Justice and Mental Health Collaboration Program – Planning Grant
Champaign County, Illinois

FINAL REPORT
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Crisis Response Planning Committee Criminal Justice System Gaps Analysis
Champaign, Illinois
2017

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Introduction

In 2015, Champaign County was awarded a Justice and Mental Health Collaboration grant to pursue a coordinated planning process to analyze criminal justice needs for the justice-involved population with mental health and co-occurring mental health and substance use needs. This report summarizes the findings and recommendation of the planning effort.

Background

In 2012, the Champaign County Board contracted with the Institute for Law and Policy Planning to conduct a comprehensive criminal justice needs analysis. The report identified key recommendation themes, which include implementing risk and needs decision making tools; improving data, data analysis, and evaluation capabilities; and formalizing a Criminal Justice Executive Council. In addition, the Champaign County Board appointed a community justice taskforce with representatives from behavioral health (BH) treatment providers and community stakeholders, to prepare recommendations regarding the adult system of care within the criminal justice system, to reduce bookings, bed days, and recidivism. The recommendations included the use of evidence-based practices, improved access to mental health (MH) services, enhanced post-incarceration treatment options, and implementation of a system of care approach.

Since the distribution of the above-mentioned reports and recommendations, a number of activities have been undertaken to address various identified needs. These include the installation of BH providers in the jail, implementing book and release practices, increasing the number of law enforcement (LE) officers receiving Crisis Intervention Team (CIT) training, and allocating county funding to support a Reentry Program and Council. Still, gaps remained.

Faced with a significant frequent recidivist population at the jail, many of whom were identified as having previously received services from community BH providers or were recognized as needing such services; the Sheriff's Office started a community conversation around mental health, criminal justice, and recidivism. This included discussion of the possibility of opening a Community Assessment Center (Center). The Center was envisioned as a place where law enforcement (LE) could take people they encountered who were disruptive, but posed no serious threat to themselves or others. LE could drop these people off at the Center where they would receive available services and linkage to additional supports, thus mitigating the utilization of scarce LE time and resources by detaining these people unnecessarily.

Justice and Mental Health Collaboration Program – Planning Grant

In October 2015, Champaign County was awarded a two-year Justice and Mental Health Collaboration Program (JMHCP) planning grant by the US Department of Justice (DOJ), for which the Champaign County Mental Health Board (CCMHB) provided matching funds. The purpose of the grant was to assist the community with identifying systemic gaps and planning for the development of resources, for persons with mental illness (MI) or co-occurring mental health and substance use disorders (COD) who come into contact with local law enforcement and the county jail.

The Champaign County Sheriff's Office and Rosecrance Champaign/Urbana (RCU) (formerly Community Elements) jointly administered the grant. In addition to funding support, JMHCP grant recipients received technical assistance (TA) from TA Providers at the Council of State

Governments Justice Center (CSG). This involved monthly conference calls between the Sheriff's Office, JMHCP staff, and the TA Providers, as well as an onsite visit from the Providers during the planning phase. The initiative took shape with four nationally recognized goals in mind:

1. Reduce the number of people with MI/COD booked into the jail
2. Reduce the length of time people with MI/COD disorders stay in the jail
3. Increase linkage to community-based services and supports by people with MI/COD who are released from the jail
4. Reduce the number of people with MI/COD returning to jail

This report details those activities and the progress made as a result of the work involved throughout this planning process.

Crisis Response Planning Committee

Meetings

The Crisis Response Planning Committee (CRPC) was a formal body developed to oversee planning grant activities. The CRPC was formed upon receipt of the grant award, and met monthly for the duration of the project. Smaller task groups were formed to address various components of the project, such as data, peer support, screening and assessment, and sustainability.

Terms of the grant required completion of a Planning and Implementation Guide (Guide), developed by the TA Providers. The Guide functioned as a workbook for each step of the planning process, to assist grantees in completing required activities within the assigned timeframe. When working to complete the Guide, the CRPC learned the extent of the dearth of information that exists regarding prevalence rates of people with MI and/or substance use disorders (SUD) in jails, including the Champaign County Jail. There was a need to define some basic terms, in order to better identify the population this work would be addressing, as well as gather information from the community, including consumers and consumer advocates.

Decisions

The Data Task Group discussed system needs and capabilities. As a result, the CRPC was presented with and agreed on definitions for the terms *mental illness* (MI), *substance use disorder* (SUD), and *recidivism*. Information and definitions were derived from reviewing the State's definition and funding guidelines for *mental illness*, and review of the Diagnostic and Statistical Manual 5th Ed. (DSM–5), SAMHSA, and materials provided by our TA Providers and the Stepping up Initiative.

