

Champaign County Crisis Intervention Team Steering Committee

2014 Year End Report

Background Accomplishments Goals Recommendations Members Appendix

Champaign County Crisis Intervention Team Steering Committee

2014 Year End Report

Background:

In October 2012, at the Urbana City Building, members from local law enforcement agencies, the mental health community and other interested parties met to discuss current law enforcement response to individuals in mental health crisis and the lack of available resources or options.

The group continued meeting regularly and is now recognized as the Champaign County Crisis Intervention Team Steering Committee (CITSC). This committee meets bi-monthly at Community Elements, 801 N. Walnut, Champaign on the first Wednesday beginning in January.

Champaign County Sheriff's Office

Champaign Police Department

Rantoul Police Department

University of Illinois Police Department

Urbana Police Department

METCAD

NAMI

Carle Emergency Department

Champaign County Mental Health Board

Champaign County State's Attorney Office

Community Elements

C-U at Home

C-U MTD

The Pavilion

Presence Emergency Department

UIUC Counseling Center

2014 Accomplishments:

- MTD, NAMI and C-U at Home began partnership with the committee
- Community Elements began offering limited on-scene crisis response to local law enforcement
- Community Elements crisis team began collaboration with local law enforcement, evaluating individual cases and providing dispositional council
- The UIUC School of Social Work offered Urbana Police Department two interns for the spring 2015 semester
- Police departments enhanced data collection of CIT related calls
- CITSC member agencies sent 33 officers to CIT certification training
- The Champaign County Law Enforcement CIT Response Protocol was adopted with CITSC training over 100 CIT officers and front line supervisors to that protocol

2015 Goals:

- Continue to develop a relationship with area mental health resources including Carle Hospital and Presence Covenant Medical Center
- Support the need for additional CIT officers
- Create and Implement a plan to train non-CIT officers to better recognize and respond to individuals in crisis
- Increase analysis of data to identify a more effective law enforcement response
- Analyze law enforcement's recognition and response needs regarding Excited Delirium
- Enhance collaboration with interested parties toward the goal of implementing a practical Champaign County area, "Peoria Model" for law enforcement response to mental health crisis.

Peoria Model:

The Peoria Police Department has a contractual partnership with Fayette Companies Human Service Center (HSC) and utilizes a unique crisis response practice. Peoria Police Department dispatch a member of HSC's Emergency Response Service (ERS) to all mental health related calls for service. The police secure the scene and the ERS employee interacts with the individual in crisis.

To assist when ERS response is not available the Peoria Police have access to HSC's Community Care Center.

The system works well with Peoria area behavioral health resources. CITSC is committed to Champaign County behavioral health providers and others within the system to development a similar system that fits area resources, unique needs, and financial means of Champaign County.

In January 2015 several CITSC members met with a representative from Peoria Police Department and toured the Community Care Center. The CITSC representatives were

- Urbana Lieutenant Joel Sanders
- Champaign County Sheriff's Office Lieutenant Brian Menennga,
- Champaign County Mental Health Board Associate Director of Mental Health Mark Driscoll
- Champaign County Developmental Disability Associate Director Lynn Canfield
- Community Elements Crisis team coordinator Monica Cherry

A summary of the Peoria Model is attached as an appendix to this report

***Statistics:**

Champaign Police Department:

- Excited Delirium: 10
- Mental Illness: 254
- Suicidal Threats: 280
- Suicidal Attempts: 51
- Total: 595

Champaign County Sheriff's Office:

- **Crisis Events: 42
- Excited Delirium: 0
- Mental Illness: 6
- Suicidal Threats: 102
- Suicidal Attempts: 41
- Total: 191

University of Illinois Police Department:

- Crisis Events: 102
- Excited Delirium: 1
- Mental Illness: 51
- Suicidal Threats: 34
- Suicidal Attempts: 11
- Total: 199

Urbana Police Department:

- Crisis Events: 210
- Excited Delirium: 5
- Mental Illness: 150
- Suicidal Threats: 85
- Suicidal Attempts: 59
- Total: 509

*****Rantoul Police Department:**

- Crisis Events: 146
- Suicidal Attempts/Threats: 47
- Total: 191

All Department totals:

- Crisis Events: 500
- Excited Delirium: 16
- Mental Subjects: 461
- Suicidal Threats/Attempts: 710
- Total: 1687

*These are minimum contacts. Each department tracks its own contacts by use of a CIT Tracking form that is submitted by an officer after each contact. If an officer does not recognize the individual has a behavioral health problem, or the officer does not submit a form, the specific contact will not be counted.

