that reduces recidivism and improves public safety and treatment outcomes.

3. The funding and availability of effective behavioral health treatment accessible to individuals with behavioral health disorders is inadequate in many communities, including insufficient programs, services, and alternatives other than the criminal justice system. All too often the criminal system is a path of first instead of last resort to access care.

4. 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 competency 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.

5. Caseflow management practices often are not designed to address the behavioral health needs of individuals, and therefore increase recidivism and system costs.

6. Information sharing within and across systems utilized by courts and behavioral health agencies is inadequate, undermining opportunities to identify issues, target resources, and improve system responses.

7. There is a lack of education and training for state court judges and court professionals necessary to equip them with the knowledge, data, research, and resources they need to improve the state courts' response to court-involved individuals with mental illness.

8. Individuals with mental illness and substance use disorders are more likely to have histories of trauma than those without the disorders. Judges are not sufficiently trained and prepared to effectively engage and respond to individuals with trauma, and, in fact, the court process alone can be traumatizing.

9. Mental health and substance use disorders that co-occur worsen if both are not treated timely and in the appropriate sequence by addressing responsivity needs first. Co-occurrence also negatively impacts justice outcomes.

10. People who are leaving institutional treatment settings and incarceration face a significantly higher risk of relapse, overdose, and exacerbation of their mental health condition.

11. Sixty-three percent of judges have at least one symptom of secondary or vicarious trauma and 50% of court child protection staff experience high or very high levels of compassion fatigue. Daily interactions with individuals, children, and families who are reliving trauma takes an emotional toll on justice system practitioners and places them at high risk for experiencing secondary trauma.

RECOMMENDATIONS

LEAD

Create and support a state-level, interbranch mental health task force and encourage and support local judges and courts in the creation of local or regional mental health task forces. Appoint a behavioral health director/administrator and a team within the Administrative Office of the Courts to develop and implement improved court responses for court-involved individuals with mental illness.

1. State-Level Commissions, Task Forces, and Work Groups provide a solid foundation for systemic change and improving responses to individuals with behavioral health needs. CCJ and COSCA should lead the establishment of state-level, three branch, multidisciplinary task forces to promote systemic changes necessary to improve the court and community responses to mental illness. All state-level task forces created by executive or legislative branch officials should include representatives of the judicial branch, selected, or recommended by the state's chief justice.

2. CCJ and COSCA members should appoint a statewide behavioral health administrator and a team within the Administrative Office of the Courts to develop and lead improved responses to children, youth, and adults with behavioral health disorders.

3. CCJ and COSCA members should utilize the Leading Change Guide for State Court Leaders that outlines the steps that each state court should take, community by community, to develop the systemic changes necessary to improve justice system responses to children, youth, and adults with behavioral health disorders.

4. CCJ and COSCA should encourage and provide leadership in the creation of local or regional mental health task forces. Local courts should be provided the Leading Change Guide for Trial Court Leaders that outlines the steps that each local community should take to develop a task force and create systemic changes to improve responses to children, youth, and adults with behavioral health disorders.

EXAMINE

Utilizing the recommended models and best practice and policy recommendations of the Task Force, undertake an assessment of the court system including state laws, court rules, policies, practices, and procedures across all case types involving individuals with mental illness. Recommend and encourage judges to exercise their "power to convene" and support courts and communities in the use of the Leading Change Guides and Sequential Intercept Model to map resources, opportunities and gaps, and develop plans to improve court and community responses to mental illness.

1. **System Evaluation and Leading Change**

   Courts should use the Leading Change Guides, Sequential Intercept Model framework, and other Task Force resources to examine and evaluate the court system to identify opportunities to improve the court and community response to children, youth, and adults with behavioral health needs, including diversion opportunities at the earliest possible point.

   - **Judges as Convenors** – Judges should maximize their roles as conveners and leaders to bring together justice, behavioral health, community stakeholders, and persons with lived experience to collaborate and ensure that persons with mental health conditions receive the services they need.
   - **Cross- Sector Approaches** – Courts should ensure a cross-sector and community-based approach when it comes to leading meaningful change to improve the court and community response to behavioral health conditions.
   - **Collaborative Relationships** – Building collaborative relationships with local, state, and national organizations and workgroups is essential to leading change. Courts should proactively seek participation within existing initiatives or assume the role as conveners.
   - **Memoranda of Understanding** – Courts should develop memoranda of understanding to institutionalize effective processes and establish consistent protocols and expectations among stakeholders.

2. **Data, Information Sharing, and Program Evaluation**

   Courts should lead and support the identification of appropriate data, as well as data collection and information-sharing opportunities across the community, behavioral health, and justice systems as a critical part of developing a comprehensive and collaborative continuum of behavioral health services.

   - **Governance Policies** – Courts should develop strong data governance policies and practices to ensure ready access to accurate and timely data that are necessary for promoting public trust and confidence in the judiciary while preserving individual rights.
   - **Data** – Courts should review data about the prevalence of people in the United States living with Serious Mental Illness (SMI) and substance use disorders (SUD) and ensure that comparable state and local prevalence data is being compiled. Courts should also collect data specified in the Behavioral Health Data Guides and Task Force resources.

- **Data Sharing** – Courts should assess the current state of data sharing between the court, jails, other justice partners, and community providers to identify gaps in needed data and assess whether there is a place to capture these data in the current court case management systems.
- **Data-Driven Decision-Making** – Courts should use data-driven decision-making approaches and establish robust data collection and quality assurance practices to collect and use data to objectively improve management and system issues and assess performance across all case types. Courts should adopt standards or best practices for all aspects of diversion and mental health-related court operations and monitor fidelity to standards and practices.

