MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

MEETING INFORMATON

Date:	February 1, 2017	Location:	1801 Fox Drive
Time:	1:15 PM	Meeting Type:	CRPC
Facilitator:	Claudia Lennhoff		

Present: Nancy Carter, Brian Tison, Saijun Zhang, Karee Voges, Mike Benner, Lori Hansen, Allen Jones, Jim McGuire, Mark Driscoll, Gail Raney, Bruce Barnard, Celeste Blodgett

Absent: Monica Cherry, Jeff Christensen, Sheila Ferguson, Julia Rietz, Jamie Stevens, Chris Garcia

Community Observers: Lindel Goodley, Lisa Benson

Call to Order
Lennhoff called the meeting to order.

Introductions
Everyone introduced themselves and stated their affiliation.

Approval of Minutes
A motion was made to approve the minutes of the January 11, 2017 meeting, and the motion was seconded; the meeting minutes were unanimously approved.

Public Participation
Lindel Goodley shared his family's personal story with the group, in which a CIT Officer assisted them during a difficult situation. Goodley expressed gratitude for the officer's skill to effectively de-escalate the situation, and offered his support for the CRPC's work.

Update P&I Guide
Exercise 6B has been completed in the P&I Guide. CRPC members were sent the updated version along with the other meeting information the week previous to this meeting. Our TA Providers are pleased with our progress and strongly encourage us to complete the Guide to strengthen our application for JMHCP implementation funding. We are still in the process of gathering data and raw numbers to complete the CC SIM Map and accompanying report.

Jones reported there were 5,589 bookings in 2016. The average length of stay (ALS) for the whole population was 13.88 days. 1,632 people stayed longer than 72 hours. For those who were booked and stayed longer than 72 hours, the ALS was 35.81 days. The ALS for the sentenced population was 15-18 days.

Currently, a small percentage of people (4 or 5 individuals) are waiting for placement in a state institution, after assessment from DHS. The overall number of bookings has decreased, but the patterns are identical to when the Institute for Law and Policy Planning conducted a needs analysis in 2012. We still do not know with certainty how many of the people booked into the jail have a mental health or co-occurring disorder (MH/COD).

Driscoll asked if RCU can pull data to determine the number people in the jail who have COD. RCU can only access data on people staff has seen in the jail, who received our services. Barnard stated that we could do a point-in-time count, which would rely on self-reporting because obtaining hard numbers would require screenings to be in place. Zhang stated that because the CCSO data is public and flows to RCU, he may be able to develop a data merging process to assist with this. At this time, there is also no efficient method to determine how many people are eligible for services, yet choose not to engage.

Prioritize Strategies for Federal Funding

The RFP for JMHCP implementation funding was recently released and the CRPC was provided with a summary. While the CC SIM map is not complete, as hard data is still being sought, we have obtained enough information to recommend specific strategies at multiple intercepts. The Reentry Council convened just prior to this meeting, and discussed priorities for the upcoming year - operating under the assumption that Reentry Program funding will be renewed. In light of this, one suggestion is to apply for support for reentry case management for the MH/COD population.

Lennhoff stated that there are multiple priorities, and the group must focus on those that are the most impactful, keeping feasibility in mind. For example, there has been much enthusiasm surrounding the prospect of an Assessment Center. However, we do not have data that can speak to the capacity needs for such an undertaking. Therefore, we are investigating what other communities have done to address these same issues, while under similar constraints. In many communities a co-responder model has been a solution.

The group watched a video illustrating the co-responder model implemented in Seattle, WA. It should be noted that there are different co-responder models, and multiple ways to implement something similar. For instance, Barnard stated it may be that the mental health professional (MHP) does not ride along with the Police Officer, but is housed elsewhere, such as at a hospital.

Jones stated that we may need to focus on a co-responder/crisis-response model, and track it by agency. When looking at other communities, such as Peoria, IL or Johnson County, KS, the number of CIT Officers in Champaign County is very high. McGuire asked if a co-responder would be required 24/7, including weekends. Tison and Jones discussed that data indicates that the highest need for CIT calls occurs during the daytime, M-F. Further, CIT has significantly reduced the number of hours police spend at the hospital.