**Crisis Events are all uncategorized events

***Rantoul's numbers only reflect April – December 2014

Recommendations:

CITSC has changed the landscape of the local mental health system and law enforcement response. The forward movement, although having an impact, is only a beginning and much dialogue, effort and planning need to continue. The CITSC recommends to the local Chiefs/Sheriff continue to

- Support training for non-CIT officers and ask the MTU to offer Mental Health First Aid for Police
- Support the need for more CIT certified officers and ask the MTU to offer at least one CIT certification course a year
- Use the CITSC as a voice to the community
- Support the creation of a local system that is based on the Peoria Model

2014 CITSC Members:

Law Enforcement:

CCSO:

Lt. Brian Mennenga
Chief Deputy Allen Jones
Lt. Robert Cravens

CPD:

Ofc. Daniel Ward
Sgt. Thomas Frost
Lt. Michael Paulus

RPD:

Ofc. Chuck Casagrande

UIPD:

Ofc. Brian Tison

UPD:

Lt. Joel Sanders

Community Agencies:

Carle Emergency Department:

Allen Rinehart

CCMHB:

Mark Driscoll
Lynn Canfield
Dr. Julian Rappaport

City of Champaign

Deb Frank Feinen

City of Urbana

Michelle Brooks

Community Elements:

Monica Cherry
Benita Gay
Shelia Ferguson

C-U @ Home:

Melanie Jackson

C-U MTD:

Stu Smith

METCAD:

Betsy Smith

NAMI:

Debra Medlyn
Richard Brandt

Pavilion:

Kim Greenlee

Presence Emergency Department:

Roger Hobbs
Staci Sutton

States Attorney Office:

Julia Rietz
Barb Mann

UIUC Counseling Center:

RJ McNicholl

Appendix

Summary of Human Service Center Emergency Response Service program and Community Care Center

Emergency Response Service

Facts and Users

- ERS began in 1975
- ERS operates under contract with Peoria Police and Peoria County Sheriff's Office
- ERS responds to all municipal and rural county law enforcement requests
- Peoria County population 188,249 (Champaign County 204,897)

Goals of the ERS (taken directly from contract language)

- To meet the needs of persons in non-medical crisis in the most immediate and appropriate manner possible, on a 24 hours basis.
- Through appropriate referral, follow-up and feedback, to reduce the potential for repetition of similar crisis.
- To establish and facilitate cooperative links among the criminal justice system and community social service agencies
- To serve approximately 250 individuals in crisis per month
 - ERS handles between 2,000 and 4,000 calls a year

ERS Response

- ERS has radio and telephonic contact with police dispatch center
- ERS is dispatched by police; during initial dispatch or at officer request
- There are six full-time workers (1 Supervisor 5 line workers)
 - Supervisor and one other position is Masters in Social Work
 - Four employees minimal B.S. (some do have MSW)
 - Two clinicians on duty during a day shift, one is on duty at night
- ERS worker is always on duty; not on-call
- Typical response time is acceptable to officer needs

- Officers have no obligation for call to remain status quo; officer can progress the call without a clinician
- Officer secures scene and provides additional security
- Officer does not do evaluation
- ERS may make independent decision and has access to a psychiatrist
- Police are in charge of scene and are permitted to override ERS decision
- ERS responds in a caged car
 - Clinician transports individual to appropriate location
 - Clinician completes involuntary petition
- Police clear with an informational report
- If scene is secure and ERS is comfortable, police may clear prior to ERS
- ERS responds to welfare checks on many recidivists without police assistance
- ERS will accompany deputies at civil residential evictions
- ERS will respond to the jail

Primary Advantages

- Call time is greatly reduced
- Police response to recidivists is greatly reduced
- A trained individual does the evaluation and makes the decision
- Consumer and family is immediately connected to services
- Reduces incarceration (minor crimes transported to Community Crisis Center)

Secondary Advantages

- Reduces Ambulance and Fire calls
- Reduces emergency room visits
- Managed Care companies support the use of Community Care Center, meaning care is provided

Caveat

- Police still need to train to recognize an individual in behavioral health crisis
- All police direct interaction/evaluation is not eliminated
 - Officer transports to Community Crisis Center and drops off the individual
 - Officer transports to hospital where ERS typically will meet with them
 - Officer transports to jail, where ERS will meet them

Community Crisis Center

Overview

- Free standing facility
- Access doors into building, and access doors to various wings within the building are secure
- Individuals can leave of their own free will
- No on-sight security
- Open and staffed 24/7- 365
- Provides myriad of drop in services; no one turned away at the door (no ban list)
- Adult only
 - SASS can respond to facility; cannot provide services from building
- Primarily houses three services
 - ERS
 - Living room with peer support
 - Stabilization Beds
 - 12 Non-medical detoxification
 - 4 Psychiatric beds

ERS

- Described above

Living Room

- Drop off/in facility allows individual to remain on sight for 72 hours
 - 400 a year use this
 - 25% of that number are duplicates
- Trained peer support on sight 24/7 to engage and encourage individual to accept services
- Police can take anyone to the facility (short term homeless and warming shelter, minor criminal arrests, ordinance violations; Officers clear non-arrests with “refer to CCC”)

Stabilization Beds

- 12 Non-medical detoxification beds
- 4 Psychiatric beds
- 24/7 nurse care
- PA on staff
- Medical Dr. makes daily rounds
- Psychiatric makes round 5 days a week

Funding

- Department of Mental Health
- D.A.S.H. – Detox
- Peoria Police contract (\$110,000 per year)
- Peoria County contract (\$10,000 per year)
- Budget
 - 1.8 million per year
 - Currently operating on 1.5 million
- Medicare billing
- Significant portion of budget is stabilization beds. ERS can function at a much lower cost