3. Behavioral Health and Equity

Courts should develop a Behavioral Health and Equity statement as it relates to children, youth, and adults with behavioral health conditions and identify and implement evidence-based practices to ensure diversity, equity, and inclusion across all programs and processes.

- **Disproportionate Impact** – Courts should examine the disproportionate impact of behavioral health conditions and associated demographics such as race on the overrepresentation of individuals who enter the justice system and ensure that interventions, diversions, specialized dockets, and other programming are equitably applied.
- **Equity Data Analysis** – Courts should actively collect and review race and ethnicity data in order to identify inequitable practices and to monitor progress in achieving equity. This analysis should extend to diversion to treatment placements.
- **Explicit and Implicit Bias** – Courts should identify, measure, and actively address issues of explicit and implicit bias, disproportionate access to resources and programs, and systemic inequities.

4. Deflection and Diversion

Courts should examine the continuum of behavioral health deflection and diversion options available in each community and examine the Task Force National Diversion Landscape and other resources to promote deflection and diversion to treatment options at the earliest point possible.

- **Court Leadership** – Judges should exercise leadership to expand and improve responses to individuals with mental illness across the continuum of behavioral health diversion.
- **Continuum of Behavioral Health Diversion** – States and communities provide different types of behavioral health resources and services, and the complete range of programs is referred to as the continuum of care. Importance is placed on having a robust set of services and deflection and diversion opportunities that meet the needs of individuals with behavioral health disorders whether through the behavioral health system, the behavioral health crisis system, pre-arrest deflection and diversion, pre-adjudication diversion or post-adjudication diversion.
- **Over-Representation of Individuals with Mental Illnesses in the Justice System** – Courts, behavioral health, and justice partners must collaborate to reduce unnecessary involvement in the justice system by considering each respective state and community, and the best way to build structures and systems that respond effectively to individuals with mental illness.

5. Collaborative Caseflow Management

Courts should establish case management best practices regarding cases with persons with behavioral health issues, including the effective triage of cases. Courts should examine the New Model for Collaborative Court and Community Caseflow Management, which explores person-centered justice for individuals with behavioral health needs. This new collaborative approach is necessary to ensure public safety, control costs, and create fair and effective criminal justice and case management systems, tasks made more urgent by the pandemic and the resulting case backlogs.

- **Strengthen Community Responses and Minimize Criminal Justice System Involvement** – Courts and communities must collaboratively create and support comprehensive behavioral health crisis systems, deflection by law enforcement when appropriate, stopping the "revolving door," and prosecution alternatives.
- **Promote Early Intervention and Effective Management of Court Cases** – Courts and communities must promote effective case management practices including screening and assessment, behavioral health triage, jail and court practices, prosecution and defense practices, and effective caseflow management.
- **Institutionalize Alternative Pathways to Treatment and Recovery** – Courts and communities must establish and utilize diversion pathways, civil responses, competency dockets, specialized behavioral health dockets, courtroom practices, treatment courts, and other pathways and strategies that lead to treatment and recovery.
- **Manage Post-Adjudication Events and Transitions Effectively** – Courts and communities must provide the resources and services for individuals with behavioral health needs as they transition back into the community through community supervision, transition and aftercare plans, and reentry practices.
- **Telehealth and Remote Technologies** – Courts should maximize the appropriate use of telehealth and remote technologies and encourage that mental health proceedings be conducted remotely, where appropriate.
- **Services and Supports** – Courts and communities should explore the co-location of behavioral health and other services and resources. Courts should collaborate with community supportive housing providers to ensure they meet relevant needs of individuals with behavioral health needs involved in the court system.

6. Competence to Stand Trial Systems

Courts should examine Leading Reform: Competence to Stand Trial Systems 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.

- **Courts as Convenors** – Courts should convene individuals and agencies involved in the competency evaluation and restoration processes and identify gaps and opportunities to improve the processes and maximize diversion. This should include prosecutors, defense counsel, case managers, liaisons, behavioral health providers, jail administrators, pre-trial service officers, evaluators, restoration services providers, forensic evaluators, and others.

- **Limit the use of the Competency System** – Courts should reserve the competency process, including evaluation of competence to stand trial, for defendants who are charged with serious crimes. Others, especially individuals charged with misdemeanors and assessed as low risk to recidivate, and whose clinical conditions are not likely to substantially improve (e.g., individuals with dementia) should be diverted to treatment.
- **Competency Dockets** – Courts should consider the creation of competency dockets that facilitate access to appropriate diversion and outpatient restoration resources for cases involving competency. Courts should actively manage the progress of a competency case to avoid an individual languishing in jail and decompensating. Hearings should be scheduled and held without delay at every juncture.
- **Data Dashboards** – Courts should maintain and share data about each stage of competency proceedings and develop dashboards to monitor the status of competency to stand trial system cases.
- **Restoration** – Courts should ensure restoration processes and practices that
    - Encourage development of restoration sites other than institutional settings such as state hospitals and jails.
    - Create and promote a presumption of outpatient restoration.
    - Encourage video evaluations when appropriate.
    - Implement specialized competency dockets.
    - Ensure timely commencement of restoration services.
    - Actively monitor restoration progress, with appropriate timelines.
    - Discourage jail restoration.
    - Promote treatment and, if appropriate, medication rather than legal education as the focus of restoration efforts.
    - Create dedicated case management resources.
- **Statutory Review** – Courts should support statutory changes that restrict referral of cases such as misdemeanors and non-violent felonies that are otherwise referred for competency evaluations and divert them from prosecution.

7. Children and Families

Courts should examine Upstream and other Task Force resources to ensure a continuum of behavioral health practices and improve outcomes for children and families with behavioral health needs.

- **Court Leadership** – Courts should lead efforts to strengthen children and families through prevention and intervention strategies using court and community-based approaches.
- **Upstream** – State and local courts should utilize Upstream as a framework to coordinate and align state and local efforts across the child welfare system to promote safe and healthy families and communities and map community resources and opportunities.

