

FRONT DOOR DIVERSION PROGRAM

ATTACHMENT D: MH Forensic Service Detail

POTENTIAL FORENSIC CASES:

DMH will specifically identify these cases for consideration. The predominance if not all of these cases will come from the Elgin Mental Health Center (EMHC). DMH estimates potential volume at 15-20 case per year.

- 1) NGRI- a person adjudicated not criminally responsible for their conduct, in need of mental health care and treatment and the original court having jurisdiction over the Defendant shall be required to approve any conditional release or discharge
- 2) UST - G(2) – a person adjudicated unfit to stand trial but in need mental health care and treatment in the same manner as a civilly committed patient, except that the original court having jurisdiction over the Defendant shall be required to approve any conditional release or discharge.

COURT REPORTING:

Reporting requirements would include Statutory court report produced every 90 days or as needed and/or as directed by the court. These reports will be sent to the Judge, State's Attorney & Defense Attorney of record and copied to the DMH Forensic Community Administrator.

The report may be completed and signed by a MHP/QMHP under the supervision of an LMHP. Provider Packets are also enclosed below.

DMH maintains primary responsibility to the courts for monitoring and supervision of these persons. DMH will review and advise the grantee with each report and well as maintaining regular and specific monitoring of care.

COMMUNITY AGENCY INFORMATIONAL PACKET

FOR CONDITIONAL RELEASE WITH A LEGAL STATUS OF

NGRI

(Put on your letterhead)

Date

Name and title
Agency name
Address

Re: (Consumer's Name)
(Docket #)

Re: *(consumer's name)*
Docket #: *(insert docket number)*
Date of Conditional Order: ___/___/___
Thiem Date ___/___/___

Dear _

Your agency is the treatment services provider for the above referenced client who is being discharged from _____ on ___/___/__. This client is on a Conditional Release status, after being found Not Guilty by Reason of Insanity on a charge of _____. Treatment services are court ordered, and court monitored. Conditional Release orders are for period of five years and can be extended in five year increments up to the maximum period of commitment (Thiem Date). The first report is due to the court on ___/___/___, and every 90 days thereafter.

Public Act 93-0078 and **Public Act 93-0473** require monitoring reports on the provision of services and compliance with services for individuals who are on Conditional Release status. Reports are required to be submitted **every 90 days**. Reports should be provided to the court **7 days prior** to hearings. The statutes require that various aspects of the court ordered treatment must be addressed on a periodic basis by the service provider. Enclosed you will find templates and examples created to assist you in the reporting of Court Ordered treatment services.

The Division of Mental Health is mandated to monitor court ordered treatment services and to provide assistance to you in meeting your obligations to the court. In order to facilitate this, service providers are required to provide copies of progress reports to the following:

1. Judge *(give specific address and fax numbers)*
2. State's Attorney *(give specific address and fax numbers)*
3. Public Defender *(give specific address and fax numbers)*
4. Illinois Division of Mental Health (IDMH): Community Services Administrator, Debbie Dyle, Alton Mental Health Center, Holly Building, 4500 College Avenue, Alton IL, 62002, or FAX 618-474-3967

In addition to the scheduled reports you are required to immediately contact the Court and the Division of Mental Health forensic services, anytime that the individual is non-compliant with the conditions of their discharge, hospitalized, arrested, absent without Court approval, there is a major change in their services, they attempt to terminate services or become involved in any unusual and or problematic incidents.

Thank you for your assistance in this matter. Please feel free to contact the IDMH Community Services Administrator, Debbie Dyle, if you have any questions or concerns regarding the provision of services and required documentation. She can be reached by phone at 618-474-3811 or by email at Debbie.Dyle@illinois.gov.

Sincerely,

Name
Title
Facility
Address

The What, Where, When, Why, and How's of a Conditional Release

Benefits for Residential Community Agencies

Who:

Clients who are considered eligible for a conditional release from Forensic Treatment are considered to need mental health services but to not be in need of treatment in a hospital setting. After committing a criminal offense, clients are considered "Not Guilty" due to his or her psychiatric illness. By law, an NGRI client was found mentally ill at the time of the offense, where he or she did not appreciate or understand that a crime was being committed.