- **Mental Illness** as defined by the DSM–5 is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

  * This term encompasses co-occurring substance use disorders, as well as serious mental illness (SMI) or serious and persistent mental illness (SPMI), which are defined as a

mental, behavioral, or emotional disorder that is diagnosable within the past year, is chronic or long lasting, and results in a significant impairment in social, occupational, or other important areas of functioning. In Illinois, a determination of medical necessity is required to receive reimbursement for any services.

- **Substance Use Disorder,** as adapted from Substance Abuse and Mental Health Services Administration SAMHSA, October 2015, http://www.samhsa.gov/disorders/substance-use, is a recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home and when an individual experiences impaired control, social impairment, risky use, and pharmacological criteria defined in the 5th Ed.

  *SUDs are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.

- **Recidivism** (as defined by the Reentry Council of Champaign County) is receipt of a new judgment within three years of release from incarceration.

The CRPC also recommended the use of validated screening tools:

- Brief Jail Mental Health Screen (BJMHS) to identify a possible mental illness
- Texas Christian University Drug Screen (TCUDS V) to identify a possible substance use disorder
- Level of Service – Revised: Screening Version (LSI-R:SV) to determine level of criminogenic risk, needs, responsivity, and service delivery

These screening instruments, in addition to identifying possible presence of disorders and the likelihood of recidivism, provide a consistent method for tracking prevalence of disorders and levels of criminogenic risk for all persons booked into the jail, and guide service planning.

During the April 2016 Stepping Up conference, the American Psychiatric Association (APA) announced work to develop an e-screening tool, replete with validated screening instruments, for administration by correctional staff, to collect and track prevalence data of individuals with MI/ SUD/COD booked into local jails. Project staff were pursuing implementation of the web-based APA tool, designed to provide initial screening and demographic information. However, due to concerns for individual protection of personal information, and integrity of the data, we suspended implementation following the testing period.

In an effort to move toward implementing the screening process, and begin collecting much needed prevalence data re: the number of people with MI/COD booked into the jail, the jail trained a handful of correctional staff and began administering the BJMHS and TCUDS on paper. In addition, Dr. Zhang, Data Consultant for the JMHCP planning grant, developed a database, based on the APA's e-screening application, with each validated tool, for use by the jail. This format allowed the jail to house individuals' screening information locally, and reduced the risk of breaching inmates' personal information.

As of March 7, 2017, every person booked into the Champaign County Jail receives the BJMHS and TCUDS screening, administered and scored by a correctional officer. This process will indicate the need for additional screening and possible assessment by a clinician, as well as allow for the collection and tracking of prevalence data. Preliminary data indicates that approximately 30% of people booked into the jail are indicated by screening as having MI/COD.

Information Gathering
Information gathering took shape in multiple contexts, which included a community survey available to the public, specialized focus groups, and two public dialogue sessions. Altogether, information was obtained from approximately 200 individuals through these various methods. Specifically, information was gathered from the public, Reentry Council, Crisis Response Planning Committee, IPLAN Access to Care and Behavioral Health Group, University of Illinois Campus Behavioral Health Providers, AA/NA Support Group, NAMI Champaign County, leaders from Salem Baptist Church and Bethel African Methodist Episcopal Church, and community members. In addition to the above, a focus group was conducted with inmates currently in the Champaign County Jail.

This public input process provided a clearer understanding of both the real and perceived gaps in treatment and services throughout the community, as they pertain to the stated population. Throughout this process, common themes emerged, including:

Education/Prevention Opportunities

- Building community awareness of behavioral health issues to lessen the stigma surrounding mental health and substance use disorders
- Increasing service providers' knowledge of community resources, for consistent dissemination of information across systems and agencies
- Prioritizing prevention services in the community to address a wide variety of behavioral health needs
- Expanding opportunities to voluntarily share information with law enforcement regarding triggers, mental health challenges, and safety plans for specific residents
- Developing a Quick Response Model or First-Episode Psychosis Model, for provision of early treatment and wrap-around services
- Provision of a Co-Responder Model
- Increasing Mental Health First Aid (MHFA) and Crisis Intervention Team (CIT) training among LE
- Increasing the provision of community (public, family members, and providers) training events on the fundamentals of MHFA
- Increasing training opportunities and workshops for specialized groups on topics such as boundaries and support, CIT, Motivational Interviewing, and Stages of Change, and opioid addiction

Access to Psychiatric Care – Capacity

- Increasing access to psychiatry, psychiatric medication, and mental health services, in both the community and inside the County Jail
- Improving communication with psychiatrists
- Promoting continuity of care for individuals both entering and leaving jail

- Provision of Navigators or Transitional Specialists, to assist consumers with understanding and navigating various systems (housing, medical, benefits)
- Increasing and expansion of programming in the jail, including counseling, parenting classes, AA/NA groups, Moral Reconation Therapy (MRT) groups, etc.