- **Mental Health Conditions** – Courts should view mental health conditions holistically, including consideration of the party and family strengths, how they are impacted by the mental health condition, and their efforts to address any impacts the condition may have on their children or parenting.
- **Social Determinants of Health** – Courts should understand that economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context all impact children and families' opportunities to thrive.

8. Juvenile Justice

Courts should lead efforts to divert youth with mental health needs from juvenile justice involvement, when appropriate. Most youth with mental health disorders who come to the attention of the justice system could be better served outside of the system.

- **Mental Health Diversion** – Courts should support opportunities for youth with mental health diagnoses to be diverted away from deeper involvement with the justice system at multiple points of contact, such as at school when contacted by law enforcement, referral, pre-petition, detention, and pre-adjudication.
- **Collaboration** – Courts should commit to integrated approaches and cross-system collaboration, as well as a continuum of evidence-based treatment and practices.
- **Screening and Assessments** – Courts should use standardized mental health screening and assessment tools. Courts should maximize diversion and alternatives to detention and minimize court-oversight and similar interventions for youth with low risk to re-offend.
- **Justice and School Partnerships** – Courts should encourage justice and school partnerships to support high quality mental health care for students and their families within the schools to minimize court involvement.

9. Domestic Relations

Courts should promote the well-being of families, including implementation of trauma-responsiveness for families, throughout the life of their case and the primary desired outcome, and examine the Understanding Series and other Task Force resources.

- **Understanding Well-Being** – Judges should be provided with a comprehensive understanding of the various elements that impact the well-being of individuals and families to be most effective dealing with divorce, dissolution, or child custody cases.
- **Trauma and its Impacts** – Courts should understand trauma, how to create a trauma-responsive court, and attempt to mitigate the risk of children's adverse experiences related to court proceedings during and following divorce.
- **Mental Health Conditions** – Courts should understand the spectrum of mental health conditions and the impact of those conditions on parenting capacity.

10. Civil Responses

Courts should develop and provide multiple civil court options that are easily accessible by individuals, families, and behavioral health systems. Courts have a central role in ensuring that these responses appropriately balance individual autonomy and choice in compelled treatment with the state's *parens patriae* interest and public safety.

- **Early Intervention** – Courts should lead efforts to permit earlier intervention in the course of a person's mental illness. The standard for ordering involuntary treatment must recognize the need for and value of intervening when an individual lacks the capacity to recognize the need for treatment and is refusing needed treatment.
- **Outpatient Treatment** – Courts should recognize that most hospital stays for mental illness are short and do not provide the time or support to promote recovery. Most mental health care is appropriately provided in the community and therefore courts should order that involuntary treatment be provided in an outpatient setting unless outpatient treatment will not provide reasonable assurances for the safety of the individual or others or would not meet the person's treatment needs.
- **Emergency Psychiatric Assessment and Intervention** – Courts should examine streamlined court and non-court pathways to emergency psychiatric assessment and intervention. The initial detention for emergency assessment should be as brief as possible and oriented as a treatment intervention as opposed to a criminal justice intervention.
- **Psychiatric Advance Directives** – Courts should encourage the use of psychiatric advance directives (PAD) and incorporate the provisions of an individual's PAD into relevant court orders. Provisions of a PAD may be considered presumptive consent to specific interventions but should not override appropriate emergency interventions or clear psychiatric and medical best practices.
- **Court Orders** – Involuntary treatment orders should be as specific as possible and should contain information including, if appropriate, how adherence to the medication will be monitored, and the degree to which modifications to the medications can be made without returning to court.
- **Assisted Outpatient Treatment** – Courts should support the use of Assisted Outpatient Treatment (AOT) as a process of involuntary mental health treatment in an outpatient setting, with varying degrees of judicial involvement and oversight.

11. Trauma and Trauma-Informed Responses

Courts should examine Trauma and Trauma-Informed Responses and other Task Force resources to become trauma-informed, to expect the presence of trauma across all case types, to take care not to exacerbate it, and to understand how trauma may affect court participants, as well as their success in treatment. Understanding trauma and applying trauma-informed responses help judges to engage court participants and increase their likelihood for success more effectively.

- **Court Leadership** – Courts should provide leadership for the creation and enhancement of trauma-informed justice systems. Courts should assess current courtroom practices and environments, apply a trauma-informed lens, look for environmental triggers, and identify processes that are confusing or difficult for court participants to navigate.

- **Trauma Screening and Referral** – System partners should implement a trauma screening and referral process to screen appropriate individuals for exposure to trauma. Screening tools should be selected for the population(s) served by the court. Courts should partner with mental health professionals to implement a protocol for referring individuals for further assessment when the need is identified on the screening tool.
- **Case Processing** – Judges should pay special attention to cases in which a participant has a mental health condition or has experienced trauma or abuse. Systematic screening, or triage, should be used to expedite processing pathways, if possible, identifying individuals that require early judicial intervention. Case triage should include indicators of mental health conditions, trauma, or abuse.
- **Collect Data** – Courts should collect and review data on trauma-informed practices and the perceptions of court participants, monitoring the efficiency and effectiveness of court processes.

12. Peers in the Courts

Courts should examine Peers in Courts and other Task Force resources. Courts should encourage the integration of trained peers at all appropriate points in the treatment, case management, and justice processes including hiring trained peers in their programs, services, and operations to improve the responses for individuals with behavioral health needs. Courts should promote and support the certification and education of peers.

13. Voice of People with Lived Experience and Families

Courts should create opportunities to listen to and gather input from individuals with lived experience, and their families, in all efforts to improve court and community responses.