The CRPC was asked to engage in an exercise to prioritize the needs that have been identified, keeping in mind that the implementation grant may not satisfy all priorities. Some priorities were listed on a handout, and the group was encouraged to include additional suggestions they felt were important. Then, the group members were asked to each allocate a total of 100 points in any way they wanted to, to indicate the rank of their priorities.

Jones stated the CRPC cannot influence MH Court, and that the most vital investment at this time, in his opinion, was a contact person in the jail to complete screenings and assessments. Driscoll stated the CRPC was working without the full intercept map and information. Barnard acknowledged the timing of the RFP is difficult, but believes enough information has been collected to properly inform appropriate recommendations.

Driscoll stated that he was comfortable working from the list and adding to it, but not everyone was privy to the information gleaned from the Intercepts 2 and 5 mappings. In addition, Driscoll stated that having attended the Intercept 2 SIM mapping, he was in favor of a suggestion made to embed a social worker in the Public Defender's Office (PDO). In addition, Driscoll stated that of those listed, he favors a co-responder model.

Jones stated he presented to the CCMHB, re: the need for match funds for the implementation grant, and intends to meet with hospitals and mayors as well. Driscoll stated the CCMHB is in a position to agree to provide match funds for the grant, contingent upon the award. A briefing memo could be provided at the Feb. 22 meeting, and a decision memo could be provided at the March 22 meeting.

With five minutes remaining, Lennhoff suggested the members cast their votes, and restated the list that had been arrived at through discussion: implementation of the LSI-R at Intercept 2 - which is essentially required, a co-responder model, embedding a social worker in the PDO, diversion assessments, and case management resources for the MH/COD population.

Jones noted that an option available was to extend this JMHCP planning grant and put off application for the implementation grant until 2018. Doing so could be risky if funding priorities change. Tison suggested another CRPC meeting in two weeks or extending the meeting. Lennhoff asked the group if everyone could stay longer today. Hansen left the meeting.

Driscoll asked if there is any sense of the cost associated with implementation of the options. Barnard estimated cost based on FTEs, approximating 3.5 FTEs in all. All of the police chiefs support a co-responder model. Though, MOUs will have to be put in place. The CCSO supports suggestions at Intercepts 1, 2, and 4. McGuire suggested building the process around what has been established for the Reentry Program.

Carter stated that a peer-support component is missing. Blodgett stated that, while the importance of peer supports is recognized, there is little evidence in research to support adding peer-support to the application at this time. In addition, our TA Providers stated

this same view during a phone call last week. According to an article referenced by Barnard throughout the meeting, on the Seattle, WA co-responder model, the program evaluation stated that, as a result of the program, the community became more actively supportive of the population and the initiative in a variety of ways.

Lennhoff asked if the group was in consensus with the following recommendations: implementing LSI-R screenings at Intercept 2, implementing a co-responder model, providing behavioral health support to the PDO, enhancing reentry case management for the MH/COD population. The group agreed by consensus.

The completed CC SIM map, and an outline of a program plan for JMHCP implementation narrative model will be completed and provided at the next meeting. Driscoll asked if providers, other than RCU will be included in the proposal. Barnard stated that doing so will strengthen the application, as diversity is vital to the application.

Old Business

Lennhoff asked for an update on the e-screening at the jail. Voges stated that screenings on hardcopy are currently being completed. The jail has tried to start rolling out the two e-screenings (BJMHS and TCUDS) that Zhang developed in an Access file, based on the APA's e-screening tool, but there are some issues to work out. Zhang stated the system needs improvement, and he can work on it in the next week. A report function is embedded in the database.

New Business

Tison stated that CIT ARMS data collection and reporting system will have a soft roll-out on Feb. 14th, and the system is expected to be fully operational by April 1st. The system will track specific elements of individuals, including involvement in the military, affiliation with the U of I, and the status of homelessness. Barnard requested that the data elements of the ARMS system be sent to Barnard and Zhang.

Carter made an announcement about upcoming NAMI events and provided a handout with detailed information to the group.

The next CRPC meeting is scheduled for March 1, 2017.

The meeting concluded at 2:40pm.