Clients who have been found **NGRI** may eventually be able to be granted a **Conditional Release** by the Court based upon evidence of stability, and evidence of a comprehensive aftercare plan, which addresses all risk factors.

Division of Mental Health (**DMH**) is mandated to monitor and record Court Ordered treatment services provided to NGRI conditionally released patients. **Public Act 93-0078** and **Public Act 93-0473** require monitoring of reports on the provision of services of both Conditionally Released and Outpatient Treatment orders.

What:

A Conditional Release is granted by the Court, based upon an Aftercare Plan which is developed by the treatment team. This is a very detailed, continuity of care plan detailing the continuing treatment needs of the client and sources for those treatment services.

This client would be expected to adhere to a comprehensive plan that focuses on management of risk factors.

1. Treatment modalities being used to address risk factors (e.g., psychotropic medications, counseling services, substance abuse groups).
2. Mental health/substance abuse services.
3. Supervision/monitoring.

Upon discharge, your agency as the “treatment service provider of record” would be the party responsible for updating these reports and sending these to the Court.

Status Reports/Treatment Plan Updated: These reports must be submitted periodically to the Courts. This report is generally referred to as a “Status Report” or “Treatment Plan Update.” A 3-month report should provide the Court with a Status Report with clinical recommendations regarding the client’s response to Court Ordered treatment.

Under a Conditional Release order, this client would need to continue living in the Residential Facility until the date which is set by the Court. A Thiem date is in effect for periods of 5 years or until the maximum period of commitment (**Thiem Date**).

When:

Legal statutes require that various aspects of Court Ordered treatment are to be addressed on a periodic basis by the service provider. The report is required to be submitted **every 3 months** for status hearings. Reports are required to be at the Court at least **7 days prior** to hearings.

The Thiem date is set by law and it terminates the Criminal Court’s jurisdiction over the client and requires a discharge hearing. The discharge hearing acknowledges that the Criminal Court no longer has jurisdiction over the individual. However, if the individual is recommended for **civil commitment**, the issue will be referred to the Civil Courts for determination. **The terms for Conditional Release NGRI are set by the Courts** and are in effect for periods of 5 years or until the maximum period of commitment (**Thiem Date**). The Court also must be advised when a client reaches their **Thiem Date and should receive a Treatment Plan for Aftercare whenever a client is discharged from Court Ordered outpatient treatment.**

How:

The NGRI client is mandated by Court to comply with the conditions of the Comprehensive Aftercare Plan. This plan is focused on management of risk factors so that the client successfully reintegrates into living in a less restrictive setting.

If the client does not adhere to his or her Comprehensive Aftercare Plan and is engaging in risky behaviors: this may include taking psychotropic medications, attending treatment and counseling services, and rules of the supervising agency, the client may be found in “contempt of court” and sanctions may be applied to the client. To assist in these issues, please to not hesitate to contact:

Deborah L. Dyle
Department of Human Services
Division of Mental Health – Forensic Services
4500 College Avenue, Holly Building
Alton, IL 62002
Phone: 618/474-3811
Fax: 618/474-3967

Why:

The aftercare plan was developed by this client’s treatment team for the purpose of managing risk factors, and allowing for services in a setting other than a hospital operated by DHS Division of Mental Health. When developing a Comprehensive Aftercare Plan, the treatment team will be identifying numerous community resources, which will help manage the client’s risk factors. Clients under a conditional release order must follow the conditions for managing psychiatric, addictions, and other issues upon release. This should ensure that the client remains stable and compliant with evidence-based treatment because it is ordered by the Court.

No changes should occur until there is an official Court Order. If your agency has a better plan or wishes to modify this plan of managing the client’s risk factors, your agency should include these recommendations with the 90-day Status Report.

This report helps the Court remain better able to monitor conditionally released clients and whether they are abiding by the required Court mandates or the “conditions of the client’s release.”

