

ILLINOIS CENTER OF EXCELLENCE
WINNEBAGO COUNTY CIRCUIT COURT
EXHIBIT A: PROGRAM NARRATIVE
AGREEMENT NUMBER 410048

I. SUMMARY OF PROGRAM

The genesis for the Center of Excellence in Illinois is a series of regional and statewide strategic planning meetings hosted by the Illinois Department of Human Services, Division of Mental Health since 2008. The Center of Excellence is designed as an independent entity whose mission is to equip communities to appropriately respond to the needs of persons with behavioral health disorders that are involved in the criminal justice system. To that end, it will provide technical assistance, resources, and training to improve systemic responses to persons with mental health and/or substance use disorders involved in the criminal justice system. It will also compile information about evidence based practices and conduct research. In April 2010, the Illinois Supreme Court named a Special Judicial Advisory Committee for Justice and Mental Health Planning. One of the purposes of this committee is to consider how to maximize the use of court and community resources in aiding the rehabilitation and treatment of accused offenders with mental health and substance use issues. The Advisory Committee has studied, reviewed and collaborated on issues and matters related to mental illness, substance use and the justice system in order to make recommendations to the Illinois Supreme Court. One of the ideas discussed has been a Center of Excellence for Illinois.

In December 2010, a multidisciplinary group of stakeholders were convened, consisting of representatives from the Department of Human Services, Division of Mental Health; Illinois Criminal Justice Information Authority; Treatment Alternatives for Safe Communities; the Mental Health Court Association of Illinois; the Administrative Office of the Illinois Courts; and members of the Special Supreme Court Advisory Committee on Justice and Mental Health Planning to discuss the purpose and feasibility of a Center of Excellence in Illinois. After research and discussion, a consensus was reached regarding the mission, structure and purpose of a Center of Excellence in Illinois.

In furtherance of the mission of the Illinois Center of Excellence, it was decided that the Center will use the "Sequential Intercept Model for Developing Criminal Justice and Mental Health Partnerships". The Sequential Intercept Model was developed by Mark Munetz, M.D. and Patricia Marks, Ph.D. and is used by the National GAINS Center as a conceptual framework for communities to identify potential strategies for linking individuals in need of treatment at each decision point, or "intercept" within the criminal justice system. The Illinois Center of Excellence will focus on the first three intercepts, i.e. law enforcement, initial detention/initial court hearings, and jails/courts, to research and disseminate information about evidence based practices, and to provide services including but not limited to training and technical assistance for specialty courts or other diversion models around the state. The target group of users of the Center of Excellence will be law enforcement, judges, courts, policy makers, consumers, families and treatment providers.

The Center of Excellence will serve the entire state through a partnership with the County of Winnebago and the University of Illinois. The Center of Excellence will be housed at the University of Illinois, School of Medicine in Rockford, Illinois, with satellites at the other sites for the University of Illinois located in Chicago, Peoria, Springfield and Urbana/Champaign. These multiple sites will allow statewide access and ease of training. The Center of Excellence's staffing plan consists of having a full-time director, part-time administrative assistant, a field staff and part-time evaluators.

The director must understand and seek grants and funding sources; be able to market the Center of Excellence; have knowledge of specialty courts including mental health courts, drug courts and veterans courts, and diversion alternatives; be conversant with clinical aspects of mental health and substance use disorders and behavioral health treatment for justice involved persons; and have the ability to work well with judges, court staff, agency personnel and county officials. Salary range for the director will be between \$70,000 and \$85,000 plus benefits. The field staff would be responsible for assisting with training and technical assistance for counties or circuits that want to start specialty courts, diversion programs or need assistance with the enhancement of existing programs. Further responsibilities would include consultation and training requested by treatment providers. Two evaluators will work with the Illinois Center of Excellence, one associated with the University of Illinois. Their responsibilities will be to assist with research and compilation of evidence based practices, the evaluation of the Center of Excellence and technical assistance and training. Services will also be available to treatment providers.