Specialized Housing

- Expanding housing options, including long-term recovery housing for specific target populations (persons with mental disorders, persons in long-term recovery for substance use disorders, those reintegrating into the community from incarceration, and those who are homeless)
- Developing specialized housing units in the jail for those with MI/COD
- Developing a space for medical detox, both in the community and in the jail
- Developing an Assessment Center as an alternative to incarceration (for persons with SUD or MI who come into contact with LE) that will include, but not be limited to, an array of the following:

  a. Drop Off for Law Enforcement
  b. Access to Assessments and Crisis Intervention
  c. Psychiatry Services
  d. A living room model that includes onsite access to wrap-around services
  e. Crisis Stabilization Residential Services
  f. Detox Services
  g. 23 hour hold beds
  h. Linkage to a continuum of care for persons with behavioral health disorders, as well as those who are experiencing or are at risk of homelessness

Sequential Intercept Model Mapping

From July 2016 to January 2017, the CRPC completed a CJ system mapping and gaps analysis process, utilizing the Sequential Intercept Model (SIM). The SIM mapping was conducted with targeted participants at each intercept, representative of service providers, public entities, and project staff.

In July 2016, the Champaign County Mental Health Board was awarded a TA opportunity in which Policy Research Associates facilitated a virtual Intercept 1 Sequential Intercept Mapping (SIM) exercise with two other communities in the US. This activity initiated the effort to map the local criminal justice process in its entirety. Mappings of the remaining SIM intercepts were facilitated by JMHCP Program Director, Bruce Barnard. The mapping process identified current practices and results, to inform the development of system-wide goals and strategies. The CC SIM Map and chart can be found in Appendix A, following this report.

Recommendations

Recommendations made by the Crisis Response Planning Committee, as a result of the gaps identified during the planning process, follow:

1. Establish a Behavioral Health and Justice Coordinating Council (BHJCC) to oversee all CJ/BH activities

2. Implement risk-needs-responsivity screening (LSI-R) at earliest point in the CJ process, to inform decisions throughout the system
3. Enhance initial response with provision of a Co-Responder Model
4. Provide behavioral health and case management support to the Public Defender's Office
5. Gather data to determine the level of need, capacity, and budget required to institute and maintain an Assessment Center – where LE can take persons with MI/COD, instead of jail or the hospital (envisioned to include assessment for MI, SUD, and Criminogenic Risk, crisis stabilization, emergency respite services, a living room model, and medical detox services)
6. Enhance reentry services specifically for the population with MI/COD
7. Ensure adequate resources and facilities for community behavioral health providers working in the jail

JMHCP Implementation Grant Application

The RFP for implementation was released one year into the planning phase. Though the CRPC's work was not complete at the time the JMHCP Implementation grant application was prepared and submitted, the information gathered and progress made throughout the course of the project informed the application's direction.

The Council identified risk-needs-responsivity (RNR) screening, a co-responder model, and a formalized coordinating body as priorities to be considered for funding. The co-responder model became the focus of a local application. Therefore, in the interest of developing a program plan, which was achievable and coherent, we focused on the BHJCC and the screenings.

The BHJCC will monitor interactions of the CJ and BH systems, and analyze data from all stakeholders to look for opportunities for system and policy improvement across intercepts. In addition, the RFP made clear that RNR screening for criminogenic risk is an evidence-based practice that must be in place.

RNR had been discussed at length by the CRPC, and an assessment chosen, the LSI-R:SV, for implementation at the time of secondary screening for anyone identified during the screenings at booking as having a MI/COD. Yet, there was no funding available to support this next step. Therefore, purchase of the LSI-R: SV and related materials, as well as a case manager to administer this screen to the target population, in addition to the BHJCC, became the focus of the application. RCU will function as a sub-grantee of the award, employing the case manager administering the LSI-R:SV in the jail, and support staff to the BHJCC.

Additional Activities

In addition to the JMHCP grant activities, Champaign County and its leaders in the criminal justice/behavioral health arena has been involved in a number of events and opportunities that relate to and enhance these efforts. Allen Jones, Bruce Barnard, Celeste Blodgett, and Claudia Lennhoff presented the project at a number of community events and meetings. In addition, in April 2016, Bruce Barnard, Sheila Ferguson, and Allen Jones submitted a guest editorial in the local newspaper, the News Gazette, to better inform the public of the issues related to criminal justice involvement for the population with MI/COD.

Local JMHCP leadership and project staff attended a number of conferences of or relating to this work. In December 2015, the Bureau of Justice Assistance (BJA) hosted a conference for all JMHCP grantees. Then, in April 2016, Champaign County was one of 50 sites, from 200 applicants, selected to take part in the first national Stepping Up Conference, in Washington, D.C. The event was sponsored by the National Association of Counties (NACo), APA, and BJA, and afforded participants the opportunity to meet with other communities throughout the United States doing this work.