A client who does not wish to adhere to the conditions of a release, risks having the conditional release revoked, and a readmission to a forensic facility.

Where:

A conditional release is granted by the Court where a client was charged. Reports to the Court are sent to the Court that has granted the conditional release. The report should be sent to the Judge, the States Attorney, and the Public Defender or Attorney who is representing the individual. The hospital or referral source should provide this to you.

Copies of these reports should also be sent to:

Deborah L. Dyle
Department of Human Services
Division of Mental Health – Forensic Services
4500 College Avenue, Holly Building
Alton, IL 62002
Phone: 618/474-3811
Fax: 618/474-3967

TEMPLATE COVER LETTER for
COURT STATUS REPORT

(COMMUNITY AGENCY LETTERHEAD)

(Date)

The Honorable *(Judge's name)*
Judge of the Circuit Court of *(County's name)*
(Court's address)

RE: *(Patient's name)*

(Case Docket #)

Dear Judge *(Judge's name)*:

Pursuant to Your Honor's Order dated *(Date of Court Order)*, *(Patient's Name)* continues to receive outpatient treatment at *(Name of Community Agency)*. The detail of his progress in treatment are enclosed.

If you require additional information, please do not hesitate to contact me at *(Telephone Number)*

Sincerely,

(Case Manager's Name)

Enclosures

cc: Public Defender's Office *(Address)*
State's Attorney's Office, *(Address)*
Deborah L. Dyle, Division of Mental Health– Forensic Services, 4500 College Avenue,
Holly Building, Alton, IL 62002

TEMPLATE PROGRESS REPORT

(Client's name)
(Docket number)

(Date)

I. IDENTIFYING INFORMATION

- Facts that identify patient (e.g., age, race, marital status, crime, date found NGRI, date conditionally released, etc.).

II. CURRENT MENTAL STATUS

- Results of mental status assessment.
- Assessment of patient's clinical stability.
- Current risk assessment.
- Diagnoses (i.e., Axis I, II, and III).

III. PSYCHOTROPIC MEDICATIONS

- Current medications, dosage, and frequency.
- Provisions to ensure that the patient will receive psychotropic medication if recommended.
- Provisions to assure the safety of the patient and others in the event the patient is no longer receiving psychotropic medication.

IV. TREATMENT SERVICES

- Comprehensive plan that focuses on management of risk factors.
- Treatment modalities being used to address risk factors (e.g., psychotropic medications, counseling services, substance abuse groups).
- Mental health/substance abuse services.
- Supervision/monitoring. Living arrangements/shelter.
- Other Supportive Services.

V. RESPONSE TO TREATMENT

- Patient's compliance with treatment.
- Response to treatment.
- Significant changes and reasons for those changes (e.g., progress, deterioration).

VI. This Treatment Plan is consistent with Court Order # _____, dated _____.

VII. QUALIFIED PROFESSIONALS RESPONSIBLE FOR TREATMENT

(List treatment team members)

SAMPLE PROGRESS REPORT

John Doe
88-CR-12345

August 12, 2003

I. IDENTIFYING INFORMATION

Mr. John Doe is a 42-year-old, Caucasian male who has never been married. He was adjudicated Not Guilty by Reason of Insanity (NGRI) on a charge of First Degree Murder on April 15, 1990, and was admitted to McFarland Mental Health Center on April 30, 1990. He was released from McFarland Mental Health Center on July 30, 2002. Since conditionally released, he has been receiving services at the (*Community Mental Health Center*).

II. CURRENT MENTAL STATUS

Mr. Doe was casually dressed for his most recent evaluation. His hygiene and grooming were good. He was attentive and cooperative during the interview. Mr. Doe was verbal, and his motor activity was within normal limits. He was oriented to person, place, time, and situation. His mood was euthymic, and his affect was appropriate. Mr. Doe's contact with reality was adequate. His judgment, impulse control, frustration tolerance, and insight were fair. Mr. Doe's memory was unimpaired, and his intellectual functioning was estimated in the average range. He denied having any suicidal or homicidal ideation. Based on the results of a risk assessment, Mr. Doe is considered to be at low risk for violent behavior. He has a diagnosis of Bipolar I Disorder, but has been clinically stable while taking his psychotropic medications.

