

# Sequential Intercept Mapping Champaign County, IL

February 2017

Final Report

**Crisis Response Planning Committee System Mapping Gaps Analysis  
Champaign, Illinois  
2017**

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the U.S. Department of Justice and the Champaign County Mental Health Board

**Committee**

**Co-Conveners:**

Sheila Ferguson, Executive Director, Rosecrance Champaign/Urbana  
Allen Jones, Chief Deputy, Champaign County Sheriff's Office

<b>Project Director</b>	Bruce Barnard
<b>Project Coordinator</b>	Celeste Blodgett
<b>Collaboration Consultant</b>	Claudia Lennhoff
<b>Data Consultant</b>	Saijun Zhang

**Crisis Response Planning Committee**

<b>Organization</b>	<b>Role</b>	<b>Individual</b>
Champaign County Board		Jim McGuire
Champaign County Circuit Court	Court Administrator	Lori Hansen
Champaign County Continuum of Care	Homeless Services	Mike Benner
Champaign County Health Care Consumers	Consumer Advocate & Service Provider	Chris Garcia
Champaign County Jail	Jail Administrator	Karee Voges
Champaign County Mental Health Board	Mental Health Planning & Local Funding	Mark Driscoll
Champaign County Sheriff's Office	Co-Convener	Allen Jones
Champaign County State's Attorney		Julia Rietz
Citizen Representative		Jamie Stevens
NAMI Champaign, IL	Individual & Family Advocacy	Diane Zell
NAMI Champaign, IL	Individual & Family Advocacy	Nancy Carter
Prairie Center Health Systems	Addiction Services	Gail Raney
Rosecrance Champaign/Urbana	Mental Health & Addiction Services	Sheila Ferguson
Rosecrance Champaign/Urbana	Reentry Council Liaison	Bruce Barnard
Rosecrance Champaign/Urbana	Crisis & Respite Services	Monica Cherry
University of Illinois	CIT Police Officer	Brian Tison
University of Illinois	Law Enforcement Representative	Jeff Christensen

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Will Englehardt & Risë Haneberg**

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## Glossary of Acronyms

BH – Behavioral Health

BJMHS – Brief Jail Mental Health Screen

BOP – Bureau of Prisons (The Federal Corrections System)

CC – Champaign County

CCS – Correct Care Solutions (The contracted primary and mental health provider in the Champaign County Jail)

CIT – Crisis Intervention Team

CJ – Criminal Justice

COD – Co-Occurring Disorder

DD – Developmental Disability

LE – Law Enforcement

LSI-R – Level of Service Inventory – Revised (The criminogenic risk assessment in use by County Probation)

LSI-R: SV – Level of Service Inventory – Revised: Screening Version

MH – Mental Health

MHFA – Mental Health First Aid

MI – Mental Illness

MI/COD – Mental Illness/Co-Occurring Disorders

MRT – Moral Reconciliation Therapy (An evidence-based cognitive behavioral therapy)

OD – Overdose

PCP – Primary Care Physician

PCR or PCRA – Post-Conviction Risk Assessment (The criminogenic risk assessment in use by US Probation)

PD/PDO – Public Defender/Public Defender's Office

PC – Prairie Center Health Systems

RCU – Rosecrance Champaign/Urbana

SA – Substance Abuse

SAO – State’s Attorney’s Office

SPIn - Service Planning Instrument (The criminogenic risk assessment purchased by Illinois Dept. of Corrections, not in use at this time)

TASC – Treatment Alternatives for Safer Communities

TCUDS – Texas Christian University Drug Screen V (A drug screen that is validated for use in Corrections)

WIOA – Workforce Innovation and Opportunity Act (The purpose of WIOA is to align the workforce system with education and economic development, in order to create a collective response to economic and labor market challenges on the national, state, and local levels.)

## **Introduction**

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 the 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 include 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 said reports and recommendations were disseminated, 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 remain.

With support from the Justice and Mental Health Collaboration Program (JMHCP) planning grant, awarded to Champaign County in 2015, by the Department of Justice, the Crisis Response Planning Committee (CRPC) was formed to oversee activities of the planning grant. From July 2016 to January 2017, the CRPC completed a criminal justice (CJ) system mapping and gaps analysis process, utilizing the Sequential Intercept Model (SIM). The process was intended to identify current practices and results, to inform the development of system-wide goals and strategies with which to:

1. Reduce the number of people with mental illnesses (MI) and co-occurring disorders (COD) booked into the jail
2. Reduce the length of time people with MI/COD disorders stay in the jail
3. Increase the number of people with MI/COD released from the jail who are connected to community-based services and supports
4. Reduce the number of people with MI/COD returning to jail

