

## MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

### MEETING INFORMATION

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Date: March 2, 2016 Location: 1801 Fox Drive  
Time: 1:15 PM Meeting Type: CRPC  
Facilitator: Thomas Hawkins

**Present:** Sheila Ferguson, Allen Jones, Karee Voges, Bruce Barnard, Mike Benner, Nancy Carter, Mark Driscoll, Gail Raney, Roger Holland, Claudia Lennhoff, Jacqui Banks, Jeff Christensen, Brian Tison, Michelle Kaeding, Monica Cherry, Jim McGuire, Julia Rietz, Jamie Stevens, Celeste Blodgett

Bobbie Trist attended as an observer of the open meeting.

**Absent:** None

#### **Introductions**

Everyone introduced themselves. Jacqui Banks, Intern, accompanied Claudia Lennhoff. Michelle Kaeding, Recruit, accompanied Brian Tison. Jamie Stevens, Citizen Representative, joined the meeting and the CRPC.

#### **Approval of Minutes**

Jones moved to approve the minutes of the January 06, 2016 CRPC meeting. Carter seconded the motion. The minutes were approved by consensus.

#### **Mission Statement**

One requirement of the JMHCP grant is that the CRPC develop a mission statement. In light of this, the CRPC was provided a drafted statement, containing language from the grant narrative. Tison moved to approve the Mission Statement as provided, Carter seconded the motion. The Mission Statement was approved by consensus.

#### **Community Outcomes**

Different levels of questions must be answered in order to meet requirements of the grant and the deadlines set forth in the Planning and Implementation Guide (Guide). The goal in answering these questions is to facilitate systemic changes throughout the community. Ultimately, we must answer the question: How will Champaign County be different as a result of this process and implementation of identified changes?

The Committee broke into groups of three and four to discuss responses, which were reported back in the large group format, these included: individuals with behavioral health disorders (BH) will spend less time in jail; law enforcement (LE) will not be the first place individuals with BH needs are introduced to the BH services; options will be increased and expanded to afford law enforcement interfacing with individuals with BH, alternatives to jail or hospitals; “same day treatment” and access to psychiatric

medication will be available; the culture of the community will be changed to avoid “knee-jerk” reactions of family members and other citizens to call LE for assistance with individuals with BH; the culture of businesses will be changed, so that employers are more willing to hire individuals with BH, involved in the criminal justice (CJ) system; a consistent approach/cohesive strategy will exist for all agencies in the community who interface with individuals with BH.

Christensen asked if joblessness is a primary concern for this population. Stevens stated local businesses need to be educated on the issue. Lennhoff stated that employers need to be made aware of reasonable accommodations that can be made to effectively employ the population. Ferguson added that housing and employment supports are vital, as is same day treatment, access to lost medication, and establishment of benefits.

### **Diversity Issue - CRPC**

The diversity issue on the CRPC is related to community outcomes. In order to achieve outcomes, the process used must be valid and credible to the whole community. Jones stated that there were specific questions raised at the JMHCP presentation to the Mental Health Board regarding race. As such, we must be clear in communicating what has been done and what has not been done to address the issue.

The representatives on the CRPC were gathered by virtue of office, which is a stipulation of the grant, and intended to be a smaller working group of key leaders to guide the process. How should this be addressed without undoing the intent of the grant?

There will be broad communication with the public when conducting information gathering during this planning process. Barnard stated there are two issues to consider: the first, to get all voices heard in the community, the second that the CRPC functions as a steering committee. As such, what does it need to look like?

Lennhoff stated that many of the agencies represented by Committee members are comprised of racially diverse individuals. If it is vital that the CRPC appear more diverse, Lennhoff can send a staff member instead, but it will place a hardship on CCHCC’s service provision. Stevens agreed that cultural diversity is important, and that CRPC representatives represent groups of individuals and agencies that are, in fact, diverse. Carter voiced a concern about transparency with the community.

