MEETING MINUTES – CRISIS RESPONSE PLANNING COMMITTEE

MEETING INFORMATON

Date:	January 11, 2017	Location:	1801 Fox Drive
Time:	1:15 PM	Meeting Type:	CRPC
Facilitator:	Claudia Lennhoff		

Present: Diane Zell, Monica Cherry, Jeff Christensen, Lori Hansen, Allen Jones, Sheila Ferguson, Jim McGuire, Mark Driscoll, Gail Raney, Bruce Barnard, Celeste Blodgett

Absent: Saijun Zhang, Karee Voges, Julia Rietz, Nancy Carter, Mike Benner, Jamie Stevens, Brian Tison, Chris Garcia

Community Observers: Dottie Vura-Weis, Pius Weibel

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 December 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. Vura-Weiss stated the desire for a community access center that will function as an alternative to jail or hospital emergency departments, for Law Enforcement (LE) is a priority from the community perspective. She continued by stating the hope that, should such a community center come to fruition, people will be able to access the center and avail themselves of the services within it, without first having to come into contact with LE. She stated that her comments reflect the hopes of many other members of the community.

Gaps, Priorities, and Recommendations
The CRPC was provided with a draft of the SIM Intercepts narrative, which contains much of the same information that was on the chart/grid disseminated at the November meeting. Barnard stated that information for the SIM Map is still being gathered.

Earlier in the day, a meeting was held with the Director of Probation to complete gathering information for Intercept 5. In addition, a meeting is scheduled in the coming week with all pertinent parties, to complete gathering information for Intercept 2.

The purpose in providing the CRPC with information today is to begin the prioritization process. As such, today should be thought of as a working meeting, whereas the February meeting will be a formalizing meeting. Additional feedback should be emailed to Blodgett.

The CRPC worked through each intercept chronologically, discussing the gaps that have been identified, and verifying that all desired information is included in the draft narrative.

Intercept 1
That there are multiple criminal justice (CJ) planning bodies has been identified as a gap. As a result, there is a lack of administrative structure to these multiple - and often overlapping - efforts, which have been critically noted by reviewers of previous CJ focused grant applications submitted by our County. Going forward, will these bodies join together and expand to include missing representatives? For example, does the CRPC become something else or disband once the planning period concludes? Should the group be reconstituted, and include representation from both cities? If so, will it function as an executive board with sub groups? How will information flow from one to another? In regard to LE, stronger involvement from the Champaign Police Department is needed. Also, Carle and Presence hospitals must be part of this initiative.

Barnard stated that this may be discussed from a sustainability standpoint, for sustainability of information, and informal processes. Jones noted that we have taken four goals, and sought information and planned around them. Now the work must be taken to the next level, and include what resources we have in addition to expanding to develop additional resources.

Zell noted that NAMI used to provide Mental Health First Aid training to LE, and can again, and asked about the status of Detox services in the community. Ferguson responded that Detox services are not in place locally, are expensive, and that EBP do not warrant Detox in many instances. Further, RCU currently has an agreement with Heritage in Decatur, but transportation is an issue locally. RCU is not comfortable proposing Detox, due to lack of nursing supports. With regard to Crisis, it may be possible to add beds, and offer groups and individual work with linkage back to treatment. Prairie Center Detox is more appropriate. Funding for all this is very unstable at this time. NAMI, as part of this, can advocate for funding.

Driscoll stated that local detox and transportation concerns should be included as a gap. Weibel inquired about onsite de-escalation, and suggested rephrasing “doing nothing” to “stabilize situation.”