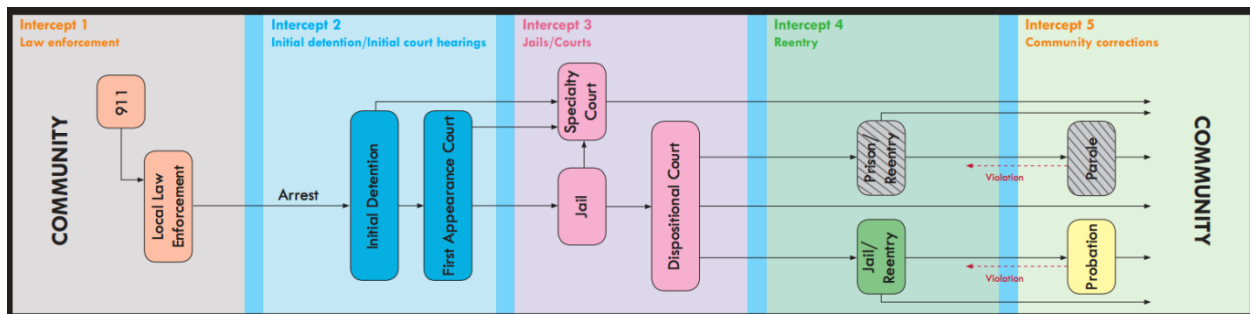
At each intercept the SIM mapping was conducted with targeted participants, representing service providers, public entities, and project staff. In addition, input from consumers and community members was provided through a series of focus groups and public meetings.

This summary is a broad depiction of the results from the mapping process. It illustrates the key components of each intercept and highlights the connections between intercepts. Further details and information are available in the *Additional Resources* section, at the end of this report, as well as in the flow charts and supporting documents attached as appendices.

## Intercept 1

Intercept 1 is comprised of local LE and emergency services. Often, this is the first point of contact individuals make with the CJ system. In Champaign County, 911 Dispatch, Crisis Line, operated by Rosecrance Champaign/Urbana (RCU), and LE are generally the first points of contact for people experiencing a crisis. 911 Dispatch or the Crisis Line receive and triage calls. If necessary, LE and/or CIT Officers are dispatched. At this time, when responding to a call, the responding officer has three options:

1. Arresting and taking the individual to jail
2. Taking the individual to the hospital for evaluation
3. De-escalating/Stabilizing situation (no-relocation of individual)



## Resources

- RCU Crisis Team 24hr on-call
- MHFA Training
- CIT Training (6 dispatchers trained)
- OD/Naloxone (i.e., Narcan) Training is scheduled
- 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
- RCU's Respite Center
- Voluntary hospitalization or petition for involuntary admission
- Transportation to out-of-town detoxification, or local hospital-based detoxification
- RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)

## Gaps

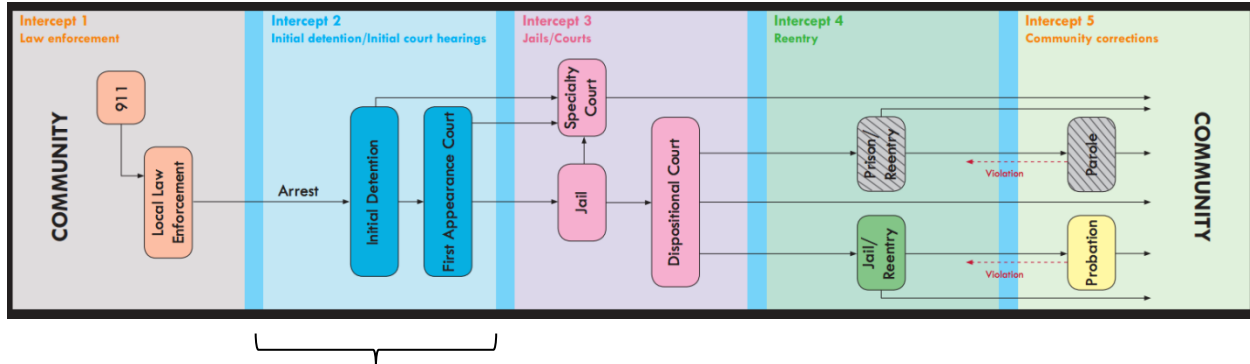
- Crisis Team staffing/capacity is inadequate for 24hr LE response
- Crisis Team response time is prohibitive to LE
- Outreach from LE to Crisis Team is limited
- Jail staff outreach/collaboration is limited (before booking)
- Additional MHFA and CIT training is needed for 911 Dispatchers

- Determination of appropriate number of officers for MHFA and/or CIT training needs
- Ongoing CIT training, beyond 2017, is needed for LE
- Ongoing OD/Naloxone (i.e., Narcan) training is needed for LE
- RCU's Respite Center provides residential services for MH crises, but is not designed for drop-off by LE or family members
- Criminogenic Risk Assessment data is not available
- Local detoxification services are not available outside of a hospital
- Volume and ED activity determine access to beds/triage for severity of need
- Access to psychiatry is limited in the community (particularly for those without private insurance) and the jail
- Limited BH services are available in the community



## Intercept 2

Intercept 2 is comprised of initial detention and first court appearance. The key people, from the criminal justice (CJ) system, involved at this intercept include Jail Staff, the State's Attorney, and the Public Defender. The Jail Administrator can work with on-site mental health professionals to request voluntary MI/COD screening and/or assessment. The State's Attorney and/or Public Defender can request that MI/COD screenings/assessments be administered in specific cases. Specialty courts are a key component at this intercept. At this time, Champaign County operates a post-conviction drug court.



