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Criminal Justice and Mental Health Issues in the Fox Valley, Kane County IL

As part of the League of Women Voters MH/DD study, the committee sought information on criminal justice where mental health issues are a factor.

The issue of criminal justice in Kane County is a *broad* issue involving considerations of diverse autonomous police departments operating within a county wide system of prosecution governed by state law, United States constitutional protections and changing standards (i.e., the new law that radically changes involuntary commitment standards in Illinois, effective June 2008). This report cannot hope to cover anything but a select number of issues, but the information offered is believed to merit inclusion. At a minimum this section will direct the members and public to sources that discuss the topics in much greater detail. Public reports and LWV survey responses are provided as references.

Mental health issues present to law enforcement in two ways: (1) when police encounter behavior that indicates that the person is experiencing a mental health crisis but no crime has been committed or is about to be committed, and (2) when a crime has been committed and it appears that the perpetrator has a mental illness or is reported to the police to have a mental illness that played a role in the commission of a crime. The two scenarios lead to distinctly different policies and procedures.

The LWV determined in committee that the focus of inquiry would be the policies and the practices of several of the local police departments and the Kane County sheriff's office concerning mental health issues. A survey was created and distributed to the following community police departments: Aurora, Batavia, Geneva, North Aurora, St. Charles, and Elgin. The Kane County Sheriff's Department was also provided with a survey.

The police departments of Aurora, Geneva, St. Charles and North Aurora responded as of the time of this writing. The survey questions and answers appear at the end of this section.

The Sheriff's Department and County Jail professionals of Kane County get involved in mental health issues in a distinctly different way than the city police departments. The offenders encountered by the Kane County sheriff's department include those who reside in the unincorporated areas of Kane County. The County Jail would be the repository for corrections for the unincorporated residents as well as those who reside in all of the municipal areas if the behavior of a perpetrator gives rise to the commission of a misdemeanor or felony. In other words if a resident of Aurora (as an example) steals property (or commits another form of non-violent crime) from a resident of Batavia, the perpetrator might be arrested in Batavia but the case would be prosecuted in the Kane County courts. The sentence for the offense would be served in the Kane County jail, or the case might be diverted to the Treatment Alternative Court (TAC) if the perpetrator is mentally ill and meets the requirements of the diversionary program. Thus the policies and procedures of the municipalities are entwined with the prosecution policies and detention options of Kane County.

A major development in Kane County in the recent past has been the existence of the Mental Health Court (Treatment Alternative Court or TAC). The practices of the court are set forth in other places in the LWV study and will be only summarized here. This court gives a perpetrator the chance to obtain treatment for his or her mental health problem as an alternative to punishment. The general framework is that the offender (for certain classes of nonviolent crimes) must plead guilty to the offense. A treatment plan is entered into under the supervision of court services. Medication is provided. If the offender completes the treatment program the underlying charges may be dismissed. If not, he or she is sentenced for the original offense. This writer has received favorable comments from the mother of the first individual to be offered TAC services, crediting the process with “turning my son’s life around” in insisting that he take his medication. The young man is holding a job and experiencing other positive changes.

Three public reports provide the information for the comments in this section relating to Mental Health Issues in Kane County Courts and Jails. These are: Kane County Mental Health Protocol (2000), *see especially* the Law Enforcement Component, (<http://namidkk.org/pdfs/handbook.pdf>) ; the 2005 Annual Report of the Kane County Adult Corrections, at www.kanecountyjail.org/annual.pdf ; and the National Institute of Corrections Jails Local System Assessment (2003)<http://kanecountyjail.org/cjpsc.nic.pdf>. After reading these reports one can fairly conclude that serious efforts are being made to deal with the problems in the courts and jails related to the mental health issues and needs of the community.

The Kane County Mental Health Protocol as described in the 2000 report calls for prompt response, the favoring of treatment over criminalization whenever possible, the protection of the individual's rights, and the promotion and use of advance directives where possible (at page 4).

