ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE

Public Act 99-0894
May 8, 2017
What’s the biggest challenge for you in your work around reducing the number of youth experiencing mental health conditions that are involved in the justice system?
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
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<tbody>
<tr>
<td>Welcome</td>
<td>10:00 – 10:30 AM</td>
</tr>
<tr>
<td>- Task Force Background</td>
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<tr>
<td>- Introduction</td>
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<tr>
<td>Task Force Charge</td>
<td>10:30 – 10:45 AM</td>
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<td>Charter</td>
<td>10:45 – 11:00 AM</td>
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<td>Measures of Success</td>
<td>11:00 – 11:45 AM</td>
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<td>Next Steps</td>
<td>11:45 – 11:50 AM</td>
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<tr>
<td>Public Comments</td>
<td>11:50 AM – 12:00 PM</td>
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[Logos: Michael Reese Health Trust - NAMI Chicago - Shriver Center]
Today

- Review the background and purpose of the Task Force
- Set expectations for Task Force meetings and participation
- Select Steering Committee
- Discuss focus and direction of Task Force

- Under Task Force purpose:
  - Develop a more comprehensive system for diverting youth experiencing mental health conditions to mental health services rather than the criminal justice system.
How did we get here?

Sara Feigenholtz, State Representative
Donne Trotter, State Senator
Who is in the room & why?

- Name
- Organization
- What’s the biggest challenge for you in your work around reducing the number of youth experiencing mental health conditions that are involved in the justice system?
What’s the plan?

• Develop an action plan to divert youth in contact with law enforcement agencies that require mental health treatment into the appropriate health care setting rather than initial or further involvement in the juvenile justice system.
  • Review existing and potential diversion opportunities for youth with mental health needs from the point of police contact and initial contact with the juvenile justice system
  • Identify funding sources for expanding diversion programs
  • Identify barriers to the implementation diversion models and recommend policies to address these barriers
  • Recommend pilot programs and policy changes based on the research conducted through the Task Force
## What’s the timeline?

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>May 8, 2017</td>
<td>Introductory Meeting</td>
<td>- Level set on purpose and charge of Task Force</td>
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<td>- Set ground rules and expectations</td>
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<tr>
<td>10 am to 12 pm</td>
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<tr>
<td>June 12, 2017</td>
<td>Data Review</td>
<td>- Share information on target population</td>
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<tr>
<td>10 am to 12 pm</td>
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<td>- Discuss key topics for consensus</td>
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<tr>
<td>July 24, 2017</td>
<td>Review Existing IL Diversion Models</td>
<td>- Expert speakers on Illinois diversion models</td>
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<tr>
<td>10 am to 12 pm</td>
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<tr>
<td>August 7, 2017</td>
<td>Review Existing National Models</td>
<td>- Expert speakers on national diversion models</td>
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<td>10 am to 12 pm</td>
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<td>August 28, 2017</td>
<td>Discussion &amp; Criteria Development</td>
<td>- Group discussion on criteria for recommendations</td>
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<td>10 am to 1 pm**</td>
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<td>- Group discussion on findings from expert panels</td>
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<tr>
<td>Sept – October</td>
<td>Action Planning</td>
<td>- Small group review of existing models and recommendation development using action planning tools</td>
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<tr>
<td>November 6, 2017</td>
<td>Review Action Plans</td>
<td>- Review Action Team work</td>
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<tr>
<td>10 am to 12 pm</td>
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<td>- Opportunity for feedback and refinement</td>
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<td>*November – February: Action Plan Drafting</td>
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<tr>
<td>10 am to 12 pm</td>
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<td>- Review activities around launching the recommendations</td>
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What can we building on or change?

- Snapshot of existing diversion programs in Illinois & nationally for youth experiencing mental health conditions
- Reviews key components of programs
What can we building on or change?

**Common components:**
- Screening and assessment to identify mental health symptoms and service needs
- Family/parental involvement
- Participation in community-based mental health services including:
  - Evidence-based mental health services
  - Individual and family therapy
  - Medication management
- Case management
- Required school attendance
- Justice system monitoring and supervision

**Redeploy Illinois:**
- Participating counties reduced IDJJ commitments by 58% from 2005-2014.
- 86% youth with identified mental health and 93% with substance use needs appropriate services.
- 2014 Illinois State University study found decreased incarceration, decreased reliance on IDJJ, and reduced recidivism.

**Deferred Prosecution Program of the Travis County Juvenile Mental Health Court Project:**
- From 2007-2010, COPE served 194 youth.
- During FY2008, 69% of participants successfully graduated and the recidivism rate was 34.8%, compared to the baseline one year re-offense rate of 66% for the state Special Needs Diversionary Program that targets youth offenders with mental health conditions.
- The cost per day per participant is approximately $180 and the average length of stay in the program is about 180 days.
Questions?
What’s our role?

The Task Force will:

• Convene appointed and non-appointed members.
• Develop a vision and measures of success for the Task Force and outcomes of the process.
• Provide input on opportunities for diversion from the perspective of the member’s respective organization or affiliation, yet maintain a statewide viewpoint.
• Select recommended diversion models based on agreed upon criteria and priorities.
• Participate in action teams reviewing potential diversion models as necessary and recommend additional participants outside of Task Force members for engagement in group work, as needed.
• Participate in writing and developing an Action Plan that will include recommended models for diversion to be presented to the General Assembly and the Governor’s Office.
• Commit to attending meetings in-person and be available for at least 80% of meetings called.
What’s our role?

Five Steering Committee Members, including the Co-Chairs as identified by Act, will:

• Engage in agenda-setting for Task Force meetings.
• Provide leadership during Task Force meetings.

Co-Chairs, as identified by Act, will:

• Lead the Task Force through assigned activities and decision-making.
• Design and facilitate Task Force activities based on the timeline set forth in the Public Act.
• Communicate with Task Force members regularly and in a timely manner.
• Provide minutes, agendas and meeting materials to Task Force members.
• Secure outside experts and speakers as needed.
What’s our role?

**General Conduct**
- Open Meetings Act, Ethics Act
- Quorum by simple majority
- Public comment

**Decision Making**
- Consensus
- Each appointed Task Force Member shall have one vote on a contested motion.
- In the absence of both Co-Chairs, the Task Force shall appoint a presiding officer for that meeting, by majority vote.

**Action Teams**
- Co-Chairs will appoint chairpersons of each action team.
- Action team chairperson shall coordinate scheduling of meetings and other team activities.
How should we do this work?

• Intend to build upon existing work
• Strengths-based model
• Come to consensus

Additional principles?
What are our expectations of each other?

• Be respectful
• Step up and step back
• Be understanding of differing perspectives

Additional ground rules?
Order of Business: Steering Committee

1. Volunteers (3)
2. Discussion
3. Vote if needed
What does success look like?

- Provide opportunity to level set as a group regarding what we know about mental health diversion
- Dig into perspectives on mental health diversion and current issues
- Preliminary discussion of decision points including:
  - Target ages
  - Intercept focus
- Driving towards initial set of indicators for the success of the process
Small Group Discussion

• What does success look like for this process?
  • i.e. Number of new or expanded diversion programs? Expanded community mental health capacity? Better data collection on youth experiencing mental health conditions?

• What needs to be measured to show success?

• What information do we need to drive towards these goals?

• How do we ensure action and progress once recommendations are made?
Report Back

• What does success look like for this process?
• What needs to be measured to show success?
• What information do we need to drive towards these goals?
• How do we ensure action and progress once recommendations are made?
Next Steps

- Ethics and OMA training
- Review Best Practices Guide
- June Meeting
Next Steps

What questions are we left with today?