

THE RESENTENCING TASK FORCE (RTF)
REGULAR MEETING MINUTES
June 10, 2022 9:00 – 11:30 a.m.

THIS MEETING WAS HELD IN PERSON AND VIRTUALLY ON ZOOM

Members Present: Collin Moseley (Darren Bailey), Bob Berlin, Kelly Cassidy, Jobi Cates, Lisa Daniels, Mitchell Davis, Yaacov Delaney, LaToya Hughes, Hon. Cheryl Ingram, Jim Jacobs (Sharone Mitchell), Ari Jones, Shobha Mahadev, Scott Main, Robert Peters, Hon. Marcus Salone and Ryan Spain.

Members Absent: Hon. Steve Sawyer.

Non-members Present: Rob Jeffreys, Heather O'Donnell, Jac Charlier, Dr. Daniel Yohanna, Danielle Sered, Stacey Silver, Alissa Rivera, Ariel Hairston, Gwyn Troyer, James Swansey, Julie Anderson, Kayla Posley, Reece Hughes, Senna Gardner, Susan Lloyd, Lisa Schneider-Fabes, Lindsey Hammond, William Nissen, Kathy Saltmarsh, Michael Elliott, Mark Powers, John Specker, Ryan Kennedy and Abigail Drumm.

The meeting convened at 9:00 a.m.

Vote: Approval of the meeting minutes from the April Task Force meeting – Hon. Marcus Salone moved; Lisa Daniels seconded. The minutes were approved unanimously by roll call vote.

Susan Lloyd began with an overview of the meeting, which kicked off with Illinois Department of Corrections (IDOC) Director, Rob Jeffreys and IDOC Chief Inspector and Resentencing Task Force member LaToya Hughes, providing an overview of IDOC's behavioral health, substance abuse disorders and risk assessment tools used at IDOC.

As of May 2022, of the roughly 29,000 people incarcerated in IDOC:

- 43.4% or 12,525 people were receiving some type of mental health services
- 13.69% or 3,956 people were designated as seriously mentally ill (SMI)

Within IDOC, someone is considered Seriously Mentally Ill (SMI) if “as the result of a mental disorder as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM") of the American Psychiatric Association, exhibits impaired emotional, cognitive, or behavioral functioning that interferes seriously with his or her ability to function adequately except with supportive treatment or services.” The incidence of behavioral health challenges is different across populations within IDOC. Incarcerated women have a much higher incidence of behavioral health need. Currently, IDOC has substance abuse programs in nine facilities and a total of 2,550 beds available for substance abuse treatments, which are all occupied at this time.

IDOC is currently using six assessment tools:

- Ohio Risk Assessment System - A widely used risk and needs assessment tool used to identify an individual's likelihood to reoffend. Depending on risk level, needs are also identified which then form the basis for an individualized case plan. This tool is actively used at all IDOC facilities
- Parole Risk Tool – An assessment used statewide to assess the likelihood to return to prison of people on parole. This tool is used for all people on MSR.

- Security Classification Tool – IDOC’s tool to establish custody level.
- Test of Adult Basic Education – Assessment used to establish basic educational needs in literacy and numeracy, scored on a first through twelfth grade level basis.
- TCU Score – IDOC’s assessment used to determine substance abuse treatment and intervention needs.
- Mental Health/Medical Assessments – IDOC’s mental health and medical teams also have a range of diagnostic screening tools.

Rehabilitation programs are very important when it comes to early release. IDOC needs more programming to address mental health issues on the inside and is working with other state agencies to leverage their programs and expertise. For successful re-entry community resources are critical as well as preparing the communities to which people will return, especially when those people were convicted of violent offenses.

IDOC was able to utilize earned discretionary credits to increase early releases during the pandemic. Only 159 out of the 4000 people released early have come back to IDOC for committing another offense. Jeffreys also noted that IDOC currently houses 1,700 individuals convicted of sex offenses who can't be released because of current laws restricting access to housing.

Susan Lloyd then introduced the meeting’s panel, to add context to behavioral health issues in a resentencing context. Heather O’Donnell, Senior Vice President of Advocacy and Public Policy at Thresholds, moderated the panel which included:

Jac A. Charlier, MPA, Executive Director, TASC Center for Health and Justice, who is a national expert in crime reduction and pre-arrest diversion, Charlier specializes in practical solutions that bring together justice system partners, behavioral health service providers, and community leaders in common aims of creating safer, healthier communities.