The fifty-five (55) page report outlines the procedures for police response to mental health calls within Kane County. Dividing the County into northern and southern areas, the outline identifies the responsibilities of the community mental health centers (Ecker Center and Sherman in the north, and Association for Individual Development and Provena Hospital in the south) when police bring a client to the respective centers. If the client is under arrest, the report details the responsibilities for both the health centers and the police. The law enforcement component of the report details the written policies for police for dealing with situations involving mentally ill persons consistent with Illinois law. The Kane County agencies (city police departments) are encouraged to adopt the protocol as well for a consistent response. **The policy is to apply criminal sanctions only to circumstances where there has been physical violence, other forms of violence, or the threat of violence to any person or persons.**

Protocol is established for response procedures, communications, officers' actions both en route to the call and upon arrival, the arrest (if any) and documentation of the arrest. Victim services are encouraged. The protocol does not override the law as to Domestic Violence. If the perpetrator is mentally ill the police may consider the circumstance but are not relieved from enforcing the criminal law sanctions.

As the population of Kane County has grown in the past twenty years, the incidences of mental health issues have also grown. Kane County has responded with

putting into place various levels of screening for mental health factors in arrest and punishment of offenders in Kane County.

The general approach to mental health issues in the jail is to work with Kane County Diagnostic Center (see the 2005 Annual Report at page 10) for evaluation of the mental health status of an inmate. Inmates are offered a health assessment within 14 days of their arrival that includes a history, physical, mental and dental assessment and testing for communicable diseases (page 9). In 2005 more than 3,587 inmates received psychiatric screening by corrections social workers. 2,081 inmates met the criteria for major mental health issues and were screened by staff from the Diagnostic Center. **These inmates were either given referrals to providers in the community, refused services or were transported to prison or another county facility.**

Kane County officials are required to report any unusual incidents in their annual report. It is worth mentioning that there has been a marked decrease in all “unusual events” including suicide attempts, use of pepper spray or stun guns by law enforcement, injury to officers from 2004 to 2005, but a sharp increase in hospital transports. See pages 13-18 for a list of reported unusual events.

In 2003, a comprehensive study was done by independent consultants Robert Gibson and Rick Martin at the request of Kane County through coordination by the National Institute of Corrections. The web address to view the entire report may be found at <http://kanecountyjail.org/cjpsc/nic.pdf>). The purpose was to identify the needs for improvement of the jail management in order to enhance its effectiveness as the county planned for a new jail.

Some of the more striking conclusions of the 2003 report are that:

1. Kane County has a highly professional staff that is currently working with the inmate population on all issues of the jail system and has formed a management committee to provide ongoing management of jail concerns of all types;
2. Kane County has more data available than most counties—about twenty years worth of data—from which information may be gleaned to support working assumptions about the jail policies and procedures;
3. That Kane County has experienced a rapid rate of growth in the past twenty years that has put pressure on the use of the existing facilities (overcrowding); while the average length of stay in the jail has increased (over 20 years time) by 98%. Overcrowding has led to some creative programs including jail diversion programs (see information herein on the Treatment Alternative Court and also www.kanecountyjail.org/alternatives/adc.htm).
4. Kane County works with some municipalities to coordinate the physical flow of inmates into the Kane County Jail. There is also a current expansion of the physical facilities (a new jail) that will work to mitigate some of the problems directly attributable to overcrowding.
5. The Kane County Jail population consisted at the time of the report of 69% pretrial detention, 10% post-sentencing, and 21% “other”. The report questions but does not define the category “other”. The Gibson and Martin report notes that the proportions should not lead one to conclude that the

judges are lenient in Kane County, as it is possible that those who are sentenced may be sentenced to the Illinois Department of Corrections rather than remaining in the County Jail.

6. The impressive multi-agency effort (see the 2000 Protocol Report) to provide additional mental health services has suffered due to funding deficiencies. A diversion program involving an Elgin facility lost funding (from 600 individuals served to 389).
7. Individuals (inmates) who have a dual diagnosis of mental illness and substance abuse are the most underserved in the system. There are long waiting lists for residential treatment and few service providers.

The final pages of this section of the League of Women Voters report shows the response of the four cities: St. Charles, Geneva, North Aurora and Aurora to the questions posed. The abbreviations are: StCh=Saint Charles, Gen=Geneva, NA=North Aurora, and A=Aurora. The League thanks all responders for their cooperation.

