

MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

MEETING INFORMATION

Date: October 5, 2016 Location: 1801 Fox Drive
Time: 1:15 PM Meeting Type: CRPC
Facilitator: Bruce Barnard

Present: Saijun Zhang, Sheila Ferguson, Allen Jones, Karee Voges, Nancy Carter, Jim McGuire, Mark Driscoll, Julia Rietz, Mike Benner, Monica Cherry, Jamie Stevens, Jeff Christensen, Brian Tison, Gail Raney, Chris Garcia, Celeste Blodgett

Absent: Lori Hansen

Community Observers: Bobbi Trist, Deloris Henry

Call to Order

Barnard called the meeting to order.

Approval of Minutes

A motion was made to approve the minutes of the September 7, 2016 meeting, and the motion was seconded; the meeting minutes were unanimously approved.

Public Participation

The meeting was opened to allow comments from observers. There were none.

Jail Focus Group

A group of 10 people incarcerated in the County Jail, from pods A & B, volunteered to participate in a focus group to discuss their perception of service needs for persons with mental health and substance use disorders held in the Champaign County Jail. Common feedback included a perceived need for increased access to psychiatry, desire for increased programming in the Jail, perception that specialized housing, both in the jail and the community, would be beneficial, and a lack of awareness/knowledge of services and programs existing in the jail (and the community)

In addition, there was a lengthy discussion regarding Moral Reconciliation Therapy (MRT) groups in the jail, and the value placed on the sessions.

MRT is an evidence-based, 12-week, manualized cognitive behavioral therapy program, designed to develop awareness of how individuals' behavior affects others, and the individual's role in the choices he or she makes. MRT is also offered in the community, the goal being to bridge individuals' participation in MRT in the jail with participation in MRT in the community, after release. All participants currently in MRT in the jail stated they intend to continue MRT in the community after release.

Jones noted that a layperson, unfamiliar with the nuances of the jail and CJ system, would find some of the details in the jail focus group summary objectionable, and that there is an explanation for the medication changes noted and other practices. Anyone with questions should contact the CCSO.

Celeste will develop a final report that incorporates all the focus group sessions and interviews conducted.

SIM Intercept 2 Mapping

Our TA Providers are pushing us to complete SIM Mapping for all five intercepts by early 2017, so that we may have a set of recommendations prepared for inclusion in our JMHC implementation grant application that will be due in spring of 2017. As such, we will be scheduling the four remaining mapping exercises throughout the next two months. Intercept 4 – Reentry is scheduled for November 2nd. Intercept 2 – Initial Detention and Court Hearings will likely be comprised of a small group, and should include CRPC members Brian Tison, Julia Rietz, Karee Voges, Allen Jones, and Lori Hansen, as well as a Public Defender. Intercept 3 – Jail/Courts should include service providers in the jail, people held in the jail, and CRPC member, Jamie Stevens. Intercept 5 – Community Corrections should include Probation, Parole, US Probation Officers, and someone from the Bureau of Prisons Halfway House at Prairie Center (PC).

Two hours will be allotted for each mapping exercise.

Exercise 5 – Data

Our TA Providers recommend that we do what we can with the data we have available, to answer Exercise 5 questions in the P&I Guide. A draft summary of data points was provided to the group, with information that is available included at each data point. In addition, aggregate data, calculated in 2015, of frequent jail recidivists with five or more bookings in 2014 and four or more bookings in 2015 and cross-referenced with Rosecrance Champaign/Urbana (RCU) (then Community Elements) client data, was provided.

Driscoll noted that RCU has a greater presence in the jail than PC. Therefore, any data that is reported should be qualified, in order to indicate that distinction. Further, we will prepare a set of answers based on available information, and include the lack of certainty of conclusions from this data in the report narrative.

Cherry questioned the inclusion of Traumatic Brain Disorder (TBI) in the list of mental health (MH)/psychiatric disorders, in the summary of cross-referenced aggregate data. Ferguson stated it should not be included in the list as it is a medical condition, not a MH disorder.

Q1: How many people with MI and COD are in your CJ system? At what intercept points? We have information from Probation, Frequent Recidivist Information from the Jail.

Q2: Do people with MI and COD stay longer in jail than those without these disorders? We can cross reference frequent recidivist information with service providers to come up with the best answer possible, and discuss the limitations of the data in a narrative response.

Q3: Are people with MI and CODs returning to the jail more often than those without these disorders? We can cross reference frequent recidivist information with service providers to come up with the best answer possible, and discuss the limitations of the data in a narrative response.

A discussion ensued regarding sample size and the number of repeat arrests/bookings in one year (three or more arrests/bookings in one year, increases sample size, versus five or more arrests/bookings in one year) for comparison purposes.

RCU and PC will match the frequent recidivist list to their client databases, in order to produce aggregate data. It was noted that this process can be time consuming which may impact our ability to increase the sample size.

Q4: How many people identified with MI and COD in jail are connected to treatment and services they need in the community? We will use the number of people participating in CJ services, such as Drug Court, and RCU and PC CJ programs.

Q5: What percentage of people are at medium- to high-risk of committing a new crime in the criminal justice system? We can only answer this if they have been screened, with the LSI-R, by Probation.

Q6: Are most people who receive pretrial and post-conviction supervision fulfilling supervision requirements? Probation information will answer this.

Q7: How many systems share information and resources with each other? Law Enforcement and Courts share information, but BH and primary medical care providers cannot.

Old Business

None

New Business

None

The meeting concluded at 2:18 p.m.