

MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

MEETING INFORMATION

Date: September 7, 2016 Location: 1801 Fox Drive
Time: 1:15 PM Meeting Type: CRPC
Facilitator: Claudia Lennhoff

Present: Lisa Benson, Saijun Zhang, Sheila Ferguson, Allen Jones, Bruce Barnard, Karee Voges, Jim McGuire, Mark Driscoll, Julia Rietz, Lori Hansen, Mike Benner, Jeff Christensen, Brian Tison, Gail Raney, Chris Garcia, Celeste Blodgett

Absent: Nancy Carter, Monica Cherry, Jamie Stevens, Rosita Byrd

Community Observers: Patti Petrie, Bert Stabler, Bobbi Trist

Call to Order

Lennhoff called the meeting to order.

Introductions

The meeting started with introductions. Saijun Zhang, Data Consultant for the JMHCP project and Independent Researcher and Evaluator from the University of Illinois, and Lisa Benson Director of Community Services at Champaign County Regional Planning Commission joined the meeting.

Approval of Minutes

A motion was made to approve the minutes of the August 3, 2016 meeting, and the motion was seconded; the meeting minutes were unanimously approved.

Public Participation

The meeting was opened to allow comments from observers. Patti Petrie spoke about a webinar that she recently viewed and found impressive, and stated she is hopeful to bring the featured speaker here to discuss the approach highlighted in the webinar, which is a departure from detox centers and the subject of recent discussions in Champaign County.

Facilitator's Overview

In an effort to provide clarity regarding recent activities and discussions taking place throughout the Community, Claudia Lennhoff provided an overview of the factors that are in play and should be taken into consideration when discussing behavioral health resource options for Champaign County. The funding landscape of the state of Illinois, as the state has been without a budget from more than one year, is not conducive to assisting agencies or communities in meeting the needs of individuals with behavioral health problems, involved in the criminal justice system or otherwise.

Lennhoff stated the four goals of the JMHCP process in its entirety, which this planning phase is leading to. These are:

1. Reduce the number of people with mental illness (MI) or co-occurring behavioral health disorders (COD) booked into the jail
2. Reduce the length of time people with MI or COD are held in the jail
3. Increase the linkage to community-based resources for people with MI/COD who come in contact with law enforcement (LE)/the jail
4. Reduce recidivism for people with MI/COD

This planning grant and the processes the CRPC is going through, puts us in a place of advantage as far as implementation funding is concerned. JMHCP is a program funding “suite,” meaning that if a site is funded for planning, stays on course, and collects the necessary information, it is in a gainful position to receive continued funding (for implementation, expansion, etc.). Therefore, JMHCP is anticipated to be at least a 6-year funding cycle for Champaign County, provided we continue to meet the requirements of this planning grant, and future JMHCP grants. Activities beyond planning include:

- Developing a screening and assessment process for MI, SUD at the jail
- Identifying evidence-base screening tools for assessment and data gathering
- Working to put data collection processes in place to track the prevalence of these issues among those held in the jail
- Developing an understanding of capacity needs for this community (so that we are not building something based on perception, but data collected to inform the actual need)
- Sketching what implementation will look like, so that we can next apply for implementation funding
- Completing the Planning and Implementation Guide, required as part of this planning process
- Conducting a system mapping for each of the five intercepts of the Sequential Intercept Model, as part of the planning process, so that we may accurately identify gaps, resources, and points of connection among existing resources in systems

Lennhoff continued with other items in need of clarification:

- This process did not hamper previous work, and did not cause the CCMHB to not issue a RFP.
- TIMES Center is not closed. While Level I services ceased, TIMES is now focused on Level II services. This change was due to funding constraints at both the state and federal levels. People are conflating men’s emergency shelter with TIMES Center. These are not, and never were, the same types of resources.
- Champaign County’s quarter-cent tax facilities plan is not part of the JMHCP project or the CRPC’s process.

- Champaign County (CC) has taken many innovative steps in recent years that are moving us toward our goals; for example, CC has a drug court; mental health professionals, substance use treatment professionals and health services are all in the jail; Bond Court is held seven days a week; there is cooperation between our State’s Attorney, jail staff, and behavioral health practitioners; evidence-based practices are utilized both inside and outside of the jail; and our community has CIT-trained officers.