In June 2016, a team of stakeholders from Champaign County (County Administrator, Rick Snider; State's Attorney, Julia Rietz; Chief Deputy, Allen Jones; and Executive Director of the Mental Health Board, Lynn Canfield) attended a workshop on data-driven justice (DDJ) practices at the White House. There, in addition to meeting with White House staff, the team met with 54 other communities to share knowledge and practices, and work collaboratively on solutions to reduce unnecessary incarceration, specifically for "super-utilizers," persons who cycle repeatedly through local resources (e.g., hospitals, jails, clinics, shelters, etc.).

Communities participating in the DDJ event were encouraged to respond to a Request for Interest from the Institute for State and Local Governance of the City University of New York (ISLG), which was executing a national study of frequent utilizers who cycle through the criminal justice, healthcare, and social services systems, and communities' lack of ability to provide this population with much needed services, despite various resources that are in place, often due to a lack of data and information sharing. Champaign County was accepted to be part of this study, and ISLG conducted the first round of interviews in March 2017.

Bruce Barnard, JMHCP Project Director, was invited to participate in the Criminal Justice Leadership Conference in Washington, D.C., in September 2016. The Leadership Conference was part of the Stepping Up Initiative, and correlated with JMHCP activities.

In February 2017, CIT ARMS data collection and reporting system was rolled-out, and the system became fully operational by April, 2017. After much work and coordination to accomplish this, the ARMS data system began producing CIT call reports for all Champaign County police departments.

Also in April 2017, Bruce Barnard was invited to present on timely implementation of validated screenings in county jails during two Stepping Up webinars. And, Bruce Barnard and Celeste Blodgett participated in the Pennington County Peer Justice Exchange that convened in Rapid City, South Dakota. The event was supported by NACo and the LJAF. Counties from across the United States, grappling with many of the same issues that we have been working to resolve in Champaign County, assembled to share information.

In June 2017, as a result of the community's involvement in the Stepping Up Initiative, previous involvement with the DDJ Initiative, and involvement with the NACBHDD Decarceration Initiative and Justice Committee, Allen Jones, Julia Rietz, Lynn Canfield, and Kyle Patterson participated in a Best Practices and Implementation Academy in Washington D.C. The DDJ initiative continues. While it was a White House project until November, it has since been undertaken by NACo. Lynn Canfield continues as the point of contact for this initiative.

In July 2017, Bruce Barnard assisted our TA Providers with training new JMHCP grantees in Washington D.C. In September, Bruce will take part in a Leadership Academy Problem Solving Workshop in New York City, which will further examine maintaining stakeholder support.

Conclusion

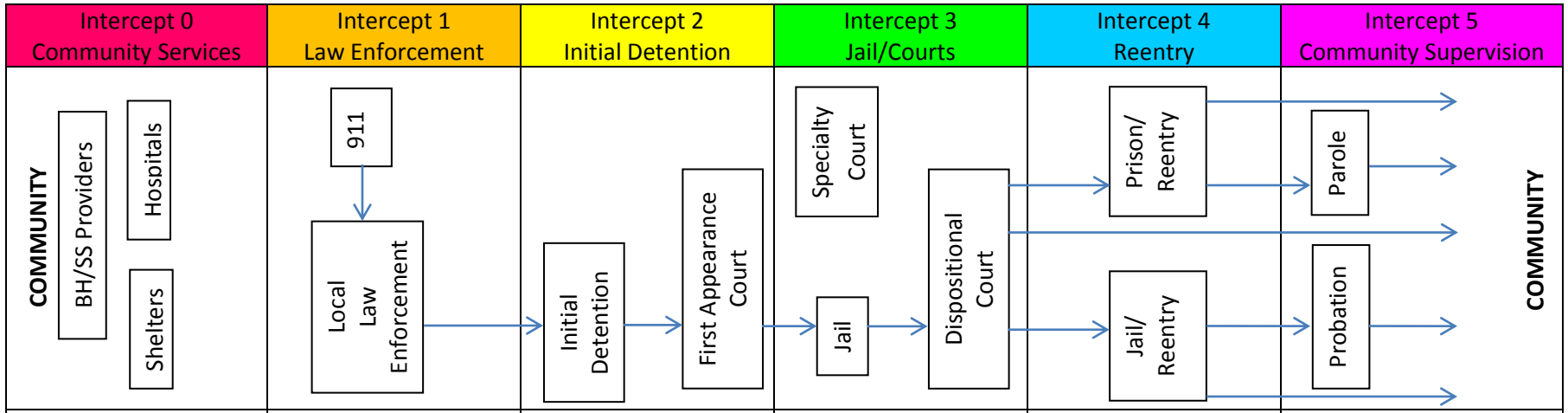
The JMHCP planning grant has provided Champaign County with a valuable opportunity to strategize improvements to better meet the needs of persons with MI/COD, who come into contact with local law enforcement and the county jail. The co-administrators of the grant, JMHCP staff, and CRPC members, with input from community stakeholders, worked diligently to meet the requirements of the grant and make the most of the planning process. As a result of this initiative and the work of key stakeholders, Champaign County is now recognized as a leader in addressing behavioral health needs in the criminal justice systems, and has built a relationship with interest groups and government organizations involved in similar work, nationwide.