## Resources

- Correctional Staff currently administer the Jail's Initial MH Screen & Assessment
- Correctional Staff will administer
  - BJMHS (proposed)
  - TCUDS (proposed)
- Correct Care Solutions (CCS – the contracted primary care provider in the jail) assesses primary medical and MH needs
- Drug Court
  - LSI-R
  - Prairie Center Health Systems (PC) is the SA treatment provider for Drug Court
  - Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)
- First Offender Probation
- State's Attorney's Second Chance Program
- Informal pre-trial release started
- Bond court seven days/week
- LSI-R currently provided by County Probation

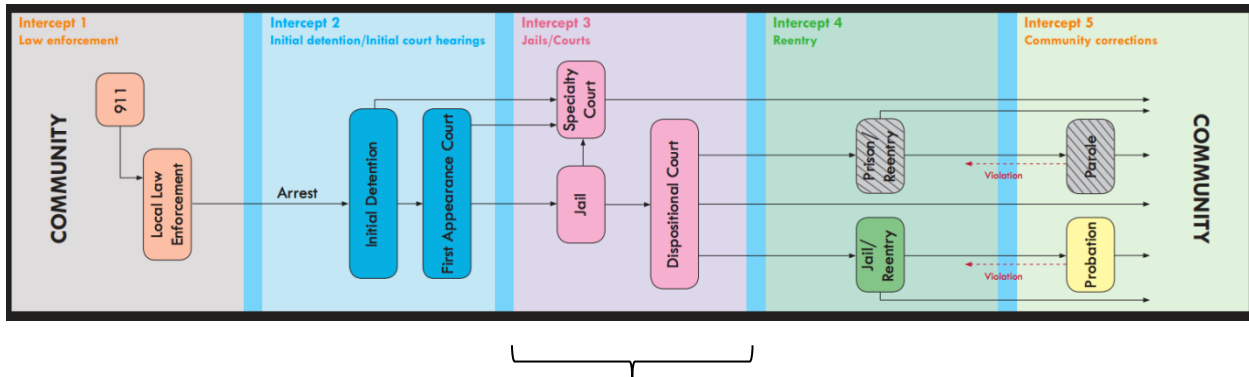
## Gaps

- Correctional Staff in the jail primarily assesses for risk of suicide and safety
- Jail staff outreach/collaboration is limited
- Data sharing/tracking (of screenings/services at the jail) is limited
- Limitations of the proposed screens for the jail, *BJMHS* and *TCUDS* are unknown

- Eligibility for Drug Court is limited
- Drug Court is post-conviction only, pre-conviction alternatives are needed
- No structured community-based diversion program
- MAT is limited to Drug Court participants
- Mental Health Court or Specialty/Problem Solving Court(s) are needed
- No pre-trial risk assessment at bond hearing
- No criminogenic risk data for community-based services unless completed by Probation
- Some functions/linkages occur based on relationships, and are not formalized
- Lack of structured services available that people can take advantage of at various intercepts without PD referral
- Information sharing model may have unintended consequences
- No alternative from jail or hospital available for referral
- Many people lack ability to pay for some services they are referred to
- Education/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 3

Intercept 3 is comprised of Jail and Courts. During this phase of involvement in the CJ system, individuals are detained in the jail, and involved in court proceedings. 12% of the jail population is comprised of detainees who have been sentenced. For the pre-sentenced population, it is important that, while operating within constraints of ethics and confidentiality, the Offices of the State’s Attorney and Public Defender are aware of MI/COD issues, as well as any participation in community programming, which may influence sentencing recommendations.



## Resources

- PC (SA treatment provider)
  - Administers the GAIN-SS & requests the LSI-R from County Probation if possible
  - Provides screening & brief intervention
- RCU (MH treatment provider)
  - Administers the ISF & requests the LSI-R from County Probation if possible
  - (proposed) administers the LSI-R:SV
- 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
- LSI-R in use by County Probation
- SPIn purchased (but not currently used) by IDOC
- PCR in use by US Probation