The implementation of the Center of Excellence will occur over an 18 month time period and will develop different aspects of the program over that time period. Within the first 6 months, the strategic planning and statewide mapping done in 2008-2009 through the Division of Mental Health will be reviewed; evidence based practices will be researched and recommended; data will be collected; website development will begin; and training plans will be created. During the following 12 months, counties and circuits will be contacted and training and service delivery will begin. Services will also be available to treatment providers.

An advisory board will be created to facilitate the functioning of the Center of Excellence. The role of the advisory board will include but not be limited to assuring that the mission statement is followed, setting priorities for the Center of Excellence, ensuring consumer involvement, and making recommendations regarding hiring and overseeing the director. The multidisciplinary group of stakeholders that have convened to create the Center of Excellence will be the initial members of advisory board. As the Center of Excellence moves forward, the advisory board will undertake to add members from law enforcement, a consumer/National Alliance on Mental Illness, and other community treatment provider representatives.

II. STATEMENT OF PROBLEM

“The nation's local jails have increasingly become the place of last resort for the mentally ill. Beginning in the late 1950's and early 1960's, individuals with mental illness were released from state-run hospitals without alternative placement. Many of these individuals subsequently have committed repeat non-violent crimes, resulting in incarceration, release from jail, and repeat offense and arrest – a cycle of recidivism. By default, jails in many communities have become the primary source of care for the mentally ill, a function for which they are neither

equipped nor designed to handle.¹ The Bureau of Justice Statistics estimated in 1999, that 16 percent of local jail populations suffer from mental illness.²

The criminal justice system is not equipped to deal with persons with mental illnesses or other behavioral disorders. The result is that persons with behavioral disorders, such as mental illness or substance use, spend more time in jail while the criminal justice system tries to figure out how to manage them. This current state of affairs, is not only inhumane, it is also extremely expensive. The criminal justice system stakeholders understand the need for alternatives to incarceration for persons with mental health and substance use disorders such as diversion programs and specialty courts. However, many jurisdictions are poorly resourced, do not have the information necessary to implement these interventions, and lack the resources to engage in system change without external technical assistance.

III. GOALS, OBJECTIVES, and PERFORMANCE INDICATORS

Goal: Develop Center of Excellence

Objective 1: Hire director.

Indicator: Hire 1 FTE Director.

Objective 2: Develop Recommended List of Evidence Based Practices.

Indicator: Evidence based practices list is developed.

Objective 3: Develop Training and Technical Assistance Plans.

Indicator: Training plan is developed.

Objective 4: Promote the Center of Excellence.

Indicator: Develop website.

Objective 5: Hire Other Staff.

Indicator: Hire 1 .5 FTE Administrative Assistant.

Indicator: Hire 1 FTE Field Staff

IV. PROGRAM STRATEGY

The program strategy for implementing the Center of Excellence will occur over an 18 month time period and will develop different aspects of the program over that time period. Within the first 6 months the strategic planning and statewide mapping done in 2008-2009 through the Division of Mental Health will be reviewed; evidence based practices will be researched and recommended; data will be collected; website development will begin; and

¹ Ending the Cycle of Recidivism: Best Practices for Diverting Mentally Ill Individuals from County Jails, National Association of Counties, June 2003.

² Ditton, Paula. Mental Health and Treatment of Inmates and Probationers, 1999. BJS Special Report, NCJ 174463, July 1999.

training plans will be created. During the following 12 months, counties and circuits will be contacted and training will begin.

V. IMPLEMENTATION SCHEDULE

Task	Date Begun	Date Completed	Personnel Responsible
Post and Hire Director	January 2012	January 2012	Winnebago County
Director Starts	February 2012	February 2012	Winnebago County
Post and Hire Administrative Assistant	February 2012	February 2012	Director
Evidence Based Research List	February 2012	August 2012	Director, Evaluator
Training and Technical Assistance Plan	February 2012	August 2012	Director
Post and Hire Field Staff	January 2013	February 2013	Director
Evaluation of Center	August 2012	July 2013	Evaluator, Director
Submit Required Reports To the Authority	February 2013	July 2013	Director