Questions

- 1. Is there at least one officer who has completed a specialized course in handling mental health calls for police assistance? If more than one state how many officers are specially trained.**

(St Ch): The St. Charles Police Department has three officers trained in working with the mentally ill. (Gen): not yet, two officers were scheduled but we had to cancel; (NA): two for mental health issues, two for elderly issues, five for crisis intervention. (A): We have 9 officers who have been certified through the state of Illinois as Crisis Intervention Officers commonly referred to as CIT officers.

2. What kind of training was received by the officer (such as “Crisis Intervention Training- 40 hours”)?

(StCh): They attended CIT, Crisis Intervention Training, which is a certified course through the State of Illinois Training and Standards Board.

(Gen): not applicable. (NA): Mental Health Awareness, Crisis Intervention, Elder Justice, Adv. Elder Justice, Elderly Service Officer and Triad Advocate. (A): The CIT training was sponsored by the State of Illinois and was presented in a 40 hr. course.

3. Has the specialized training proven helpful in a peaceful resolution of a mental health call for assistance?

(St.Ch): The training was beneficial to the officers attending, although I am not sure that we can say it directly attributed to any peaceful resolution.

(Gen): not applicable.

(NA): Yes.

(A) : Although we are still in the process of formulating a working CIT procedure, the few cases in which we have applied the training has shown potential success.

4. Does the department have a clear set of procedures for responding to a situation involving a suspected or reported mentally ill person?

(StCh.): Yes, we are an accredited department.

(Gen): Yes.

(NA): Yes.

(A): We have a preliminary policy awaiting final approval.

5. Are officers able to drop off the suspected mentally ill person at a facility in Kane County for further evaluation and transfer?

(StCh): Officers can have a person transported to a hospital, where the hospital determines the manner of intake. It is my understanding there are different protocols for EMS response depending on the Fire Department transporting, and the hospital protocol.

(Gen): Yes.

(NA): Yes.

(A): In Aurora we have an excellent working relationship with both Mercy and Copley Hospitals. As such we are able, within the boundaries of law, to transport those in a mental health crisis to their facility for evaluation and treatment.

6. Is there a negotiated “no-decline” agreement between the police department and the treatment or referral facility?

(StCh): This question is unclear, the police department has not authority over how a hospital takes care of a patient.

(Gen): No, our procedure puts the relationship between the paramedics and the hospital.

(NA): No.

(A): Not at this time.

7. Are mentally ill persons permitted to possess and take prescribed medications while in police custody?

(StCh): Only if it is prescribed and provided in the appropriate packaging.

(Gen): If in our custody and need their medication they will be allowed to take it.

(NA) : We dispense it.

(A): Although we prefer not to detain a person suffering from a mental illness the occasion does occasionally arise. If the person is on medication our policy is our booking personnel maintain possession of the medication. Booking personnel confer with a medical professional to make sure that the medicine is actually prescribed. When needed the booking personnel will not dispense the medication but will provide the person with his medication. They will monitor and record his intake and when finished regain possession of the medication.

8. Does the department desire more citizen assistance (advocacy) for handling mental health issues in the public behavior of mentally ill persons?

(StCh): It would great to have a social worker on staff, but due to budgetary constraints that has not occurred.

(Gen): somewhat.

(NA): No.

(A): At this point in our program, because it is in its infancy, we are not sure if additional citizen advocacy is needed or necessary.

9. What kind of advocacy might be useful?

(StCh): The department deals with issues of domestic violence and abuse, as well as children with needs.

(Gen): It would be nice to have a contact person to deal with social and mental issues.

(NA): not applicable.

(A): not applicable.

10. Is the department accredited by CALEA (Commission on Accreditation of Law Enforcement Agencies)?

(StCh): Yes.

(Gen): No.

(NA): No.

(A): No.

11. Would accreditation affect the training of officers on procedures for handling mental health assistance calls? If yes, in what way would procedures be affected?

(StCh): We are required to train our officers on Mental Health issues. That has been done department wide.

(Gen): not applicable.

(NA): No.

(A): Acquiring CALEA accreditation would not change the way in which we currently deal with those in a mental health crisis.

THANK YOU FOR YOUR COOPERATION IN ANSWERING THESE QUESTIONS.