Going forward, many of the collaborators who have been involved since the outset of this initiative will continue to be involved in this work. The BHJCC should remain active and representative of the multiple community stakeholders, and active in pursuing coordination and integration of the community's criminal justice efforts.

Continued progress in these goals: 1) reducing the number of people with MI/COD booked into the jail, 2) reducing the length of time people with MI/COD disorders stay in the jail, 3) increasing linkage to community-based services and supports by people with MI/COD who are released from the jail, 4) reducing the number of people with MI/COD returning to jail, will require active involvement from multiple stakeholders, including those who have been directly involved in this effort. Further progress on these goals will largely be determined by our ability to build on this work and continue to improve cooperation and communication among public criminal justice authorities, community health and service providers, consumers, stakeholders, and community advocates.

APPENDIX A

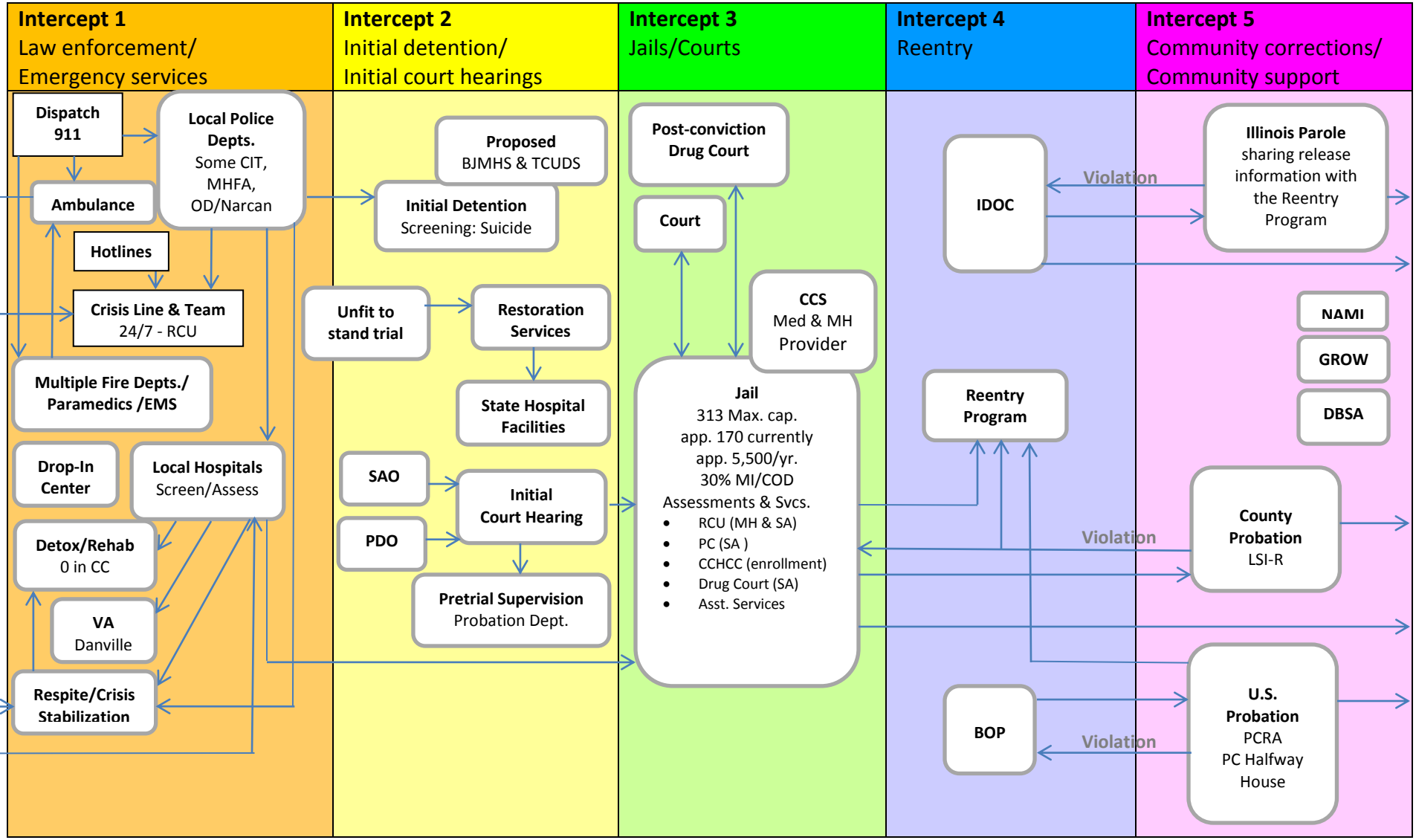
Champaign County SIM – February 2017



Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention	Intercept 3 Jail/Courts	Intercept 4 Reentry	Intercept 5 Community Supervision
Policies & Practices: N/A	**Policies & Practices:** Intergovernmental agreement to provide a CIT Officer. Limited mobile crisis consult with MH Professional available. Crisis Team providing assessments at local hospitals. CIT Steering Committee is formed.	**Policies & Practices:** An informal pre-trial unit was recently established by the Probation Dept. Established Book and Release program. Bond Court is held 7 days/week. Proposed MH/SUD screening.	**Policies & Practices:** Post-conviction Drug Court is in place. Community-based social service providers are in the jail 5 days/week to provide screening and assist with linkage to services. Jail tracks frequent recidivists with 5+ bookings in one year. Jail shares daily booking list with community providers.	**Policies & Practices:** Everyone returning to Champaign County from incarceration in jail or prison is eligible to engage in a reentry program.	**Policies & Practices:** County Probation conducts an RNR assessment on anyone eligible for Probation.

Evidence-Based Programs & Treatments: N/A	**Evidence-Based Programs & Treatments:** CIT Officers	**Evidence-Based Programs & Treatments:** Proposed screenings are BJMHS and TCUDS.	**Evidence-Based Programs & Treatments:** MRT groups are offered in the jail.	**Evidence-Based Programs & Treatments:** Reentry programming provides wrap-around services.	**Evidence-Based Programs & Treatments:** The LSI-R is conducted by Probation. MRT, cognitive behavioral therapy, groups are conducted by a community-based provider at Probation and in the community, in addition to Anger Management groups.
