

## MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

### MEETING INFORMATION

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Date: May 4, 2016 Location: 1801 Fox Drive  
Time: 1:15 PM Meeting Type: CRPC  
Facilitator: Claudia Lennhoff

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

Pat Connolly, Richard Snider, Pattsy Petrie, and Bobbie Trist attended as observers of the open meeting.

**Absent:** Brian Tison

#### **Call to Order**

Claudia Lennhoff called the meeting to order and is taking over as the Group Facilitator for the CRPC. This is the first meeting for which Lennhoff will be active in this role. Lennhoff announced that due to the CRPC being an open meeting, public participation will be added to all future agendas, and included under the topic of New Business at today's meeting.

#### **Approval of Minutes**

Meeting minutes were approved by consensus.

#### **Report on Stepping Up National Summit**

Sheila Ferguson, Allen Jones, Bruce Barnard, Celeste Blodgett, and Tami Ogden, attended the Stepping Up National Summit in Washington, D.C. The event focused on diversion efforts for individuals with mental illness incarcerated in local jails, and provided a great opportunity to communicate with other counties throughout the country that are addressing this issue. The information presented was a continuation of the information presented at the Justice and Mental Health Collaboration (JMHCP) and Second Chance Act (SCA) grantee Conference in December 2015.

The primary focus of the Summit was how communities can achieve four primary goals: Reducing the number of people with mental illness in the jail; Shortening the length of this population's stay in jail; Increasing the population's access to primary medical care; and, Lowering the recidivism rate for this population. As such, the focus shifted to six questions that must be addressed by each community in order meet these four goals. The questions are: Is our leadership committed?; Do we conduct timely screening and assessment?; Do we have baseline data?; Have we conducted a comprehensive process analysis and inventory of services?; Have we prioritized policy, practice, and funding improvements?; and, Do we track progress?

Participation in the Summit provided reassurance that Champaign County is on the right path, and while our community has made some headway on this issue, there is more work to be done. Specifically, we need data on the prevalence of people with mental illness in our jail. In order to begin gathering necessary data, the CRPC needs to agree on a definition of mental illness, as well as screening tools for detection of a mental illness and/or a substance use disorder that can be administered by correctional staff in the jail.

### **Definition of Mental Illness**

A group, comprised of combined task groups, met to discuss the multiple definitions of mental illness in use, many of which were developed based on Medicaid and other funding sources. The Committee was presented with a definition of mental illness, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), which was provided to Stepping Up National Summit attendees.

One challenge is that the definition implies a person would require an assessment, conducted in a clinical interview, in order to determine if the individual meets the definition. The jail needs to identify individuals in need of mental health or addiction services upon entrance. Therefore, a multi-step process beginning with a brief screening by correctional staff is proposed.

Proposed screening instruments are the Brief Jail Mental Health Screen (BJMHS) for mental health needs and the CAGE-AID for substance use needs. A positive screening from either of these instruments would indicate a concern, but not serve as a diagnosis. Therefore, a positive screening would flag the individual in the jail's electronic records system, and ensure the individual's referral for additional assessment. This is the only way we may be able to legitimately understand what is happening in the jail, with regard to this population, and begin collecting data.

The two separate screenings will raise two separate flags, which creates a challenge given the complicated system the County currently has, that the Data Task Group will need to address. Once a definition of mental illness has been decided on, a key goal for the JMHCP project at this time, the Data Task Group and Data Consultant will work to resolve the challenges involved with flagging identified individuals and tracking their involvement in the criminal justice system.

Carter expressed concern regarding the language level of the definition. Several members responded that the definition provided is appropriate for the purposes of this committee. Further, it is understood that any community-level education of the selected definition will require more user-friendly language.

A motion was made to approve the proposed definition of mental illness, and the motion was seconded; 13 voted in favor of accepting the proposed definition, 1 voted in opposition.

### **Discussion of Screening Tools and Flags**

The BJMHS contains eight items. Raising a flag would require an individual to affirmatively respond to two questions of those numbered one through six, or question number seven, or question number eight.

The CAGE-AID contains four items. Raising a flag would require an individual to affirmatively respond to one of the four questions.

Carter stated there are more than one hundred screening tools available, and inquired as to how the proposed tools were selected. Each tool is validated. The BJMHS was recommended by our TA Providers from the Council of State Governments Justice Center. Barnard, who has more than 30 years of experience in the field of substance abuse treatment, selected the CAGE-AID because it is validated, brief, effective in identifying those in need of additional assessment (particularly in high-anxiety situations, such as at the time of booking), and a tool which correctional staff are able to administer.

Stevens commented that people may not answer questions honestly. Lennhoff asked how it will be handled when people decline to answer questions. This is an issue the Data Task Group will address. Carter inquired if the proposed screening tools will be used permanently or if there will be an opportunity to use different screening tools in the future. Due to the need to collect consistent data, the screening tools will not change.

A motion was made to approve the proposed screening instruments, and the motion was seconded; both screening instruments were unanimously approved.

Driscoll inquired about a screening tool for recidivism. Jones responded that risk of recidivism is assessed at a different juncture in the justice involvement process than that in which screening for mental illness and substance use is conducted. A risk needs assessment for recidivism is not on the agenda for this meeting.

### **Outreach to Other Groups**

In order to better understand community stakeholder concerns, JMHCP staff are developing a short list of 4-6 standard, open-ended questions that will be asked of all focus groups, to promote a systematic, broad conversation throughout the community, in an effort to collect and record categorically consistent information and feedback. In addition, staff will be developing a survey that will be made available through Survey Monkey and distributed via email for individual response. Providers, family members of consumers, and consumers will all be part of the discussion.

The Committee was asked to brainstorm once more, to suggest groups that are reflective of broad and diverse constituencies, in addition to groups which have already been identified. Further, the questions will be test-piloted with the Reentry Council at the next meeting.

Christensen suggested Parkland and U of I Behavioral Intervention Teams. Richard Snider asked if there is a list of practitioners that may be contacted, and suggested talking with Community Healthcare Workers (CHWs). Lennhoff pointed out this is CCHCC's role in the community, and thanked Snider for highlighting the value of including CHWs. Jones pointed out there are still notes and contacts available from 2015, when the Sheriff's Office was working on this issue and held public hearings. Bobbi Trist suggested contacting the following groups: Black Lives Matter, C-U Citizens for Peace and Justice, Ripple Effect, Education Justice Project, Books to Prisoners, and Reading Reduces Recidivism. Stevens suggested fraternities and sororities. Christensen offered to contact the Student Services Center to facilitate the connections.

Groups will be contacted through as many avenues as possible.

### **Old Business**

None

### **New Business**

#### *Definition of Recidivism*

It is recommended that the CRPC adopt the definition of recidivism that was developed by the Reentry Council, for the Reentry Program. Recidivism is defined as a new judgment within three years of release from incarceration. A motion was made to approve the definition of *recidivism* used by the Reentry Council, and the motion was seconded; the definition was unanimously approved.

#### *Complete Exercise 3 in P & I Guide*

Core team members are working to complete Exercise 3 in the Guide provided by our TA Providers by the next meeting.

#### *Public Participation*

The meeting was opened to observers for comment. Pat Connolly commented that he stayed for the CRPC meeting after the conclusion of the Reentry Council, and offered positive remarks regarding the work the CRPC is doing and the direction the JMHCP project is headed.

Emails will be sent out to members of CRPC before the next meeting. The next meeting will be held Wednesday, June 1, 2016, at 1:15pm, at Community Elements' Fox Drive location.

The meeting concluded at 2:15 p.m.