Update 2nd Public Input Session & Surveys

Summaries for both the second public input session and the online survey were provided. There were no surprises in the feedback received. The majority of respondents noted the need for behavioral health services at the community level, and noted extremely positive perception of CIT-trained officers in the community. Jim McGuire asked how many CIT-trained officers there are locally. At this time, more training is scheduled through May of 2017. Mark Driscoll provided current numbers, based on those given at the CIT Steering Committee meeting held earlier in the day:

Law Enforcement Department	Officers Trained:		
	CIT	MHFA-LE	OD-Narcan
Sheriff	20	20	40+
Champaign P.D.	27	42	13 Sergeants
Urbana P.D.	25	56	10 Sergeants
Rantoul P.D.	6	3	30+ (Do not carry Narcan)

Allen Jones stated that it is the wrong approach to believe CIT training is a fix-all, and Jeff Christensen noted that there is no lack of CIT-trained officers on the street. Karee Voges stated that CIT training is a focus for jail staff, and that officers are receptive to the changing culture. Voges relayed a few instances in which officers recently spent time establishing connections with incarcerated people, which would have not been the case a few years ago.

HMIS Data & Capabilities

The JMHCP project faces cross-system information sharing data challenges which project staff and CRPC members are working to resolve. A list of data-related supports from the White House Data Driven Justice Initiative was passed along from Lynn Canfield at CCMHB. In addition, there is speculation that the Homeless Management Information System (HMIS), a central repository of information specific to homeless individuals who have participated in housing programming through local community providers, for which CC Regional Planning Commission (RPC) is the administrator, may be a viable tool to assist in resolving the information sharing issue.

Lisa Benson provided a handout illustrating HMIS data fields and elements, and briefly discussed potential capabilities and limitations of the system. HMIS is a closed system; providers can see only their own input information, and, while HMIS may capture individuals’ trends of participation in housing programs, it will not capture/indicate if

individuals were incarcerated or hospitalized. There can be multiple system administrators, depending upon how the system is set up. Clients will have to sign releases, in order to capture individual information from the system. Though, typically, individuals are reluctant to do so when law enforcement is involved. Further, the system must have the capability of closing access to an individual's information on demand, as clients can revoke their consent to share their information at any time.

In order to begin work on this issue, information may have to be shared one way, instead of across systems. Also, it must be noted that HMIS is focused on the homeless population, and different stipulations are in place to safeguard persons with mental health and co-occurring mental health and substance use disorders.

Bexar County Report

Lennhoff recently visited Bexar County, TX, and provided an account of observations made of the systems in place there, to more effectively meet the needs of justice-involved individuals with mental health (MH) and co-occurring MH and substance use (SU) disorders (COD). Some differences between Champaign and Bexar Counties are that Bexar County is the mental health provider, which makes linkages and data sharing easier. Therefore, the funding base is different.

Bexar County started in 2002 with CIT-training, and asserts that the Sequential Intercept Model has and continues to guide their process. The process has resulted in an enormous campus, to which people go for help at multiple intercepts. It is a collaboration of 40 agencies.

Funding was procured based on data, which demonstrated the actual need within the community. For example, it was well-documented that CIT was helping hospitals and the Sheriff's Department save money. Further, the data demonstrated the need that existed with regard to persons with MH/SU/COD

Old Business

None

New Business

Frequent Utilizers Project Partnership with LJAF and CUNY ISLG

Jones provided a brief overview of the opportunity that the CC Sheriff's Office (CCSO) applied for and received on behalf of Champaign County. This opportunity will allow Champaign County to take part in a study of 10 communities across the United States to examine frequent utilizers' use of multiple systems throughout the community, such as jails, hospitals, and shelters.

Exercise 4

Flags, indicating a mental health disorder, substance use disorder, or co-occurring disorders remain a work in progress at the jail.

Exercise 5

Data that we currently have will be used to answer the key questions posed to our community, through the P&I Guide. At this time, no process is yet able to be implemented to flag/record/track individuals with MI, SU or COD's involvement in the criminal justice system. This process is something we are working to put in place by the time we are to the implementation stage.

Two remaining focus groups are scheduled with the Ministerial Alliance and incarcerated persons at the County Jail.

The meeting concluded at 2:13 p.m.