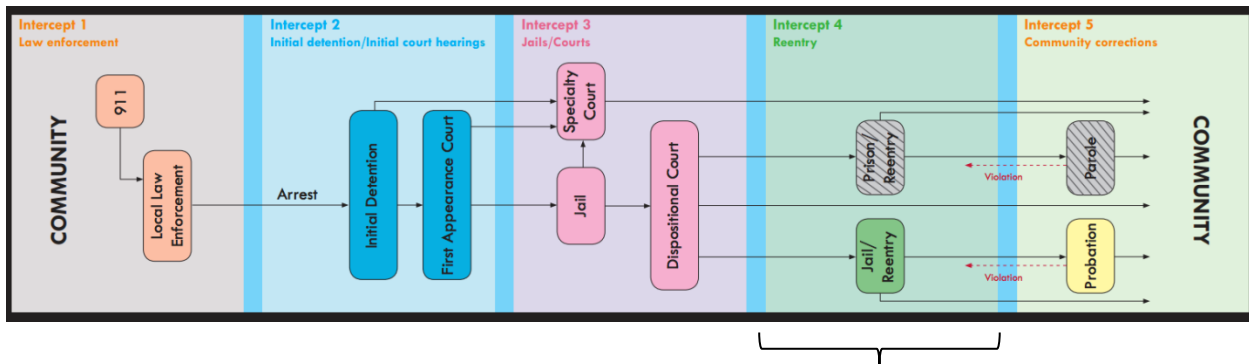
## Gaps

- BH Providers cannot share client information beyond aggregate data without a specific signed consent
- Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system
- Pre-sentence/pre-bond population does not receive criminogenic screening
- No SA treatment exists in the jail

- Post-release SA treatment engagement is low
- More programming within the jail is desired
  - \*Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of two jails.
- Increased access to psychiatry in the jail is needed
- Specialized housing, for the BH population in the jail is needed
- No criminogenic risk data for the jail population exists unless previously completed by Probation
- CCS provides no community or transition plan

## Intercept 4

Intercept 4 details reentry, the process of individuals' reintegration from incarceration back into the community. Ideally, the reentry process begins during incarceration. In Champaign County, the Reentry Program, operated by RCU and funded by the County Board, contacts eligible persons detained in the County Jail before release, and contacts people returning to the community from incarceration in IDOC facilities within 72 hours post-release. It should be noted that while similarities exist in reentry needs for those returning from jail and prison, differences also exist. People returning from prison have often been away from the community much longer than people returning from a sentence in the County Jail. Some local resources are available to one group and not the other.



## Resources

- RCU in jail
- TASC in two IDOC facilities
- Housing (Return from Jail)
  - Courage Connection
  - Restoration Urban Ministries
  - TIMES Center
  - Private Landlords
- Housing (Return from Prison)
  - Ann's House
  - Courage Connection
  - JITW (Rantoul)
  - Restoration Urban Ministries
  - TIMES Center
  - PC – for people returning from Bureau of Prisons (BOP)
  - Private Landlords
- Employment
  - Community Services Center (Rantoul)
  - First Followers
  - Illinois Work Net Center
  - Computer access
  - RCU Reentry Program
  - Salvation Army/Employment Training Program

- Transportation
  - Champaign County Area Rural Transit System (CCARTS)
- Medical/Benefits
  - Champaign County Health Care Consumers
  - Promise Healthcare (Frances Nelson and Smile Healthy)
  - RCU Reentry Program
- Behavioral Health
  - RCU Reentry Program
  - PC
  - Promise Healthcare
  - Treatment Alternatives for Safer Communities (TASC)
- Education
  - Urbana Adult Education Center
  - Parkland College
- WIOA