14. Mental Health and Well-Being for Judges and Court Personnel

Courts should examine Task Force resources on the well-being of judges and court personnel that provide guidance, best practices, tips, and support for mental health.

- **Organizational Assessment** – Courts should engage in an organizational assessment to gauge the strengths and gaps across areas of workplace mental health including leadership, access, culture, and awareness.
- **Best Practices** – Courts should promote best practices in the workplace including communicating effectively about employee assistance programs (EAP), lawyer assistance programs (LAP), and educational resources.
- **Secondary Trauma and the Courts** – Courts should implement secondary trauma prevention and intervention strategies including adopting policies that promote self-care, ensuring a safe work environment, providing secondary trauma education, establishing peer mentoring programs, offering supportive services, and setting manageable work and caseload expectations.

EDUCATE

Provide and support opportunities for the education and training of judges and court professionals on all aspects of mental illness and effective court responses. Distribute and make available the tools, resources, and recommendations developed by the Task Force to all state and local judges and court professionals.

1. Judges, court personnel, and justice system partners should be provided collaborative ongoing training and education across all case types utilizing Task Force Education resources, including the Behavioral Health Resource Hub, Behavioral Health Alerts, and trainings. Topics should include:
    - Mental illness, substance use disorders, co-occurring disorders, trauma, secondary trauma, and adverse childhood experiences;
    - Implementation of effective crisis strategies, including 988;
    - Opportunities for deflection from law enforcement engagement and diversion from the justice system;
    - Effective practices for interacting with individuals with behavioral health needs in the courtroom;
    - Effective court case management for individuals with behavioral health needs;
    - Procedural fairness and procedural justice;
    - Improved responses and programs for individuals with behavioral health needs;
    - Behavioral health and equity;
    - System change and effective implementation strategies; and
    - Recent developments and innovations.

ADVOCATE

Support state and community efforts to utilize a public health model rather than a criminal justice approach to guide behavioral health policies, practices, and funding, including efforts to, when appropriate, deflect or divert cases involving individuals with mental illness from the court system and into treatment. Advocate for funding and resources needed to implement a continuum of diversion programs, treatment, and related services to improve public safety as a more humane and cost-effective approach.

1. Courts should encourage community stakeholders to implement a full continuum of effective behavioral health crisis system responses through changes in practices, reallocation of resources, changes in court rules, and statutory revisions.
2. Courts should promote and support a continuum of deflection and diversion options and access to treatment and recovery in every jurisdiction to increase public safety, to use resources more efficiently, provide more effective services, and achieve the best outcomes for individuals with behavioral health needs.
3. Courts should engage and establish partnerships with Certified Community Behavioral Health Centers (CCBHC) for timely access to screening, evaluation, care coordination, and connections to treatment consistent with the federal CCBHC mandate.
4. Courts should partner with state Medicaid agencies, state behavioral health authorities, developmental disabilities authorities, community-based providers, and community health centers, to identify collaboration opportunities and advance systems improvements.
5. Courts should support the availability of a full continuum of behavioral health treatment and supervision options to ensure treatment duration and dosage is matched to an assessed level of clinical need, and the intensity of supervision correlates to the assessed criminogenic needs of the individual.
6. Courts should advocate for a robust behavioral health workforce to meet the needs of individuals with behavioral health disorders.
7. Courts should actively seek external funding support to allow courts to expand existing programs and create new projects to better serve justice-involved individuals with mental health and co-occurring disorders.

TASK FORCE

Publications and Resources

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

ONLINE RESOURCES

Behavioral Health and the Courts Website

Behavioral Health Resource Hub

Behavioral Health Alerts Newsletter (published 2x/month, Jan 2020 – present)

State Innovations and Resources

Webinars and Podcasts

Behavioral Health eLearning Series & Resources

PUBLICATIONS

TASK FORCE BACKGROUND AND REPORTS

State Courts Leading Change: Final Report and Recommendations (Oct 2022)

Conference of Chief Justices Conference of State Court Administrators Final Resolution 1 (Aug 2022)

Findings and Recommendations of the Task Force (Aug 2022)

Conference of Chief Justices Conference of State Court Administrators 2021 Annual Conference Report (Jul 2021)

National Judicial Task Force to Examine State Courts' Response to Mental Illness Overview (Jul 2021)

2020-2021 National Convenings Summary (Jun 2021)

State Courts' Responsibility to Convene, Collaborate, and Identify Individuals Across Systems (Jun 2020)

The Future Is Now: Decriminalization of Mental Illness (May 2020)

STATE AND TRIAL COURTS LEADING CHANGE

Violence and Mental Illness Myths and Reality (Nov 2022)

Implementation of the 988 Suicide and Crisis Line Lifeline: What Court Leaders Need to Know (July 2022)

Leading Change Guide for Trial Court Leaders: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders (Jun 2022)

Leading Change Guide for State Court Leaders: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders (Jun 2022)

Fostering a State Court Informed Behavioral Health Continuum of Care (May 2022)

External Funding Support to Lead Change (May 2022)

Measuring Your Progress (Feb 2022)

Building Relationships to Lead Change (Feb 2022)

Strategic Planning Through Sequential Intercept Mapping (Feb 2022)

State Court Commission or Task Force Composition (Feb 2022)

What State Court Leaders Need to Know About State Behavioral Health Systems (Jun 2022)

Statewide, Regional, and Trial Court Behavioral Health Positions Are Recommended (Dec 2021)

Certified Community Behavioral Health Clinics (CCBHCs) and the State Courts (Dec 2021)

Statewide Behavioral Health Leadership Positions Are Recommended (Nov 2021)

Behavioral Health Commissions and Task Forces (Nov 2021)

What We Have Learned and What We Must Do! (Jul 2021)

Mental Health Facts in Brief (Feb 2022)