III. PSYCHOTROPIC MEDICATIONS

Mr. Doe is prescribed Depakote 500mg twice a day. His compliance with medication is closely monitored. Periodic progress reports regarding Mr. Doe's condition are being sent to Court, including any noncompliance with recommendations or deterioration in his clinical condition.

IV. TREATMENT SERVICES

Mr. Doe resides at a licensed, supervised, residential treatment facility which provides him with a structured daily schedule and monitoring of his clinical condition. The (*Community Mental Health Center*) provides him with psychiatric services, such as intensive case management, medication management, and individual therapy. Mr. Doe also participates in Chemical Dependence groups, Alcoholics Anonymous, Narcotic Anonymous, and random substance abuse screens.

V. **RESPONSE TO TREATMENT**

Mr. Doe has complied with treatment recommendations, followed the rules without incident, and cooperated with staff. He has responded well to treatment, and is considered clinically and behaviorally stable at this time.

VI. **This Treatment Plan is consistent with Court Order (#88-CR-12345), dated (July 30, 2002).**

VII. **QUALIFIED PROFESSIONALS RESPONSIBLE FOR TREATMENT**

(John Smith, M.D., Psychiatrist)

(Mary Jones, LCSW, Clinical Director)

(Susan Johnson, LCSW, Social Worker)

Etc.

SAMPLE

END OF

COMMUNITY AGENCY INFORMATIONAL PACKET FOR CONDITIONAL RELEASE WITH A LEGAL STATUS OF NGRI

COMMUNITY AGENCY INFORMATIONAL PACKET

FOR CONDITIONAL RELEASE WITH A LEGAL STATUS OF

NNG & “G2”

(Put on your letterhead)

Date

Name and title
Agency name
Address

Re: (Consumer's Name)
(Docket #)

Re: *(consumer's name)*
Docket #: *(insert docket number)*
Date of Conditional Order: ___/___/___
Maximum Commitment Date: ___/___/___

Dear _

Your agency is the treatment services provider for the above referenced client who is being discharged from _____ on ___/___/__. This client is on a Conditional Release status, after being found *(insert legal status)* on a charge of _____. Treatment services are court ordered, and court monitored. The first report is due to the court on ___/___/___, and every 90 days thereafter.

Public Act 93-0078 and **Public Act 93-0473** require monitoring reports on the provision of services and compliance with services for individuals who are on Conditional Release status. Reports are required to be submitted **every 90 days**. Reports should be provided to the court **7 days prior** to hearings. The statutes require that various aspects of the court ordered treatment must be addressed on a periodic basis by the service provider. Enclosed you will find templates and examples created to assist you in the reporting of Court Ordered treatment services.

The Division of Mental Health is mandated to monitor court ordered treatment services and to provide assistance to you in meeting your obligations to the court. In order to facilitate this, service providers are required to provide copies of progress reports to the following:

5. Judge *(give specific address and fax numbers)*
6. State's Attorney *(give specific address and fax numbers)*
7. Public Defender *(give specific address and fax numbers)*
8. Illinois Division of Mental Health (IDMH): Community Services Administrator, Debbie Dyle, Alton Mental Health Center, Holly Building, 4500 College Avenue, Alton IL, 62002, or FAX 618-474-3967

In addition to the scheduled reports you are required to immediately contact the Court and the Division of Mental Health forensic services, anytime that the individual is non-compliant with the conditions of their discharge, hospitalized, arrested, absent without Court approval, there is a major change

in their services, they attempt to terminate services or become involved in any unusual and or problematic incidents.

Thank you for your assistance in this matter. Please feel free to contact the IDMH Community Services Administrator, Debbie Dyle, if you have any questions or concerns regarding the provision of services and required documentation. She can be reached by phone at 618-474-3811 or by email at Debbie.Dyle@illinois.gov.