Danielle Sered, Founder and Executive Director, Common Justice in New York City. Before leading this work, Danielle served as the deputy director of the Vera Institute of Justice’s Adolescent Reentry Initiative, a program for young men returning from incarceration on Rikers Island. Prior to joining Vera, she worked at the Center for Court Innovation's Harlem Community Justice Center, where she led its programs for court-involved and recently incarcerated youth.

Dr. Daniel Yohanna, Associate Professor of Psychiatry and Behavioral Neuroscience Interim Chair of the University of Chicago’s Department of Psychiatry and Behavioral Neuroscience, received his medical degree from Rush Medical College in Chicago, and completed his internship and psychiatric residency training at Northwestern University Medical School. Dr. Yohanna joined the Northwestern University Medical School Faculty in 1986 and later joined the University of Chicago Pritzker School of Medicine faculty in 2005. He currently runs a forensic psychiatry program for people recently released from prison.

H. O’Donnell asked each of the panelists how they would incorporate current knowledge and standards into resentencing, given that people change over time and are resilient and adaptive.

D. Sered: Ms. Sered's expertise is based on current research and her own experience as a survivor of violent crime. She noted that the body's response continues long after the threat is over, and many victims and offenders suffer from diagnosable PTSD. We now know, but many people do not realize, that those who commit violence have more often than not been victims of violence. It is possible for people to heal from trauma, but punishment is not the best way to promote healing. Safety and fairness are more important than punishment when addressing the needs of victims because causing someone else pain doesn't reduce a victim's pain. She noted that it was harder for a person to be non-violent in prison as much of the prison hierarchy is based on demonstrating violence and also that basing a resentencing process on the original offense would not work.

J. Charlier: We know more about drugs and crime now than we have ever known before and the system has responded to a point. Knowledge and understanding of addiction and its impacts have grown exponentially over the last 20 to 30 years:

- * Drug use is criminogenic, i.e. causally related to crime. Mental illness is not. We now know that different drugs have different criminogenic effects. For example, heroin is more criminogenic than powder cocaine
- * Intergenerational impact of drug use has both a genetic and behavioral component – drug use becomes normalized in a home with addiction, but there is also a genetic predisposition to using.
- * Neuro imaging shows us effects of drugs on the brain which has changed our understanding of addiction and recovery. Addiction is a chronic, relapsing disease of the brain, not a moral choice as was once believed. Treating addiction is different than treating drug use - addicts will lie, cheat, steal to feed their need for drugs. Users can control their consumption. Relapse is a feature of addiction whereas once the system stakeholders were surprised that it happened so much.
- * Pathways to recovery are understood far better and are multi-disciplinary. Medication is used to manage symptoms or cravings so that the person can participate effectively in treatment. Cognitive behavioral therapy (CBT) paired with medication and other strategies literally rewires the brain. Years ago the system didn't understand individualistic nature of addiction, used broad brush approach for all. Treatment must be individualized and delivered over time, multiple times.
- * Medication assisted recovery (formerly treatment) – Meds don't treat addiction, they stabilize the person, stop craving so they can do treatment.
- * Assessment tools - Now have the third generation of assessment tools which take dynamic factors into account and do better than the human brain at processing information.
- * Transition points – we now appreciate how dangerous it is when addicts leave prison. The need comes right back, so desistance inside may mean nothing once they walk out the door even if it's been decades.

TASC does crime reduction globally, and strategies mean nothing without resources whether it's in the United States or third world countries.

D. Yohanna: Today only 5% of prisoners are actively psychotic, however, prison has become a state hospital for the seriously mentally ill. Current trends tend to indicate that more people with SMI's are likely to be incarcerated and are more likely to complete their prison term and return to the community. When talking about how we prepare these individuals for release back into our communities, they will be more successful, if they are enrolled in Medicaid and connected with qualified case managers before discharge. It is important to understand that one feature of SMI is that the individual does not perceive

that they are ill, making treatment difficult to maintain consistently. Dr. Yohanna runs a forensic psychiatry program that uses monthly injections of medication which decreases the problems with failure to maintain a medication program. Current services already available simply cannot meet demand. We need separate services with forensically trained clinicians to meet the needs of those released early. Covid led to embracing current technologies of telehealth through a smart phone or computer to improve access in areas that lack psychiatric and mental health professionals.