Social Determinants of Health and Mental Health (Dec 2021)

Co-Occurring Mental Illness and Substance Use Disorders (CODs) (Mar 2020)

The Psychiatric Care Continuum (Jan 2020)

Medicaid and Improved Court Practices (In development)

DEFLECTION AND DIVERSION TO TREATMENT

Judges' Guide to Mental Health Diversion (Nov 2022)

National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report (May 2022)

National Diversion Landscape Survey Summary (May 2022)

Collaborative Court and Community Diversion for Individuals with Behavioral Health Needs (Jun 2021)

Juvenile Justice Mental Health Diversion Guidelines and Principles (Mar 2022)

Improving Outcomes for People with Behavioral Health Needs: Diversion and Case Processing Considerations During a Pandemic (Mar 2021)

Listening to the Field: Observation and Recommendations to Reduce Jail Population During a Pandemic (Jan 2021)

REFORMING THE COMPETENCY TO STAND TRIAL SYSTEM

Competency to Stand Trial System Assessment Tool (Oct 2022)

Leading Reform: Competence to Stand Trial Systems — Questions State Court Leaders Should Ask First (May 2022)

Leading Reform: Competence to Stand Trial Systems (Aug 2021)

Oregon's Aid & Assist Dashboard (Dec 2021)

Just and Well: Rethinking How States Approach Competency to Stand Trial (Oct 2020)

COURT AND COMMUNITY COLLABORATION: PERSON-CENTERED JUSTICE

Exploring Person-Centered Justice for Individuals with Behavioral Health Needs: A New Model for Collaborative Court and Community Caseflow Management (Jun 2022)

STRENGTHEN COMMUNITY RESPONSES AND MINIMIZE CRIMINAL JUSTICE SYSTEM: **Comprehensive Behavioral Health Crisis Systems** | **Deflection** | **Stop the "Revolving Door" into the Justice System** | **Prosecution Alternatives**

PROMOTE EARLY INTERVENTION AND EFFECTIVE MANAGEMENT OF COURT CASES: **Screening and Assessment** | **Behavioral Health Triage** | **Jail Practices** | **First Appearance and Pretrial Practices** | **Prosecution Practices** | **Effective Defense Representation** | **Effective Caseflow Management**

INSTITUTIONALIZE ALTERNATIVE PATHWAYS TO TREATMENT AND RECOVERY: **Diversion – A Pathways Approach** | **Civil Responses** | **Competency Dockets** | **Specialized Behavioral Health Dockets** | **Courtroom Practices** | **Treatment Courts** | **Other Pathways and Strategies to Treatment and Recovery**

MANAGE POST-ADJUDICATION EVENTS AND TRANSITIONS EFFECTIVELY: **Community Supervision and Violations** | **Transition and Aftercare Plans** | **Reentry Practices**

Behavioral Health Data Elements Guide: Key Questions About Criminal Cases (Oct 2022)

Key Questions at Appearances for Individuals with Serious Mental Illness Bench Card (Sep 2022)

Pathways to Care: A Roadmap for Coordinating Criminal Justice, Mental Health Care, and Civil Court Systems to Meet the Needs of Individuals and Society (Equitas, Sep 2022)

A New Model for Court and Community Collaborative Caseflow Management (Jul 2022)

Connecting Community Health Centers & Courts to Improve Behavioral Health of People & Communities (July 2022)

Using Collaborative Court Case Processing to Help People with Behavioral Health Needs: Q&A with Former Chief Justice Paula M. Carey (Mar 2022)

Connecticut Jail & Court Diversion (Feb 2022)

Certified Community Behavioral Health Clinics (CCBHCs) and the State Courts (Dec 2021)

Certified Community Behavioral Health Clinics and the Justice Systems (Sep 2021)

Connecting Care for Better Outcomes (Nov 2021)

Treatment Considerations in Correctional Settings (Nov 2021)

The Crisis Care Continuum: Resources for Courts During and After the COVID-19 Pandemic (Dec 2020)

Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions (Jul 2020)

CHANGING THE LAW AND PROCESS FOR CIVIL COMMITMENT

Behavioral Health Data Elements Guide: Key Questions about Court-Ordered Evaluation and Treatment (Oct 2022)

Model Legal Processes to Support Clinical Intervention for Persons with Serious Mental Illnesses (Equitas, Sep 2022)

Improved Civil Court-Ordered Treatment Responses (Jul 2022)

Psychiatric Advance Directives (Jun 2022)

Supporting Vulnerable Populations: Civil Interventions and Diversion for Those with Mental Illness (Jul 2020)

Assisted Outpatient Treatment (AOT) Community-Based Civil Commitment (Jan 2020)

CHILDREN, YOUTH, AND FAMILIES

Behavioral Health Data Elements Guide: Key Questions About Juvenile Justice (Oct 2022)

Youth Mental Health Crisis (Sep 2022)

Oversight of Psychotropic Medications Prescribed to Children in Foster Care (Sep 2022)

Dependency Alternative Program, Pima AZ (Jul 2022)

I-Matter Program-Colorado (Jul 2022)