Data: In FY17 CCMHB allotted: $609,000 for Juvenile Justice Contracts; $799,584 for Adult Criminal Justice-Mental Health Contracts; $199,050 for Problem Solving Courts Contracts; $122,628 for Support Services - Victims of Crime; $885,952 for Community Based Services Contracts; $460,189 for System of Care for Youth & Families; $633,073 for ID/DD Contracts	**Data:** In 2014, CIT Officers responded to 1,687 calls; 461 were for Crisis; 16 excited delirium; 710 were for suicide attempts or threats; In2014, U of I PD transported 101 people to the hospital for involuntary commitments.	**Data:** 5,589 bookings in 2016; Since March 7, 2017, everyone booked into the jail is screened for MI with the BJMHS and a substance use disorder with the TCUDS V. An average of 11 screens are conducted daily. Preliminary data indicates that 32% or 3 per day will be referred for secondary screening including the LSI-R:SV proposed.	**Data:** In 2015, a point-in-time census was conducted in the jail. Of the 136 inmates surveyed, 63 or 46% reported COD, 22 or 16% cited SUD only, and 12 or 9% cited MI only. For those who stay $\geq$ 72 hours, ALOS = 35.81 days. At this time, there is no data available for ALOS re: the population with MI/COD.	**Data:** Identified needs data, gathered from 239 Reentry Program participants over the past 2.5 years, indicated 189 or 81% indicate a need for behavioral health services.	**Data:** County Probation approximates that: 35% of 835 cases received by the Probation Department in one year were ordered or referred to undergo a MHA, 45% were ordered or referred to undergo SUD treatment. A fair estimate would be that 60-65% of total intakes were either ordered or referred for MH/SUD treatment.

(CCMHB/CCDDB IGA). In FY1617, the City of Urbana/Cunningham Township provided $250,000 in funding to 26 different agencies. The United Way invested $2.7M in FY16 to social services, education and health. Community Foundation allocated nearly $80,000 to community organizations in 2016. **Services:** N/A	**Services:** 117 Police Officers are CIT trained. 306 Police Officers are trained in MHFA. Limited mobile crisis consult with MH Professional available, which provide 73 consults in 2016.	**Services:** Medical staff completes non-validated screening for only those who demonstrate observable symptoms of mental illness.	**Services:** Limited jail-based MH in-reach services and connection to care.	**Services:** Reentry case management services are available for anyone returning to the Champaign County community, from incarceration. Services include assistance with obtaining a state ID or driver's license, linkage to available resources in CC for housing, employment, education, medical coverage and care, benefits, some transportation, and MH and/or SA treatment.	**Services:** LSI-R risk assessment, cognitive behavioral-based groups.