What does the Committee want to do about it? Does the CRPC want to add seats to the Bylaws? Lennhoff inquired if there is someone who wants to be involved who is not. Jones echoed the question. At this time, no members know of an individual, of a diverse race or background, who wishes to be included on the Committee and is not. McGuire stated that those who are present are committed to project goals. Lennhoff stated that CRPC members will make concerted efforts to promote diverse inclusion on task groups.

### **Planning Grid**

A Planning Grid was provided the CRPC with questions from the Guide, as well as questions that must be answered before the Guide’s questions can be. The Grid includes a

table listing the current task groups, in order to identify which task groups should be primarily and secondarily responsible for answering specific questions.

We are tasked with obtaining aggregate and tracking data, as well as identifying what various agencies need data/information in real time in order to link individuals to resources. The Data Sharing Task Group has already held one meeting to begin discussions about legal and other barriers, such as: who can share what with whom; how to structure information electronically in a database; and, how to get people what they need in real time and how those needs need to be structured electronically. Jones pointed out that this needs to be done to address the needs of others beyond those in the target group of the grant.

There is a need for shared definitions. The Jail only screens for suicide risk, not mental health (MH) BH issues. Programs currently exist in the jail and include Prairie Center, Community Elements, and Community Health Care Consumers, but this is different. Driscoll stated that this is not limited to existing clients; the programs in the jail must identify new people with needs. Ferguson stated the need for a universal screening tool for everyone booked. Jones stated there is a population of individuals, who are “booked and released,” who do not receive any assessment and will be missed unless another process for assessing this sub-population is developed.

When screenings are conducted, where does the information go? Tison stated that CIT deals with individuals with MH not strictly because of CJ involvement, but because of MH needs. CIT has a tracking form and, at this time, individuals are either taken to jail or an emergency room (ER). Ferguson stated there are multi-agency releases that can be used, and that a screening tool needs to be identified for MH, SA, and primary healthcare needs.

Barriers exist for sharing information with families, police, etc. Once a screening is complete, how do we improve LE responses? When is an assessment complete? When people are first booked into the jail is not a good time to conduct assessments because they are often resistant and/or intoxicated. Therefore, there is a timing issue that needs to be taken into consideration. Tison stated that timing and expediency mean something different to different agencies.

The committee separated into their respective task groups to discuss these issues, review the questions of the Guide, and to determine if they have information being sought or know who does. Task groups were revised as follows:

**TASK GROUP**  
**Screening and Assessment**

**CRPC MEMBER(S)**  
Monica Cherry, Brian Tison  
Jeff Christensen, Karee Voges

**Data Sharing**

Allen Jones, Roger Holland,  
Gail Raney, Karee Voges

<b>Primary Health Linkage</b>	Claudia Lennhoff, Sheila Ferguson Mark Driscoll
<b>Service Provisions</b>	Sheila Ferguson, Mark Driscoll Claudia Lennhoff, Gail Raney
<b>Sustainability</b>	Claudia Lennhoff, Mike Benner Mark Driscoll, Jim McGuire
<b>Peer Support</b>	Nancy Carter/Diane Zell, Jamie Stevens
<b>Others</b>	To be determined

The Primary Health Linkage and Service Provisions Task Groups will combine and meet on March 30, 2016.

The Sustainability and Compliance Task Groups will meet in the next two weeks to discuss definitions.

**New Business**

Jones updated the group that Champaign County has been awarded an opportunity, through a Stepping Up Initiative grant application, submitted in January, for select County, Sheriff, Behavioral Health leaders, and staff to attend a National Summit in Washington D.C. in April. The Summit will provide further opportunity to discuss JMHCPC-related issues, and interface with other counties currently working to resolve these.

Jones also announced that our Technical Assistance (TA) providers, at the Council of State Governments Justice Center, will be attending the next monthly meeting, scheduled for April 6<sup>th</sup>. This will be a prime opportunity to gather insight and information from individuals who have addressed and resolved many of the issues we are currently working to address, in other communities.

The meeting concluded at 2:20 p.m.