Upstream- Strengthening Children and Families through Prevention and Intervention Strategies: A Court and Community-Based Approach (Jul 2022)
Title IV-E Reimbursement for Lawyers Representing Children, Parents, & Pre-Petition Prevention Opportunities (Jul 2022)
Promoting Well-Being in Domestic Relations Court (Jun 2022)
Social Determinants of Health (Jun 2022)
The Benefits of Upstream for Courts (Jun 2022)
The Benefits of Upstream for Child Welfare Agencies (Jun 2022)
Access to Treatment for Adolescents (Jun 2022)
Excerpts from Helping Children Impacted by Parental Substance Use Disorder (Jun 2022)
Juvenile Justice Mental Health Diversion Guidelines and Principles (Mar 2022)
ADDRESSING BEHAVIORAL HEALTH AND EQUITY
Behavioral Health and Equity (Nov 2022)
TRAINING AND EDUCATION
Understanding the Impact of Stigma (Jul 2022)
Secondary Trauma and the Courts (Jun 2022)
Trauma and Trauma-Informed Responses (Jun 2022)
Comprehensive Overview: State and Trial Court Leadership Guides and Behavioral Health Resources (Jun 2022)
Mental/Behavioral Health Educational Resources (Jun 2021)
Trauma and Its Implication for Justice Systems (Mar 2020)
Co-Occurring Mental Illness and Substance Use Disorders (CODs) (Mar 2020)
Jargon Guides (in development)
VOICES OF PEERS, INDIVIDUALS WITH LIVED EXPERIENCE, AND FAMILIES
Peers in Courts (Jun 2022)
Peers 101 (Feb 2022)
WELL-BEING OF JUDGES AND COURT PERSONNEL
Judicial Wellness (Jul 2022)
Trauma-Informed Practices and Jurors (Jun 2022)
Addressing the Mental Health and Well-Being of Judges and Court Employees (Jan 2021)
Addressing Court Workplace Mental Health and Well-Being in Tense Times – Webinar (Jun 2020)
KEY QUESTIONS COURTS MUST ASK: DATA AND INFORMATION SHARING
Behavioral Health Data Elements Guide for the State Courts (Oct 2022)
Behavioral Health Data Guides by Case Type: Criminal | Juvenile | Civil (Oct 2022)
Prevalence of Serious Mental Illness and Substance Use Disorders (Jun 2022)

Community Emergency Services and Supports Act (CESSA) FAQ

FREQUENTLY ASKED QUESTIONS

Last updated 7/24/2024 *July 2024 Updates*

What is CESSA?

On August 25, 2021, Illinois Governor J.B. Pritzker signed into law the Community Emergency Services and Supports Act (CESSA), also known as the Stephon Watts Act. This new legislation requires emergency response operators such as those at 911 centers, to refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police. This marks a significant change in policy. The implementation details for this new law have been tasked to the Secretary of the Department of Human Services, who will work in concert with the 911 Administrator at the Illinois State Police, the EMS administrators under the purview of the Illinois Department of Public Health, and Statewide and Regional Advisory Committees to be established through appointment by the Secretary.

> **Work to implement CESSA will occur over the next year and is expected to be complete by January 1, 2023.**
>
> **No procedures should change until there have been changes in protocols and standards, those changes are fully approved by all governing bodies, and critical staff are fully trained.**

Official notice concerning when these changes will become "operational" will be made by the 911 Administrator and the Illinois State Police, the EMS Administrators and the Illinois Department of Public Health, and the Illinois Department of Human Services, Division of Mental Health.

What changes does the CESSA legislation require in Illinois?

By January 1, 2023:

1. Public Safety Access Points (PSAPs) must coordinate with Mobile Crisis Response (MCR) teams DMH has developed through its Program 590 to provide a "community-based" response to low-level and low-risk behavioral health crises.
2. Coordination will be required across 180 911 PSAPs and dispatched emergency service providers and 68 Mobile Crisis Team program grantees so mobile crisis response can be dispatched whether 988 or 911 is called.
3. Specified training will be required for all DMH responders and 911 dispatchers.
4. Regional best practices will be developed by the Regional Advisory Committees consistent with the physical realities of various locations.
5. Law enforcement must be integrated into processes so that individuals involved in low-level non-violent misdemeanors can be diverted to the mental health system.
6. The DHS Secretary shall establish of 12 Advisory Committees: one (1) Statewide Advisory Committee and eleven (11) Regional Advisory Committees to assist with the execution of this legislation.

What is the CESSA Statewide Advisory Committee?

The CESSA Act creates the Statewide Advisory Committee "to review and make recommendations for aspects of coordinating 911 and the 988 MCR system most appropriately addressed on a State level" to achieve the intent of the legislation. The Statewide Advisory Committee

will serve as the oversight and governance structure for the implementation of this legislation under the auspice of the Secretary of the Department of Human Services. The Statewide Advisory Committee will consist of the following appointments to be made by the Secretary of the Illinois Department of Human Services:

- Representative of the Secretary of DHS, Director of DMH (Non-voting Chair)
- Statewide 911 Administrator, ex officio (Co-Chair)
- One representative from the Illinois Department of Public Health (Co-Chair)
- One representative from the Division of Mental Health (DMH)
- One representative designated by the Illinois Chapter of the National Emergency Number Association (NENA)
- One representative designated by the Illinois Chapter of the Association of Public Safety Communications Officials
- One representative of a statewide organization of EMS responders
- One representative of a statewide organization of fire chiefs
- Two representatives of statewide organizations of law enforcement
- Two representatives of mental health, behavioral health, or substance use disorder providers
- Four representatives of advocacy organizations either led by or consisting primarily of individuals with intellectual or developmental disabilities, individuals with behavioral disabilities, or individuals with lived experience.

What are the Regional Advisory Committees?

Regional Advisory Committees, utilizing the pre-existing EMS Medical Directors Committee structures under the Department of Public Health's eleven (11) EMS regions, will be charged with the development of regional best practices and protocols consistent with the realities of the locale. Once approved at the regional level, these protocols and best practices will be presented to the Statewide Advisory Group for review and approval prior to submission to the Illinois Department of Public Health for final approval pursuant to the EMS Act. The Regional Advisory Committees will consist of the following appointments to be made by the Secretary of the Illinois Department of Human Services:

- Representatives of the 911 PSAPs in the region
- Representatives of the EMS Medical Directors Committee, as constituted by the EMS Systems Act or other similar committee serving the medical needs of the jurisdiction
- Representatives of law enforcement
- Representatives of EMS providers
- Representatives of EMS provider unions
- Representatives of mental and behavioral health providers
- Advocates from the mental health, behavioral health, Intellectual Disability and Developmental Disability communities (the majority of whom either have "lived" experience or from organizations composed of such individuals and reflect the racial demographics of the community).