Community Resources

Mental Health	Substance Abuse	Housing/Shelter	Recovery Supports	Employment
RCU, Promise Healthcare, NAMI, GROW, DBSA	PC, RCU, AA/NA	Courage Connection, RUM, TIMES, PC (for BOP population)	Reentry Program, First Followers, Ann's House/U-Turn, PC, RCU, Promise	CCRPC, IDES, WIOA

APPENDIX B

SIM Intercepts Chart - Champaign County

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 **911** **Local Law Enforcement** **RCU** **Mental Health Crisis Line**	**Co-Responder Programs**	• RCU Crisis Team 24hr on-call	• Inadequate staffing for 24hr LE response • Response time is prohibitive to LE
	911 Dispatch System	• MHFA Training • CIT Training (6) trained in CIT • OD/Naloxone (i.e., Narcan) Training is scheduled	• More MHFA training is needed • More CIT training is needed
	Law Enforcement (LE)	• Some LE are MHFA trained • CIT (cross-jurisdiction agreements, 117 trained) • CIT training scheduled/funded into 2017 • Some LE are trained in OD/Naloxone (i.e., Narcan), additional trainings scheduled	• Determination of appropriate number of officers for MHFA and/or CIT training needs • Ongoing CIT training beyond 2017 is needed • Ongoing OD/Naloxone (i.e., Narcan) training is needed • LE outreach from LE to Crisis Team is limited • Jail staff outreach/collaboration is limited

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 1</u> **911** **Local Law Enforcement** **RCU** **Mental Health Crisis Line**	**Crisis Stabilization**	• Respite Center (RCU) • Voluntary hospitalization or petition for involuntary admission	• Respite Center does not meet all needs of the community (Not designed for drop-off by LE or family members) • Criminogenic Risk Assessment data is not available
	Detoxification	• Transportation to out of town detoxification, or local hospital-based	• Volume and ED activity determine access to beds/triage for severity of need
	Emergency Respite **ID/DD Population**	• RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Jail Screening & Assessment**	• Correctional Staff currently administer the Jail's *Initial MH Screen & Assessment*	• Primarily assesses suicidality • Data sharing/tracking • Information sharing model may have unintended consequences
		• Correctional Staff will administer o *BJMHS* (proposed) o *TCUDS* (proposed)	• Unknown
		• CCS (PCP provider in jail) assesses primary medical and MH needs	• Data sharing/tracking
	Specialty Courts	• Drug Court o LSI-R o Prairie Center is the SA treatment provider for Drug Court o Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)	• Limited access • Post-conviction only • MAT is limited to Drug Court participants • Mental Health Court or Specialty/Problem Solving Court(s) are needed
	Alternative Processes (Diversion)	• First Offender Probation • State's Attorney's Second Chance Program • Bond court 7 days/week • Informal pre-trial program	• No structured community-based diversion program • Criminogenic risk data not available at bond hearing • No alternative from jail or hospital available for referral
	Criminogenic Risk assessment	• Currently provided by County Probation	• No criminogenic risk data for community-based services unless completed by County Probation

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Other**		• Some linkages occur due to relationships, and are not formalized • Lack of structured services available at various intercepts without PD referral • Many people lack ability to pay for some services they are referred to • Education or awareness of MH/SUD by staff at Jail and SAO is limited • If there is no bed when involuntary commitment is recommended, there is no access

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 3</u> **Jail/Courts**	**Community Provider Screening & Assessment**	**RCU** (BH Provider) • Administers the *ISF* screen & requests the *LSI-R* from County Probation if possible • Community Support Program in jail provides: Case Management (Housing, Employment, Education, BH, Primary Health, Other Benefits/Entitlements-SS) • Functions: Identifies people with MH needs and links to community supports, Contacts housing providers and advocates so clients don't lose housing, Notifies doctors and gets meds from outside providers, Notifies other tx providers so clients don't lose spot and arranges for providers to contact or see clients, Notifies family members, Consults with CCS, Provides info/linkage/referral to transportation, dental, vision, CCHCC, Reentry, SA, Groups in jail (MRT), Prairie Center	• No information sharing beyond aggregate data or with specific signed consent • Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 3</u> **Jail/Courts**	**Community Provider Screening & Assessment**	**Prairie Center** (SA Provider) • Administers the *GAIN-SS* & requests the *LSI-R* from County Probation if possible • Provides screening & brief intervention	• Pre-sentence/pre-bond population • No treatment in jail • Post-release engagement low • No information sharing beyond aggregate data
	Jail Programming & Services	• A variety of services and programming are available: CCHCC Benefits Enrollment, Public Health STD testing, Flu shots – **D**, MRT, AA/NA, Counseling – **D**, VA Outreach – **D**, GED, Tutoring Math & English, Art, Movie Critic, Poetry, Library/Books to Prisoners – **D**, Parenting classes - female only, Church/religious services – **D**, GROW**?**, ESL**?**, Project Read**?**, Additional groups by CCS**?**, Peer Support, Anger Management • CCS psychiatrist is onsite once per month	• More programming desired *Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of 2 jails. • Increased access to psychiatry is a concern • Specialized housing within the jail is a concern • Correct Care Solutions provides no community or transition plan
	Criminogenic Risk Assessment	• LSI-R in use by County Probation • SPIn purchased but not currently used by IDOC • PCR in use by US Probation	• No criminogenic risk data for jail population unless previously completed by County Probation