With regard to an application for implementation funding, there is talk of an assessment/triage center. Jones stated that the data is still lacking, and that CIT is on the brink of having data, but that it is not ready yet. Jones ran a list of frequent recidivists in 2016 and found 24 people with 5+ bookings. This is substantially lower from the 40 people with 5+ bookings in 2015, and the 49 people with 5+ bookings in 2014. Yet, the

cause of this decrease in frequent recidivists in the jail is not known. Further, the Sheriff's Office still sees the need for an assessment/triage center. Driscoll stated that Urbana can look back for four years at their CIT-related calls and investigate increased volume periods, which may foreshadow what will eventually be available data-wise. Christensen stated the validity of CIT statistics is questionable, as some calls may be recorded two times or more, and some may not have truly been CIT calls at all.

Lennhoff stated that when considering specific items, such as the triage center, we must consider what it would look like, and what it would do. For example, would it create more options for LE and mitigate jail bookings and ER visits? Barnard stated that best practices point to a co-responder model. As such, we must consider if we need a center or a more robust response, or if a center is part of providing a more robust response.

Christensen stated that robust responses are more effective. Cherry stated there is a gap that is not listed, which is outreach from LE to the Crisis Team, as well as outreach/collaboration from jail staff. Ferguson stated it may be possible to pilot a model, in order to obtain data, thus better understand capacity needs. Christensen noted that co-responder models promote more shared responsibility.

Ferguson stated that the group needs to think through what this might look like. NAMI and GROW should have a role, thus a peer support component should be included. Lennhoff stated that whatever we do needs to be based on or resources and our size. For example, Bexar County is enormous and has a lot of resources, and their model may not fit our needs or resource capabilities.

Driscoll stated the structure of the report should include resources in the narrative, as well as gaps. A number of recommendations are likely to span the intercepts. Jones, asked if we should also be discussing Intercept 0, now that SAMHSA has officially added it to the SIM? Barnard stated we should.

Intercept 2
There is a SIM Intercept 2 mapping scheduled for next week. There are a lot of good things happening here because of people in specific positions at this time. If personnel changes occur, it could disrupt the informal process that is currently in place. Therefore, there is a need to formalize, thus sustain, what is currently being done.

Zell asked about the possibility of reinstating mental health court, and if there would be a point in trying to meet with Judge Ford and/or the State's Attorney. Weibel noted that Tazewell County is in the process of rolling out a mental health court, and suggested talking with someone there about the process once it is in place for a few months.

There may be a possibility of expanding drug court to include persons with co-occurring disorders (COD). The capacity to expand must be demonstrated.

Raney suggested changing the word "access" to "eligibility."

We do not have consistent data. We do have a standard set of definitions, to consider outcome data across the intercepts. Use of RNR data is a best practice and is being utilized effectively at Intercept 5, by Probation. However, RNR data is not being gathered or utilized at any other intercept.

Intercept 3
Driscoll asked about Correct Care Solutions, the contracted health provider in the jail, providing no community or transition plan, and stated that this should also be reflected as a gap at Intercept 3.

Zell stated that the State of IL paid NAMI to develop training for Correctional Officers regarding how to interact with people who have mental health disorders. The NAMI training may be a resource able to be utilized at the county level.

Zell stated that a CRSS person does SSDI applications, and that NAMI could encourage hiring people for the purpose of doing this work. While this is helpful, peer support is different. Lennhoff would like to see funding for specialists to do this, as it is a specialized skill.

This discussion will be continued at the next meeting.

Old Business
Update on e-screening at the jail
Jones noted that Voges is working on rolling out the screenings at the jail. Barnard explained that the American Psychiatric Association (APA), which has been working to design the e-screening for use in jails, is not yet ready for the web-based application to be utilized on inmates. Therefore, the jail has not yet implemented the Brief Jail Mental Health Screen (BJMHS) and the Texas Christian University Drug Screen (TCUDS) at booking. Instead, in order to implement the process at this time, these screenings will have to be completed on paper. And, the jail is still in the process of working out the logistics of collecting hardcopies of the screenings and entering them into an electronic file, for data collection and tracking. Once logistics are worked out, procedures and protocols will need to be documented.

New Business
The next meeting is scheduled for February 1, 2017.

The meeting concluded at 2:15 p.m.