Sincerely,

Name
Title
Facility
Address

TEMPLATE COVER LETTER for
COURT STATUS REPORT

(COMMUNITY AGENCY LETTERHEAD)

(Date)

The Honorable *(Judge's name)*
Judge of the Circuit Court of *(County's name)*
(Court's address)

RE: *(Patient's name)*

(Case Docket #)

Dear Judge *(Judge's name)*:

Pursuant to Your Honor's Order dated *(Date of Court Order)*, *(Patient's Name)* continues to receive outpatient treatment at *(Name of Community Agency)*. The detail of his progress in treatment are enclosed.

If you require additional information, please do not hesitate to contact me at *(Telephone Number)*.

Sincerely,

(Case Manager's Name)

Enclosures

cc: Public Defender's Office *(Address)*
State's Attorney's Office, *(Address)*
Deborah L. Dyle, Division of Mental Health– Forensic Services, 4500 College Avenue,
Holly Building, Alton, IL 62002

CLINICAL OPINIONS FOR NNG/"G2" PROGRESS REPORTS

The following is a list of clinical opinions in describing the progress of patients with a legal status of NNG or G2.

1. **Fit:** "The patient understands the role functions of the court officers and is now able to assist in his/her defense. The patient understands the reason for his/her charge and is appropriate for return to Court. We consider the patient psychologically **FIT TO STAND TRIAL.**"
2. **Unfit:** "It does not appear that the patient fully comprehends the reason for treatment and appears confused about the role functions of the various participants in the judicial process. He/she is, as yet, unable to assist in his/her defense and does not fully understand the judicial process. The patient continues to be involved in programming aimed at attaining fitness within the statutory timeframe. We consider the patient psychologically **UNFIT TO STAND TRIAL.**"
3. **Unlikely to Attain Fitness:** "It does not appear despite undergoing the statutory maximum period of treatment, that the patient fully comprehends the reason for treatment and appears confused about the role functions of the various participants in the judicial process. He/she is, as yet, unable to assist in his/her defense and does not fully understand the judicial process. We consider the patient psychologically **UNLIKELY TO ATTAIN FITNESS.**"

LEGAL TERMS

- A. **Unfit to Stand Trial (UST)**: A defendant in a criminal court proceeding who, due to mental or physical condition, is unable to understand the nature and purpose of court proceedings against them or to assist in their defense.

- B. **Not Not Guilty (NNG)**: If after one year of treatment a defendant remains unfit for trial, he/she may be remanded for further treatment and the one-year time limit shall be extended anywhere between 1-5 years.

- C. **"G2"**: If at the expiration of an extended period of treatment (after NNG) the defendant continues to be unfit to stand trial, he/she may be remanded to the Department of Human Services for further treatment in the same manner as a civilly committed patient for all purposes, except that the original court having jurisdiction over the defendant shall be required to approve any conditional release or discharge of the defendant, for the period of commitment equal to the maximum sentence to which the defendant would have been subject had he or she been convicted in a criminal proceeding.

- D. **Court Order # or Case Docket #**: **This number is the case identifier used by the courts.** Letters or reports to the courts will need to include the name of the client and this number, which is used to identify the criminal case file. It is referenced in either the Court Order or the Discharge Summary and Treatment Plan **in the case documents provided by the state facility.**

SAMPLE PROGRESS REPORT

(REMAINS UNFIT)

Johnny Doe
88-CR-12345

January 13, 2017

I. IDENTIFYING INFORMATION

Mr. Johnny Doe is a 20-year-old African-American male. He was adjudicated Unfit to Stand Trial on charges of Burglary, Possession of Stolen Firearm, and Aggravated Possession/6-10 Stolen Firearms by Judge Sarah Lessman in Lake County Court on July 20, 2016 and was subsequently deemed (*Not Not Guilty/G2*) on July 20, 2017. He was conditionally released from McFarland Mental Health Center on July 30, 2002 and has since received services at the (*Community Mental Health Center*).