Who were the ILGA sponsors of CESSA?

State Sen. Robert Peters (D-District 13) and Rep. Kelly Cassidy (D-District 14).

The bill was organized by Access Living of Metropolitan Chicago and supported by the ACLU, the AIDS Foundation of Chicago, Answers, Inc., the Arc of Illinois, Asian Pacific American Advocates - Greater Chicago Chapter, Black Lives Matter Chicago, Brighton Park Neighborhood Council, Chicago Alliance Against Racist and Political Repression (CAARPR), Chicagoland Autism Connection, Chicago Torture Justice Center, Chicago Women Take Action, Community Counseling Centers of Chicago (C4), Decarcerate BloNo, Equip for Equality, Family to Family, Family Health Center, First Defense Legal Aid, Howard Brown Health Center, Indivisible, Institute on Disability and Human Development - University of Illinois Chicago, Mental Health Summit, ONE Northside, RAMP CIL, Sinai Health System, STOP and SURJ (Showing Up for Racial Justice) Chicago.

How can I participate in the CESSA work?

All proceedings of the Advisory Committees are open to the public and meetings will be held in accordance with the Illinois Public Meetings Act (OMA) (5 ILCS 120/1). Copies of records will be posted to the Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) Open Meetings page at: https://www.dhs.state.il.us/page.aspx?item=95487. Further, each meeting will set aside time on the agenda for public comment.

If your agency or organization is listed as official members of these Advisory Committees, you may contact that representative to receive or offer information relevant to the proceedings.

The IDHS/DMH has established a 988 Planning Page that includes a link to subscribe to an email list that will be utilized to share information as well.

Return to 988 Planning Page here: https://www.dhs.state.il.us/page.aspx?item=135439

To sign up for Communications from the Division of Mental Health regarding 988 and/or the Community Emergency Services and Support Act (CESSA) please complete the request form at: https://forms.office.com/g/Da9MEQE8Hb

To submit further questions related to 988/CESSA to the Division of Mental Health please fill out this request form: https://forms.office.com/g/K82GhbRgKJ

Finally, Access Living offers ways you can get involved. Please see their website link at: https://www.accessliving.org/defending-our-rights/racial-justice/community-emergency-services-and-support-act-cessa/

Additional Questions and Answers- 04/27/2022

I had heard that there is work on messaging and flyers to address public awareness. Are there tools being created that will be provided to local communities to distribute about the new crisis response with 988 and mobile crisis teams? How will marketing and advertising be provided to raise awareness and educate the people of availability of 988 line in Illinois? We have discussed this locally but if there is we don't want to create redundancies.

> There will be two sources of information regarding the transition to 988 nationally and in Illinois. Nationally, the messaging hub at http://988messaging.org/ will provide up to date information relevant to the nation, states and localities. In Illinois, the 988 Planning page hosted by the Division of Mental Health will be maintained with the latest available information on both 988 and CESSA. The Illinois page also includes a link to sign up for announcements regarding 988, CESSA, and the crisis care continuum (https://forms.office.com/g/Da9MEQE8Hb).
>
> There will be many important messages to communicate, but perhaps none more important than the idea that nothing specific will change on July 16, except that dialing 9-8-8 will connect callers to the existing National Suicide Prevention Hotline, and those calls will be routed to the Lifeline Call Centers in Illinois in the same way that calls have always been distributed.

Have all the appointments for the CESSA Statewide Advisory Committee and Regional Committees been completed? Are there possible dates for the initial Statewide and Regional Advisory Boards meetings? Will those be recorded and posted like the 988 Coalition Meetings? Will the meetings be posted on the Open Meetings page?

> The Division of Mental Health within the Illinois Department of Human Services is completing a rigorous process to appoint members to the CESSA Statewide Advisory Committee as required by the Act. Once that process is complete, the first SAC meeting will be held. At that point, DMH staff will begin the process of planning for the regional CESSA meetings. It has not yet been determined if the SAC or regional meetings will be recorded and available publicly, nor if they will be subject to the state's Open Meetings Act.

Are there any volunteer opportunities available to assist in the planning and execution of the 988 line and CESSA? I would like to be considered for a position on the regional CESSA committees. Please let me know what I would need to do.

> The Illinois Division of Mental Health is responsible for both 988 and CESSA planning and implementation. This includes an opportunity to participate in shaping the work at the regional level as a member of the eleven CESSA regional sub-committees. While the process to constitute those sub-committees is currently underway, interested parties can sign up for updates (https://forms.office.com/g/Da9MEQE8Hb) at the state's 988/CESSA information page (https://www.dhs.state.il.us/page.aspx?item=135439). Eventually, a process to create the regional sub-committees will be announced there.

Is there a mandate for collaboration between 911 and 988? How will the relationship develop over time? Will 911 operators divert calls to 988?

CESSA requires coordination across the many responders within Illinois crisis system, including 911 and 988. The State's Division of Mental Health has developed an initial questions and answers document regarding CESSA, and the specific nature of the coordination of responses and services will be the subject of the CESSA Statewide Advisory Committee and the regional subcommittees. CESSA currently calls for recommendations regarding that coordination to be developed by the end of 2022, with implementation in 2023. Exactly how calls and callers will be handled is still to be determined.

How many members are on each planning council for 988 and CESSA? Who is in charge of deciding who gets on each planning committee across the state?

The CESSA legislation defines what groups of people must be invited to participate on the CESSA Statewide Advisory Committee. The Division of Mental Health is charged with leading and staffing the SAC and the regional subcommittees.