H. O'Donnell then turned the discussion over to the task force members for any questions or comments.

M. Davis: We need to evaluate everyone for early release and to ensure services are available to make them successful on outside.

L Hughes: We realize that to make those who are released successful, it has to start in IDOC.

J. Charlier: Case management is a safe bet and not too expensive.

H. O'Donnell: It usually costs around \$15,000 to \$16,000 per year for treatment outside of IDOC.

C. Moseley: I believe it is important to prepare person to be released and to prepare community to receive person, so I see this as something we should consider.

M. Davis: We must also think about a broad educational opportunity that is also needed.

K. Saltmarsh: Resources are not likely to be forthcoming, and in my personal experience, people have done well without programming, especially when they have a supportive family upon release. I find it troubling to keep people in prison because they don't have services. Our resentencing task force doesn't have experience in reentry and evidence to be considered in resentencing is very important. I also think we need to think about the restorative justice component, which could be helpful.

J Cates: To K. Saltmarsh 's point, I do not like to prevent liberty for someone who doesn't need services.

M. Davis: Tracking a person's record of violence in prison is also something to be considered. What we can do is come up with a formula for success and then we can do best with what we currently have.

R. Jeffreys: We need to have to have resources upon release to make this more successful. What could our transitional plan possibly be?

H. O'Donnell: Affordable housing is necessary to deal with those who are being released with a serious mental health illness.

Following the panel discussion, Chairperson Marc Salone presented the guiding principles the task force plans to use as a framework for developing recommendations after incorporating member feedback. The draft principles presented to the members are as follows:

PRINCIPLES FOR LEGISLATION

1. The inquiry shall be whether the purposes of sentencing embodied in the Illinois Constitution, and the interests of justice based on current circumstances of the individual and the victim of the crime of conviction, changes in law, policy and scientific knowledge, would be better served by a modified sentence than the petitioner's completion of the original sentence.
2. Authorize a fair, consistent, and proportionate mechanism for judicial review and specify the criteria for eligibility and identify the people or entities that can file petitions for resentencing.
3. Specify the time frame in which the right to reapply after initial eligibility shall recur, for example successive petitions can be brought every 3 to 5 years.
4. Specify how individuals who are incarcerated shall be notified of their right to file petitions and have adequate assistance for the preparation of the petitions, which may be provided by counsel or nonlawyers.
5. Provide for procedures to screen and dismiss applications that lack merit on their face.
6. The judicial decisionmaker shall be authorized to modify any aspect of the original sentence so long as the portion of the modified sentence to be served is no more severe than the remainder of the original sentence. The sentence modification authority under this provision shall not be limited by any mandatory minimum terms of imprisonment or mandatory sentence enhancements under state law.
7. Victims shall be notified of the resentencing proceedings if they can be located with reasonable efforts. The judicial decisionmaker may consider any victim impact evidence offered in the original sentencing and victims shall be afforded an opportunity to submit a supplemental impact statement, limited to changed circumstances since the original sentencing. The victim shall also be informed if a restorative justice process is available to them either through local authorities or the Illinois Department of Corrections.
8. The prosecuting authority shall be properly served with the motion for resentencing and be given a reasonable time in which to respond.
9. An adequate record of the proceedings shall be maintained, and the judicial decisionmaker shall be required to state in the order resolving the petition the reasons for its decision to either grant or deny relief.
10. There shall be a mechanism for review of decisions under this provision, which may be discretionary or mandatory to ensure the process is fair.
11. The legislation shall set forth the authority for retroactive application of the resentencing procedure to individuals who were sentenced before its effective date.
12. Provide for collection of data to support analysis of the process and outcomes of the resentencing process. The court shall provide copies of its orders, both granting and denying relief, to the Sentencing Policy Advisory Council.

Public Comment: There was no public comment offered at the meeting.

Vote: Lisa Daniels, moved to adjourn the second Resentencing Task Force meeting, seconded by Mitchell Davis. The third Resentencing Task Force meeting was adjourned at 11:25 a.m. by unanimous voice vote.