II. CURRENT MENTAL STATUS

Mr. Doe was casually dressed for his most recent evaluation. His hygiene and grooming were good. He was attentive and cooperative during the interview. Mr. Doe was verbal, and his motor activity was within normal limits. He was oriented to person, place, time, and situation. His mood was euthymic, and his affect was appropriate. Mr. Doe's contact with reality was adequate. His judgment, impulse control, frustration tolerance, and insight were fair. Mr. Doe's memory was unimpaired, and his intellectual functioning was estimated in the average range. He denied having any suicidal or homicidal ideation. Based on the results of a risk assessment, Mr. Doe is considered to be at low risk for violent behavior. He has a diagnosis of Bipolar I Disorder, but has been clinically stable while taking his psychotropic medications.

III. PSYCHOTROPIC MEDICATIONS

Mr. Doe is prescribed Depakote 500mg twice a day. His compliance with medication is closely monitored. Periodic progress reports regarding Mr. Doe's condition are being sent to Court, including any noncompliance with recommendations or deterioration in his clinical condition.

IV. TREATMENT SERVICES

Mr. Doe resides at a licensed, supervised, residential treatment facility which provides him with a structured daily schedule and monitoring of his clinical condition. The (*Community Mental Health Center*) provides him with psychiatric services, such as intensive case management, medication management, and individual therapy. Mr. Doe also participates in Fitness Restoration groups, Chemical Dependence groups, Alcoholics Anonymous, Narcotic Anonymous, and random substance abuse screens.

V. RESPONSE TO TREATMENT

Mr. Doe has complied with treatment recommendations, followed the rules without incident, and cooperated with staff. He has responded well to treatment and is considered

clinically and behaviorally stable at this time. Following fitness restoration training, however, Mr. Doe has a fair understanding of his charges but he continues to lack an adequate understanding of the court process.

VI. THE ISSUE OF FITNESS

Mr. Doe has a fair understanding of his charges but lacks an adequate understanding of the court process. Consequently, he is unable to adequately assist in his defense, and remains **Unfit to Stand Trial** at this time. Additional fitness restoration services are recommended.

VII. RESPONSIBLE STAFF

(John Smith, M.D., Psychiatrist)

(Mary Jones, LCSW, Clinical Director)

(Susan Johnson, LCSW, Social Worker)

Etc.

SAMPLE PROGRESS REPORT

(FIT)

Johnny Doe
88-CR-12345

January 13, 2017

I. IDENTIFYING INFORMATION

Mr. Johnny Doe is a 20-year-old African-American male. He was adjudicated Unfit to Stand Trial on charges of Burglary, Possession of Stolen Firearm, and Aggravated Possession/6-10 Stolen Firearms by Judge Sarah Lessman in Lake County Court on July 20, 2016 and was subsequently deemed (*Not Not Guilty/G2*) on July 20, 2017. He was conditionally released from McFarland Mental Health Center on July 30, 2002 and has since received services at the (*Community Mental Health Center*).

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V. RESPONSE TO TREATMENT

Mr. Doe has complied with treatment recommendations, followed the rules without incident, and cooperated with staff. He has responded well to treatment and is considered clinically and behaviorally stable at this time. Following fitness restoration training, Mr.

Doe was assessed to have an adequate understanding of his charges and the court process and is now able to adequately assist in his defense.

VI. THE ISSUE OF FITNESS

It is our opinion that Mr. Doe understands his charges, the role functions of the court officers, court proceedings, and is now able to adequately assist in his defense. He understands the reason for his charges and is appropriate for return to Court. Therefore, Mr. Doe is considered psychologically **Fit to Stand Trial** at this time.

VII. RESPONSIBLE STAFF

(John Smith, M.D., Psychiatrist)

(Mary Jones, LCSW, Clinical Director)

(Susan Johnson, LCSW, Social Worker)

Etc.

END OF

COMMUNITY AGENCY INFORMATIONAL PACKET FOR CONDITIONAL RELEASE WITH A
LEGAL STATUS OF NNG &