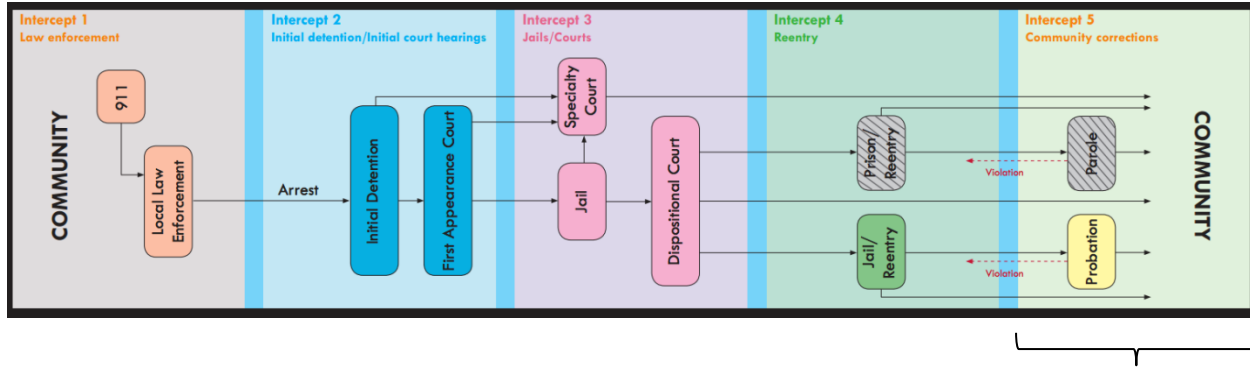
## Gaps

- More pre-release planning capacity needed
- Some reentry efforts are limited to or by:
  - Jail or Prison population, not inclusive of both
  - Faith-based requirements
  - Gender specifications
  - Type of conviction
  - Supervision status
  - Capacity
- Housing limitations for the Reentry Population
  - No halfway house, other than for Federal Bureau of Prisons at PC
  - City of Champaign Human Rights Ordinance allows for discrimination, for up to 5 years post-release (currently under review)
  - CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification
- Employment limitations for the Reentry Population
  - Some community programs require a felony conviction for eligibility
  - There is a lack of coordination of existing efforts
  - There is no structured skills development employment program
  - Factory-based employment, based in Rantoul (approx. 20 miles from Champaign/Urbana), involves transportation barriers for many people
- Transportation service (to Rantoul, where many factory jobs are located) is limited and costly
- Medical/Benefits limitations for the Reentry Population
  - Access to prescription medication is limited
  - More SSDI Application Specialists are needed
- Behavioral Health limitations for the Reentry Population
  - Lack of capacity for psychiatry (community-wide)
  - Lack of capacity for residential substance use treatment
  - No long-term care for people with SUD
  - Some reentry services are limited to linkage

- Educational limitations for the Reentry Population
  - Fees associated with some educational programming
  - A technology barrier exists in jail and prison, and for anyone releasing from prison after serving a long sentence
- Many people experience difficulty obtaining State Identification after release from prison
  - It is possible to obtain a temporary ID inside an IDOC facility, but required paperwork is often an issue, and local DMVs often do not accept the temporary ID when people apply for a permanent ID or Driver's Licenses post-release
    - \* Although a law recently passed in 2016 requires the Secretary of State's Office to issue a standard Illinois ID card to ex-inmates at the time of release. The inmate must present a birth certificate, Social Security card or other documents and two proofs of address.
- Criminogenic Risk Assessments are not completed by IDOC

## Intercept 5

Intercept 5 is comprised of community supervision, Parole or Probation, post-incarceration. At Intercept Five, community supervision is provided by a field agent, who oversees individuals' adherence to stipulations upon release to the community, for a fixed period of time. Many identical barriers exist at the fourth and fifth intercepts.



## Resources

- LSI-R in use by County Probation
- PCR (post-conviction risk assessment) in use by US Probation
- Housing
  - IDOC Reentry Group assists with housing placement
  - RCU Reentry Program refers to housing resources
  - PC has a BOP Halfway House
- Behavioral Health
  - PC SA services
  - RCU BH services
  - Promise Healthcare psychiatry services
- Access to Prescription Medication
  - Champaign County Health Care Consumers provides assistance
- Transportation
  - Champaign County Area Rural Transit System (CCARTS)
- Education
  - Urbana Adult Education Center
  - Parkland College
  - WIOA
- Employment
  - Community Services Center (Rantoul)
  - First Followers
  - Illinois Work Net Center
  - RCU Reentry Program
  - Salvation Army/Employment Training Program



## Gaps

- Technical conditions are not enforced
- Housing limitations for the justice-involved population
  - No halfway house other than for Federal BOP at PC
  - City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)
  - CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification
- Employment limitations for the justice-involved population
  - There is a lack of coordination of existing efforts
  - There is no structured skills development employment program
  - Factory-based employment, based in Rantoul (approx. 20 miles from Champaign/Urbana), involves transportation barriers for many people
- Transportation service (to Rantoul, where many factory jobs are located) is limited and costly
- Medical/Benefits limitations for the justice-involved population
  - Access to prescription medication is limited
  - SSDI Application Specialists are needed
- Behavioral Health limitations for the justice-involved population
  - Lack of capacity for psychiatry (community-wide)
  - Lack of capacity for residential substance use treatment
  - No long-term care for people with SUD
- Educational limitations for the justice-involved population
  - Fees associated with some educational programming
  - A technology barrier exists in jail and prison, and for anyone releasing from prison after serving a long sentence
- Many people experience difficulty obtaining State Identification after release from prison
  - It is possible to obtain a temporary ID inside an IDOC facility, but required paperwork is often an issue, and local DMVs often do not accept the temporary ID when people apply for a permanent ID or Driver's Licenses post-release
- Criminogenic Risk Assessments are not completed by IDOC

## Priorities

- Intercept 1
  - Implement a Co-responder Model
  - Assess capacity need for an Assessment Center
- Intercept 2
  - Implement LSI-R at earliest point in the CJ process
  - Embed a Social Worker in the PDO
- Intercept 3
  - Re-establish Mental Health Court
  - Establish Special Management Housing in jail
- Intercept 4
  - Enhance Reentry Case Management services for the BH population in the jail
- Miscellaneous
  - Establish a comprehensive BH Coordinating Council to lead JMHCP implementation efforts and form one cohesive CJ planning body

## Recommendations

1. Establish a BH Coordinating Council to oversee all CJ/BH activities
2. Implement the 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 support to the Public Defender's Office
5. Gather data to inform the need for an Assessment Center where LE can take persons with MI/COD, instead of jail or the hospital (envisioned to include assessment for MH, 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

