



December 10, 2019, 8:30 a.m. to 10:00 a.m.
Community Center, Multipurpose Room

Opening Remarks & Law Enforcement Updates:

Jim Gunther from the Westmont Police Department began the meeting by updating the collaborative on the rollout of the new RMS to most police departments in DuPage. Chief Gunther also reminded the group that marijuana will become legal on January 1st and that it has the potential to have crossover for people with co-occurring disorders. During the DuPage Chiefs meeting, they discussed the possible long-term effects that legalization will have on Illinois. Using Colorado as a point of reference, we can foresee a rise in traffic fatalities and a rise in the homeless rate.

Mike Drugan from the DuPage County Sheriff's Office updated the collaborative on officer and deputy Crisis Intervention Team (CIT) training since 2017. So far there have been 667 officers and deputies trained within DuPage County. The hope with this training is for officers to gain an understanding of how to better interact with individuals who are experiencing a mental health crisis. Currently, all DuPage County officers can attend, and the goals are to expand the program to a three-day training.

Central Receiving Center Subcommittee:

Eirene Leventis updated the collaborative on the efforts towards establishing a Central Receiving Center in DuPage. We currently do not have funding for the CRC, but we are closer to making this project a reality, as leadership from the Health Department is actively seeking funding for the renovation of an existing building on the county campus. Once funding is secured for such a renovation, long-term funding would still be necessary for operations of the CRC.

The key takeaways from the sub-committee meetings include an understanding that the hospital emergency department is not optimized to treat a mental health crisis. The length of stay will be different between a crisis center and a CRC. The target population that will be serviced is uninsured or underinsured people. In addition to the key takeaways, Eirene presented possible barriers. These included the difficulty with transportation, and a need to change the culture of automatically going to the emergency department.

Questions and discussion:

- How are you planning on managing people who arrive at the CRC voluntary, but they need a higher level of care and refuse to go?

- Answer: Members of the subcommittees visited other CRC with 24hr 59min models, they had a protocol in place to deal with these types of issues.
- Can groups other than law enforcement drop off patients at the CRC?
 - Answer: Law enforcement will be the biggest user of the CRC, but our goal is to expand to primary care references and referrals from other agencies.
- Will detox be used within the CRC?
 - Answer: The topic of detox has come up frequently. Most of the time when people are admitted into detox, the facility they are admitted to does not have the nursing support needed. In addition, there is a process difference between opioids and alcohol. We need to make sure we have the staff needed.
- Will it be possible to divert someone from a jail situation with a low-level crime to something like the CRC?
 - Answer: This will be based on officer discretion and will depend on the level of the crime, what the victim of the crime has to say.
- How do we get the word out to the community about the CRC?
 - Answer: We can use our current stakeholders who are currently working with our target population. In addition, transportation is key, it's important that people are not being sent away. Instead, have a system in place that can provide a warm handoff is key.

Post- Incarceration Support Subcommittee:

Jeff Lata updated the collaborative on the Post-Incarceration Support Subcommittee. Approximately a year and a half ago the BHC looked at data collection and discharge planning, which ultimately revealed the need for a mental health reentry specialist. When the subcommittee reconvened this summer, the group brainstormed new aspects of the reentry process that could potentially be improved. From this, we have landed on creating more targeted workgroups that look at:

- Improving the ways that medications are provided upon release
- Identifying situations that individuals leaving the jail can be referred to FQHCs (in and outside of DuPage)
- Researching innovative housing programs nationwide that specifically work with individuals involved in the justice system

Collaborative members broke into small groups to discuss ideas for the next steps and to identify additional areas to examine. After the breakout groups presented their discussion. The need for a warm handoff between the jail and community services was highlighted. In addition, the issue of housing, particularly among special populations such as sex offenders was highlighted. Feedback will be brought back to the Post-Incarceration Subcommittee for review.

BHC Projects:

Scott Kaufmann updated the group on current and future BHC projects. The Health Department was awarded a 3-year suicide prevention SAMHSA grant. We are 1 out of 2 recipients

nationwide. The purpose of this grant is to provide an integrated hub that ensures A) the systematic follow-up with individuals who are suicidal, B) Enhanced coordination of crisis stabilization, crisis respite and hospital emergency services and C) Enhances the coordination of mobile on-site crisis response.

Looking ahead into 2020 the main BHC goals are to:

- Develop long term action plans for the BHC
- Implement mental health and substance use screening tools at the DuPage County Correctional Center
- Train 100 EMS/Fire responders in Mental Health First Aid
- Use the new RMS data to learn more about mental health calls