

MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

MEETING INFORMATION

Date: November 2, 2016
Time: 1:15 PM
Facilitator: Claudia Lennhoff

Location: 1801 Fox Drive
Meeting Type: CRPC

Present: Lisa Benson, Sajun Zhang, Lori Hansen, Allen Jones, Nancy Carter, Jim McGuire, Mark Driscoll, Jeff Christensen, Brian Tison, Gail Raney, Chris Garcia, Bruce Barnard, Celeste Blodgett

Absent: Keree Voges, Julia Rietz, Mike Benner, Monica Cherry, Jamie Stevens, Sheila Ferguson

Community Observers: Dottie Weiss

Call to Order

Lennhoff called the meeting to order.

Approval of Minutes

A motion was made to approve the minutes of the October 5, 2016 meeting, and the motion was seconded; the meeting minutes were unanimously approved.

Public Participation

The meeting was opened to allow comments from observers. Dottie Weiss asked where meeting minutes are posted. These should be on the County's website, along with meeting agendas. Jones will check on this.

Focus Groups & Survey Report

The CRPC was provided a report, summarizing all the feedback received from focus groups, public input sessions, and completed surveys. Feedback was gathered from approximately 200 individuals, and while the information received was not surprising, it underscored the need for access to psychiatry, both in the community and the jail, the enduring stigma attached to MH disorders, which often discourages people in need of help from obtaining it, and the need for heightened knowledge and awareness of local resources by service providers, as well as the community at large.

In addition, the information gathered emphasizes a need to focus on Intercept 0 or preventative services, to the extent that service providers can ensure people have resources and can prevent problems from occurring. A prospective triage or assessment center is commonly perceived as a resource that will house a living room model and comprise a multitude of services, including detox and psychiatry.

The need for specialized housing, for those with MH and SUD, both in the community and in the jail, was repeatedly voiced. Also communicated, was the desire for increased programming in the jail. Currently, due to a lack of adequate space, logistical limitations exist to programming enhancement.

The satellite jail has one classroom, and there is no meeting space for detainees to meet with service providers. As such, not more than one program/activity can be planned at a time, and typically detainees meet with service providers in hallways or other settings that leave much to be desired in terms of privacy/confidentiality. In addition, not all current programming options are available at the downtown facility. Therefore, limited programming options are available to anyone housed there.

SIM 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 the JMHCP implementation grant application that will be due spring of 2017. Our goal is to discuss system gaps and priorities at either the December 2016 or January 2017 CRPC meeting.

- Intercept 1 – Local Law Enforcement/911 mapping was completed in July with assistance from Policy Research Assoc.
- Intercept 2 – Initial Detention and Court Hearings mapping still needs to be scheduled and key CRPC members may need to assist in setting this up. Jones stated the PD plans to participate.
- Intercept 3 – Jail/Courts mapping was recently completed. In response to the invitation, Judge Ford sent a response with input, but did not attend. Jones provided information from the Offices of both the State’s Attorney’s Office and the Public Defender.
- Intercept 4 – Reentry mapping was completed during the Reentry Council meeting, preceding today’s CRPC meeting.
- Intercept 5 – Community Corrections mapping needs to be scheduled.

Lennhoff stated the need to use evidence-based practices to close identified gaps. Jones discussed streamlining priorities between JMHCP work and that of the County Chair and the Behavioral Health Coordinating Council. Further, Jones discussed expanding participation in this work beyond the Sheriff’s Office, and the shifting public priority to end the upsurge in violence in Champaign County. Driscoll stated his interest in attending the remaining mapping exercises.

Old Business

None

New Business

Barnard discussed the possibility of changing the SUD screening that the CRPC voted to approve use of at the May 2016 CRPC meeting, from the CAGE to the basic questions on the Texas Christian University Drug Screen (TCUDS), due to an opportunity to

participate in a pilot project developed by the Council of State Governments (CSG) and the American Psychiatric Association (APA). When we attended the Stepping Up Conference in DC, in April, there was discussion of a future opportunity to participate in the pilot, which would involve administering validated MH and SUD screenings in an electronic platform at the jail. Since then, the APA has been working to develop the tool.

Initially, the tool solely included the Brief Jail Mental Health Screen (BJMHS). Recently, however, the TCUDS was added. Therefore, if Champaign County were to take part in this pilot, the CRPC would need to approve use of the TCUDS in place of the CAGE.

It should be noted that the TCUDS has been validated for use with the criminal justice population. And, while the CAGE is a validated tool, it has not been validated for use with this specialized population. The list of TCUDS questions was provided to the CRPC.

Driscoll raised concerns that this e-screening option had not previously been presented. Also, Driscoll asked if use of TCUDS would duplicate Prairie Center's current efforts in the jail, as the TCUDS screening questions are quite similar to questions included in the GAINS-SS, the screening used by Prairie Center.

TCUDS was only recently added to the e-screening tool. Without testing the tool, we do not have much, if any, feedback with which to respond. This recent development made by the ACA, in adding the basic TCUDS questions without requiring response to the entire TCUDS screening, to the e-screening tool, makes participation in the pilot ideal for our needs.

Approving this change would allow the Jail to begin using the e-screening tool, as soon as the APA releases it for use in early 2017, which would allow us to begin collecting much needed data regarding the prevalence of MH and SUD in our local jail population. While validated screens were previously approved, and a process was developed for screening individuals upon intake/booking at the jail, the jail still has no mechanism for collecting or tracking this data.

Carter voiced approval for the change. A motion was made to use TCUDS in place of the CAGE and begin use of the e-format upon its availability, and the motion was seconded; the change was unanimously approved.

The meeting concluded at 2:06 p.m.