## Additional Resources

- Blue-Howells, J. H., Clark, S. C., van den Berk-Clark, C., & McGuire, J. F. (2013) The U.S. Department of Veterans Affairs Veterans Justice Programs and the Sequential Intercept Model: Case Examples in National Dissemination of Intervention for Justice-Involved Veterans. *Psychological Services, 10, 1: pp. 48–53.*  
[http://www.nchv.org/images/uploads/The\\_U.S.\\_Dept\\_of\\_VA\\_Veterans\\_Justice\\_Programs\\_.pdf](http://www.nchv.org/images/uploads/The_U.S._Dept_of_VA_Veterans_Justice_Programs_.pdf)
- Center for Court Innovation. Picard-Fritsche, S., Rempel, M., Tallon, J. A., Adler, J., & Reyes, N. (2017) *Demystifying Risk Assessment: Key Principles and Controversies.*  
[http://www.courtinnovation.org/sites/default/files/documents/Monograph\\_March2017\\_Demystifying%20Risk%20Assessment\\_1.pdf](http://www.courtinnovation.org/sites/default/files/documents/Monograph_March2017_Demystifying%20Risk%20Assessment_1.pdf)
- Illinois State Commission on Criminal Justice and Sentencing Reform. (2016) *Final Report (parts I & II).* [http://www.icjia.org/cjreform2015/pdf/CJSR\\_Final\\_Report\\_Dec\\_2016.pdf](http://www.icjia.org/cjreform2015/pdf/CJSR_Final_Report_Dec_2016.pdf)
- Skeem, J. L., Steadman, H. J., & Manchak, S. (2015) Applicability of the Risk-Need-Responsivity Model to Persons With Mental Illness Involved in the Criminal Justice System. *Psychiatric Services 66:9.* [http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/applicability\\_of\\_the\\_risk-need-responsivity\\_model\\_to\\_persons\\_with\\_mental\\_illness\\_involved\\_in\\_the\\_criminal\\_justice\\_system\\_2015.pdf](http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/applicability_of_the_risk-need-responsivity_model_to_persons_with_mental_illness_involved_in_the_criminal_justice_system_2015.pdf)
- Skeem, J. L., Winter, E., Kennealy, P. J., & Loudon, J. E. (2014) Offenders With Mental Illness Have Criminogenic Needs, Too: Toward Recidivism Reduction. *Law and Human Behavior, 38, 3: pp. 212-224.* [http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/2014.offenders\\_with\\_mental\\_illness\\_have\\_criminogenic\\_needs\\_too\\_toward\\_recidivism\\_reduction.pdf](http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/2014.offenders_with_mental_illness_have_criminogenic_needs_too_toward_recidivism_reduction.pdf)
- Skeem, J. L., Manchak, S. M., & Peterson, J. K. (2011) Correctional Policy for Offenders with Mental Illness: Creating a New Paradigm for Recidivism Reduction. *Law and Human Behavior, 35: pp.110–126.* [http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/correctional\\_policy\\_for\\_offenders\\_with\\_mental\\_illness\\_-\\_creating\\_a\\_new\\_paradigm\\_for\\_recidivism\\_reduction\\_2011\\_1.pdf](http://risk-resilience.berkeley.edu/sites/default/files/journal-articles/files/correctional_policy_for_offenders_with_mental_illness_-_creating_a_new_paradigm_for_recidivism_reduction_2011_1.pdf)
- The Stepping Up Initiative. Haneberg, R., Fabelo, T., Osher, F., & Thompson, M. (2017) *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.*  
[https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail\\_Six-Questions.pdf](https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf)

