

MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

Finalize JMHCP Final Report

The group was provided with the final draft of the *JMHCP Planning Phase – Final Report* in advance of the meeting, as well as a copy at the meeting, and asked to formally approve the report for release, as the CRPC is the body that was formed to carry out terms of the grant, of which the primary focus was the justice system. Barnard reviewed each recommendation in the report and the wording of these in the *Recommendations* section of the power point presentation, to ensure that CRPC members were in agreement with the inclusion of each recommendation, the specific wording, and the fundamental purpose for each.

It is important to identify protocols for data sharing, and note that confidentiality laws, to which behavioral health providers must adhere, are complicated. Also, good things are happening that reflect our work, but these are based on relationships between the people in the positions at this time. Much of it is not formal and will fall away, in time, when personnel changes come about, unless it becomes a formalized process.

Lennhoff noted that this type of work typically begins informally and, over time, you begin to see possibilities of what can become. Driscoll stated that some of this formalization, such as the MOUs between the Sheriff's Office and behavioral health providers, has been in existence for some time. However, collaboration between the Jail Administrator and the State's Attorney is still relatively informal. Driscoll also cited the criminal justice/mental health manual, written in 2013, noting it could be updated.

Jones discussed the perceived need for a co-responder model and stated that other, similar approaches may be as worthwhile at this time. For example, the current CIT approach that is in place is working well. Tison shared statistics provided by the CIT Steering Committee. Typically, police respond to approximately 400 calls per day. Since April 1, 2017 there have been 660 CIT contacts. Of these, approximately 35% were resolved at the scene, 30% resulted in a petition, and 6% resulted in arrests. It is evident that the process for involuntary commitments needs to be improved.

In light of this data and recent information, Jones suggested that, in the public presentation, the CRPC's recommendations acknowledge the existence of other similar approaches, in order to indicate that a co-responder model is not the only answer to desired changes in the local criminal justice system. Jones also suggested that future resources be focused on a different intercept, as doing so may better allocate resources.

There is ongoing concern, through no fault of the Sheriff's Office, that current jail facilities do not lend themselves to supportive programming. Jail facilities are woefully inadequate, particularly when taking into account the various resources that are being recommended, such as providing robust programming inside the county jail. McGuire would like to see this fact, in particular, highlighted. People need to understand that, in order to provide effective services for jail inmates, appropriate facilities for the provision of services is required.

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Barnard clarified Vura-Weis' earlier suggestions regarding changes to the final report, and stated once more that, while Intercept 0 is a worthy focus, the CRPC was required to follow DOJ's intent with the grant to use the Sequential Intercept Model, which started with Intercept 1 (contact with law enforcement).

Jones pointed out that other initiatives, currently being explored, focus on other intercepts. For instance, the Sheriff's Office is working with the Mental Health Board and NACBDD to concentrate on Intercept 0, particularly data sharing.

Carter stated she would like to see BH Advocates separated from BH Providers, in the list on the presentation, detailing representation on the Behavioral Health and Justice Coordinating Council.

A motion was made to approve the report for release, with suggested changes, and the motion was seconded; the report was unanimously approved.

Planning Extension

A no-cost extension was filed with the Dept. of Justice (DOJ), for additional time to finalize grant work, through November 2017. The group was provided with a copy of the request submitted to the DOJ. A response is anticipated sometime in the next two weeks.

Public Presentations

A presentation to the CCMHB is scheduled for Wednesday, September 20th. Jones stated that he and Ferguson will confer and schedule a presentation to the County Board. A public presentation will also be scheduled.

Should other presentations be provided? Lennhoff stated that if capacity exists, we may want to present to the cities. McGuire asked about presenting to local hospitals. Jones stated the hospitals are well informed of this work, and stated their participation is ultimately a business decision, as this work does not generate revenue. As such, private organizations, such as hospitals and Rosecrance, must weigh their participation.

Lennhoff noted that many people in Champaign County view Bexar County, TX as a model for this work. However, there are considerable differences, which must be noted, between the two communities, such as population size, amount of tax revenue, and the way in which mental health care is funded and provided. Driscoll noted the same can be said for crisis services in Peoria, IL. Lennhoff remarked that all health care is local and organized differently in each community, making it quite difficult to simply duplicate one community's model, elsewhere.

Screening Referral Discussion

Voges stated that she asked for this topic to be placed on the agenda, in order to discuss with the group where the jail is with the validated screenings at booking. There have been a number of issues, which are not, yet, resolved.

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The jail has found that the Access Report, which is a product of a Microsoft Access database, cannot be used at numerous stations in the jail. The database can only be operated by one user at a time. For example, when two correctional officers administer the validated screenings at once, only one screening is transmitted.

In the beginning, the system was flagging many people. However, it is no longer auto-flagging individuals with positive screens as it should be. Some people are refusing to be screened. When this occurs, emails are sent to communicate the need to screen these individuals later on - as previously planned during development discussions for this screening process.

Some people are released before the case manager's next shift. Further, that case manager is one person and has many referrals and a great deal of follow-up work to complete, in addition to providing a secondary screening for those who indicated a BH need at booking. Given these multiple issues, the referral process is not working, and is therefore not providing the data and information needed.

Jones asked what the status is of the APA e-screening process, on which our screening process was based. Blodgett will follow-up on this. Until these issues are resolved, the validated screenings will be administered on paper. Voges asked how the secondary screening will be completed in the meantime, as the case manager in the jail is at capacity. JMHCP staff will schedule a time to meet with correctional staff supervising this process, to address these issues.

Driscoll stated that CCMHB funded another case management position, which may or may not be utilized to address this issue, as the position is focused part-time in the jail and part-time in the community. Also, accuracy of the screening is based on the person/people administering the screening. Barnard stated a fidelity plan is part of the recommended training for various stakeholders agencies' involved in this work.

Old Business

None

New Business

Driscoll stated that he and Tison attended a symposium in Orland Park on crisis response, where CIT is a newer process than it is here. Anyone referred is flagged for follow-up, and is scheduled for an appointment within 24 hours. In addition, Driscoll discussed a recent webinar on virtual-mobile crisis response in Springfield, MO, where CIT officers carry an iPad to provide people suspected of suffering from behavioral health disorders with the ability to interface with behavioral health professionals. Funding provides iPads and the Zoom application. The approach is said to be producing positive results.

Jones noted that a preliminary report has been released from CUNY's ISLG project with the Sheriff's Office and CCRPC.

The next meeting is scheduled for October 4, 2017. The meeting concluded at 2:21 pm.