***D -** Indicates if a program is available at the Downtown Jail location.

***? -** Indicates programs that the jail would like to provide or has provided in the past and would like to again.

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
Intercept 4 **Reentry**	**Pre-release planning**	• RCU in jail • TASC in two IDOC facilities		• More pre-release planning capacity needed
	Housing	Return from **Jail**	Return from **Prison**	
			Ann's House	• Faith-based • Female only • 4-6 beds • No one with sex or violent crime • Must be on Parole
		Courage Connection	**Courage Connection**	• Female only • 11 beds
			JITW (Rantoul)	• Faith-based • Male only • 5 beds
		Restoration Urban Ministries	**Restoration Urban Ministries**	• Faith-based • Approx. 70 beds • No sexual offense
		TIMES Center	**TIMES Center**	• Male only • 20 beds • Must be employed or have general assistance • No more than 2 registered sex offenders
			Prairie Center	• Halfway house for Federal BOP only

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
Intercept 4 **Reentry**	**Housing**	Return from **Jail**	Return from **Prison**	
		Private Landlords	**Private Landlords**	• Conviction type/ location near schools • City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)
				• No halfway house • CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification
	Employment	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies		
		First Followers • Laptop access • Resume assistance		
		Illinois Work Net Center • Computer access • Fax access • Resume assistance		
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance		

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 4</u> **Reentry**	**Employment**	**Salvation Army** **Employment Training Program** • Case management • Job matching • Employment testing	• Must have a felony conviction
			• Lack of coordination of existing efforts • No structured skills development employment program • Factory-based employment based in Rantoul-approx. 20 miles from Champaign/Urbana
	Transportation	**Champaign County Area Rural Transit System (CCARTS)**	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 4</u> **Reentry**	**Medical/Benefits**	**CCHCC** • Enrollment & Benefits Support (in the community & the jail) • Linkage to primary medical care, dental care • Assistance with eye glasses, and prescriptions	• SSDI Application Specialists are needed
		Promise Healthcare (Frances Nelson, Smile Healthy) • Primary medical, dental, psychiatric treatment, and MH counseling provider	
		RCU Reentry Program • Follow-up post jail incarceration • Enrollment & Benefits Support • Referral to CCHCC • Referral to Promise Healthcare (Frances Nelson, Smile Healthy) • Assistance with securing a PCP	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations

Intercept 4
 	
Reentry
	Behavioral Health	**RCU**
		• Community Support in jail
		  ○ Links to RCU BH programs
		  ○ Collaborates with Prairie Center
		• Reentry Program
		  ○ Links to BH assessments
		  ○ Links to psychiatric treatment and medication
			• Lack of capacity for psychiatry (community-wide)

		Prairie Center
		• Receives Daily Jail Booking list
		  ○ Contacts any former client
		  ○ Contacts anyone with a substance-related charge
		  ○ Collects post-release contact info
			• Lack of capacity for residential substance abuse
			• No long-term care

		TASC • In two IDOC facilities, and coordinates with Parole	• Services are limited to linkage
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<u>Intercept 4</u> **Reentry**	**Education**	**WIOA** • Basic reading and math assistance	
			• Technology barrier in jail and prison, and for anyone releasing from prison after serving a long sentence

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Criminogenic Risk Assessment**	• LSI-R in use by County Probation • PCR in use by US Probation	• No assessment from IDOC - SPIn purchased, but not in use
	Housing	• IDOC Reentry Group assists with housing placement • RCU Reentry Program refers to housing resources • Prairie Center has BOP Halfway House	• Despite a number of existing supports, housing for specialized populations remains extremely limited
	Behavioral Health	• Prairie Center SA services • RCU BH services • Promise Healthcare psychiatry services	• Access is extremely limited
	Access to Prescription Medication	• CCHCC provides assistance	• Access is limited
	Transportation Resources	• Champaign County Area Rural Transit System (CCARTS)	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted that students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming
		WIOA • Basic reading and math assistance	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Employment**	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies	
		First Followers • Laptop access • Resume assistance	
		Illinois Work Net Center • Computer access • Fax access • Resume assistance	
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance	
		Salvation Army Employment Training Program • Case management • Job matching • Employment testing	• Must have a felony conviction
			• No structured skills development employment program
	Other		• Technical conditions are not enforced