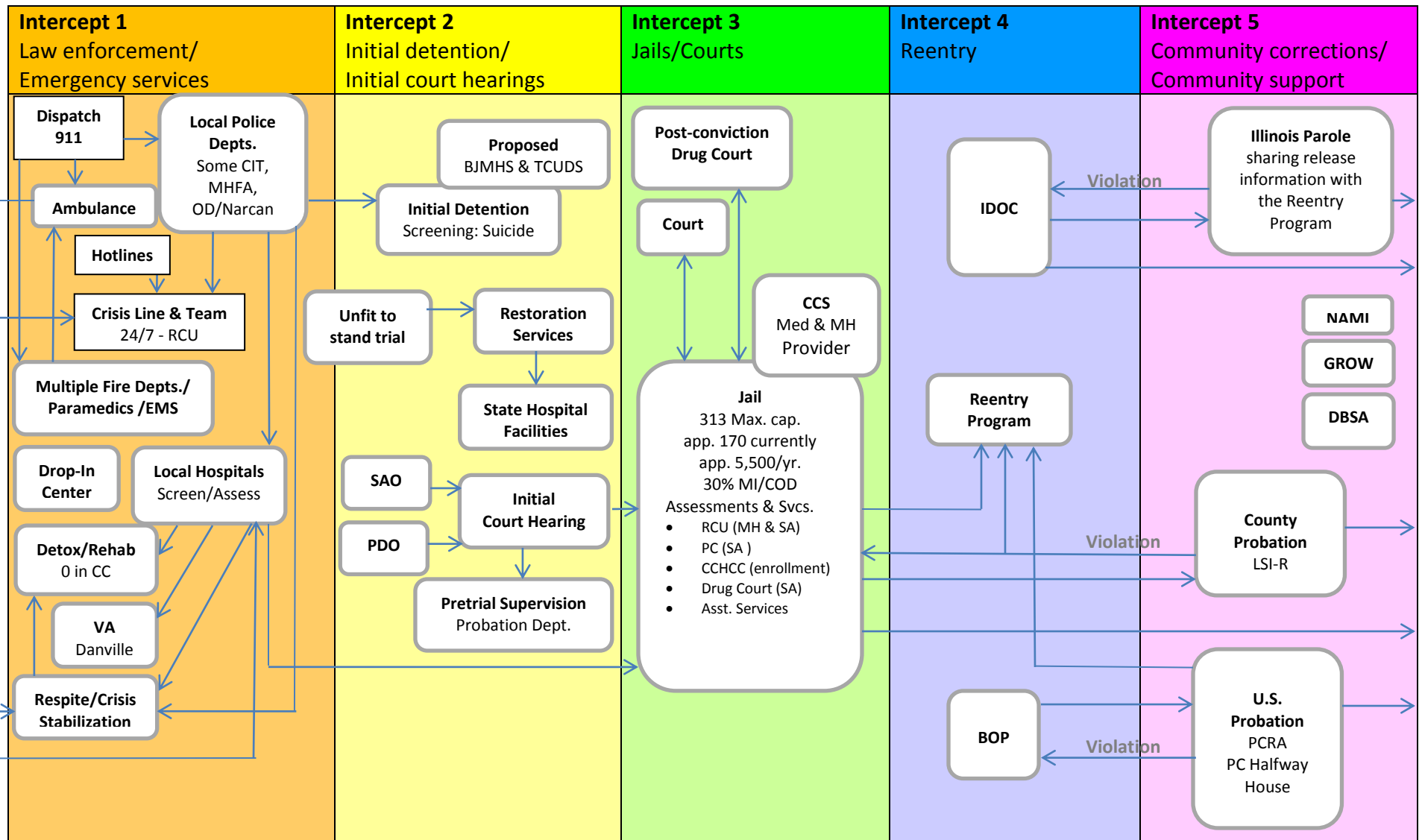
APPENDIX A

Champaign County SIM – February 2017

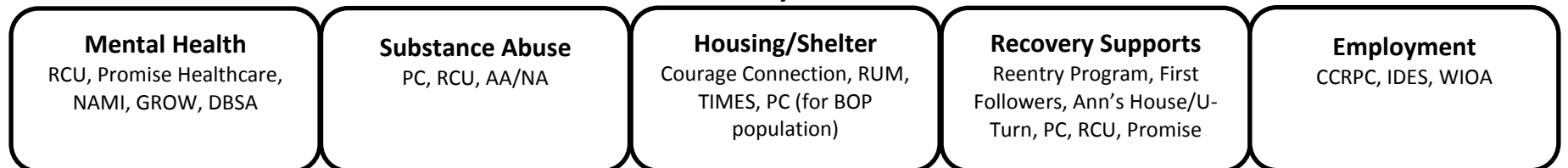
Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention	Intercept 3 Jail/Courts	Intercept 4 Reentry	Intercept 5 Community Supervision
<p><b>COMMUNITY</b></p>	<p>911</p> <p>Local Law Enforcement</p>	<p>Initial Detention</p> <p>First Appearance Court</p>	<p>Specialty Court</p> <p>Jail</p> <p>Dispositional Court</p>	<p>Prison/Reentry</p> <p>Jail/Reentry</p>	<p>Parole</p> <p>Probation</p> <p><b>COMMUNITY</b></p>
<p><b>Policies &amp; Practices:</b> N/A</p>	<p><b>Policies &amp; Practices:</b> 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.</p>	<p><b>Policies &amp; Practices:</b> 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.</p>	<p><b>Policies &amp; Practices:</b> 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.</p>	<p><b>Policies &amp; Practices:</b> Everyone returning to Champaign County from incarceration in jail or prison is eligible to engage in a reentry program.</p>	<p><b>Policies &amp; Practices:</b> County Probation conducts an RNR assessment on anyone eligible for Probation.</p>

<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>N/A</p>	<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>CIT Officers</p>	<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>Proposed screenings are BJMHS and TCUDS.</p>	<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>MRT groups are offered in the jail.</p>	<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>Reentry programming provides wrap-around services.</p>	<p><b>Evidence-Based Programs &amp; Treatments:</b></p> <p>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.</p>
<p><b>Data:</b></p> <p>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 &amp; Families; \$633,073 for ID/DD Contracts (CCMHB/CCDDB IGA). In FY1617, the City of</p>	<p><b>Data:</b></p> <p>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.</p>	<p><b>Data:</b></p> <p>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.</p>	<p><b>Data:</b></p> <p>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 <math>\geq</math> 72 hours, ALOS = 35.81 days. At this time, there is no data available for ALOS re: the population with MI/COD.</p>	<p><b>Data:</b></p> <p>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.</p>	<p><b>Data:</b></p> <p>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.</p>