How will my 911 center be notified of changes and what is needed to be in compliance?

The process envisioned for the CESSA implementation is wide and varied, involving a statewide advisory process, subcommittees to address the technical requirements of Illinois crisis care continuum, and local processes for eleven regions across the state. All partners in the crisis response system are identified participants within the mandate, including 911 centers and other public safety answering points (PSAPs). The regional sub-committees have not yet been announced. Please sign up at https://forms.office.com/g/Da9MEQE8Hb to receive announcements regarding aspects of 988, CESSA and associated initiatives.

Additional Questions and Answers- 06/03/2022

Are all 911 centers across Illinois required to implement CESSA?

Each 911 center in Illinois will be subject to the decisions of the EMS System Medical Directors, who make final recommendations regarding emergency medical response throughout the 11 EMS regions of Illinois and within their 62 individual EMS Systems, with final approval coming from the Illinois Department of Public Health which supports these regional structures. These 911 centers that dispatch an ambulance and their emergency medical response partners will be encouraged to be a part of the regional conversations regarding CESSA implementation that will be kicking off early this Summer. These regional conversations are designed to embrace the diversity of each region and develop recommendations that are responsive to local conditions and organizational relationships. Many jurisdictions in Illinois are already piloting or implementing innovative responses to community mental health crises. It is the intention of DHS/DMH and our state partners that these existing efforts be recognized and included as a part of the regional and statewide strategies to fulfill the CESSA requirements.

CESSA represents a significant change to the procedures that 911 operators and the police follow in terms of their work. What changes are happening now and what other changes are still to come?

There are no current changes to policies or procedures required by CESSA. The legislation is clear that the work required by CESSA occur through 2022, with recommendations due by January 1, 2023. Even after January 1, 2023, no procedures will change until the recommendations have been converted to protocols and standards, those protocols and standards have been fully approved by all governing bodies, and critical staff are fully trained. Until all of these implementation steps have been fulfilled, current standards and policies regarding emergency response should continue to be followed.

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News Story

Illinois Pretrial Fairness Act Resources

Resources related to the Illinois Pretrial Fairness Act

The Illinois Pretrial Fairness Act

On September 18, 2023, the Pretrial Fairness Act (PFA) took effect in Illinois, the first state in the country to completely eliminate the use of money bonds. Illinois replaced its outmoded system with one in which judges make intentional “in or out” decisions about pretrial release and detention and individualized determinations about conditions of release.

The PFA has fundamentally reshaped the system of pretrial justice in Illinois. In addition to abolishing the use of money bonds, the new law statutorily presumes that people will be released pretrial, designates a list of offenses eligible for pretrial detention, requires that the prosecutor request a detention hearing (otherwise, the person will be released with conditions), sets forth due process safeguards for all pretrial hearings (including having defense counsel at first appearance), sets forth the situations in which pretrial release may be revoked, and allows for the immediate appeal of all pretrial decisions. In addition, parallel to the passage of the PFA, Illinois invested in pretrial services and created the Office of Statewide Pretrial Services in 2021 to ensure that such services were provided in every county in the state.

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About the PFA

Illinois Supreme Court Pretrial Implementation Task Force
Resources include an Implementation Toolkit, Flowcharts and Implementation Considerations, Sample Orders, and recordings of monthly Town Hall meetings on implementation.

PFA Education Seminars (PDF)
Slides from regional education seminars for pretrial system practitioners.

Pretrial Fairness
A website managed by the Illinois Network for Pretrial Justice with information about the PFA, short videos, and recent news articles.

Coalition to End Money Bond
Videos, written resources, and advocacy materials to promote the PFA and new legislation aimed at ensuring its success.

Pretrial Fairness Act Explainer
A two-page handout published by the think tank R Street.

Implementation Progress

Pretrial Fairness Act: Lessons from the Field
For pretrial practitioners in Illinois, a recorded moderated virtual discussion with Illinois practitioners six months after implementation.

Pretrial Reform in Illinois: Lessons Learned
For pretrial practitioners outside Illinois, a recorded moderated virtual discussion addresses learnings for other states and localities interested in making similar changes.

Pretrial Practitioners Discuss the Pretrial Fairness Act
A series of interviews about implementation and early experiences under the PFA.

- Judges
- States Attorneys

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procedural fairness.

Data Dashboards

Tracking the Pretrial Fairness Act in Illinois
Research briefs and data tools from Loyola Chicago Center for Criminal Justice, which is tracking how the PFA impacts court outcomes, pretrial outcomes, and jail populations across Illinois.

Illinois Office of Statewide Pretrial Services Data Dashboard
Pretrial data from counties served by OSPS.

County Data Dashboards
Public-facing data dashboards and relevant PFA data from Illinois counties.

- Cook County
- DeKalb County
- DuPage County (18th Judicial Circuit)
- Kane County (16th Judicial Circuit
- McHenry County

Court Rules and Opinions

State Supreme Court and Appellate Court Opinions

Pretrial Fairness Act News Stories

After 9 months of data, state data begins to detail new pretrial detention system
NPR Illinois, June 28, 2024

Illinois Judge: State has 'successfully turned the Titanic' with cash bail reform
WBBM Newsradio, May 22, 2024

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The Center for American Progress, May 9, 2024

End of cash bail in Illinois showing early signs of success in reaching 'better and fairer system

Chicago Sun-Times, May 8, 2024

Experts analyzing ramifications behind cash bail abolishment in Illinois

KSDK-TV, May 7, 2024

Has the Move to Cashless Bond Impacted Safety?

WGN, February 13, 2024

Pretrial Fairness Act is shifting the scales of justice for Illinois

Chicago Sun-Times, Nov 19, 2023

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