<p>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.</p> <p><b>Services:</b> N/A</p>	<p><b>Services:</b> 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.</p>	<p><b>Services:</b> Medical staff completes non-validated screening for only those who demonstrate observable symptoms of mental illness.</p>	<p><b>Services:</b> Limited jail-based MH in-reach services and connection to care.</p>	<p><b>Services:</b> 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.</p>	<p><b>Services:</b> LSI-R risk assessment, cognitive behavioral-based groups.</p>
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**Community Resources**



**APPENDIX B**

**Champaign County SIM Intercepts Chart Details**

<b>Intercept</b>	<b>Comprehensive System Features</b>	<b>Existing Programs</b>	<b>Gaps/Limitations</b>
<p align="center"><u>Intercept 1</u></p> <p align="center"><b>911</b></p> <p align="center"><b>Local Law Enforcement</b></p> <p align="center"><b>RCU</b></p> <p align="center"><b>Mental Health Crisis Line</b></p>	<p align="center"><b>Co-Responder Programs</b></p>	<ul style="list-style-type: none"> <li>• RCU Crisis Team 24hr on-call</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate staffing for 24hr LE response</li> <li>• Response time is prohibitive to LE</li> </ul>
	<p align="center"><b>911 Dispatch System</b></p>	<ul style="list-style-type: none"> <li>• MHFA Training</li> <li>• CIT Training (6) trained in CIT</li> <li>• OD/Naloxone (i.e., Narcan) Training is scheduled</li> </ul>	<ul style="list-style-type: none"> <li>• More MHFA training is needed</li> <li>• More CIT training is needed</li> </ul>
	<p align="center"><b>Law Enforcement (LE)</b></p>	<ul style="list-style-type: none"> <li>• Some LE are MHFA trained</li> <li>• CIT (cross-jurisdiction agreements, 117 trained)</li> <li>• CIT training scheduled/funded into 2017</li> <li>• Some LE are trained in OD/Naloxone (i.e., Narcan), additional trainings scheduled</li> </ul>	<ul style="list-style-type: none"> <li>• Determination of appropriate number of officers for MHFA and/or CIT training needs</li> <li>• Ongoing CIT training beyond 2017 is needed</li> <li>• Ongoing OD/Naloxone (i.e., Narcan) training is needed</li> <li>• LE outreach from LE to Crisis Team is limited</li> <li>• Jail staff outreach/collaboration is limited</li> </ul>



Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 1</u></p> <p style="text-align: center;"><b>911</b></p> <p style="text-align: center;"><b>Local Law Enforcement</b></p> <p style="text-align: center;"><b>RCU</b></p> <p style="text-align: center;"><b>Mental Health Crisis Line</b></p>	<b>Crisis Stabilization</b>	<ul style="list-style-type: none"> <li>• Respite Center (RCU)</li> <li>• Voluntary hospitalization or petition for involuntary admission</li> </ul>	<ul style="list-style-type: none"> <li>• Respite Center does not meet all needs of the community (Not designed for drop-off by LE or family members)</li> <li>• Criminogenic Risk Assessment data is not available</li> </ul>
	<b>Detoxification</b>	<ul style="list-style-type: none"> <li>• Transportation to out of town detoxification, or local hospital-based</li> </ul>	<ul style="list-style-type: none"> <li>• Volume and ED activity determine access to beds/triage for severity of need</li> </ul>
	<b>Emergency Respite ID/DD Population</b>	<ul style="list-style-type: none"> <li>• RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)</li> </ul>	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 2</u></p> <p style="text-align: center;"><b>Initial Detention &amp; Court Hearings</b></p>	<p style="text-align: center;"><b>Jail Screening &amp; Assessment</b></p>	<ul style="list-style-type: none"> <li>• Correctional Staff currently administer the Jail's <i>Initial MH Screen &amp; Assessment</i></li> </ul>	<ul style="list-style-type: none"> <li>• Primarily assesses suicidality</li> <li>• Data sharing/tracking</li> <li>• Information sharing model may have unintended consequences</li> </ul>
		<ul style="list-style-type: none"> <li>• Correctional Staff will administer               <ul style="list-style-type: none"> <li>○ <i>BJMHS</i> (proposed)</li> <li>○ <i>TCUDS</i> (proposed)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Unknown</li> </ul>
		<ul style="list-style-type: none"> <li>• CCS (PCP provider in jail) assesses primary medical and MH needs</li> </ul>	<ul style="list-style-type: none"> <li>• Data sharing/tracking</li> </ul>
	<p style="text-align: center;"><b>Specialty Courts</b></p>	<ul style="list-style-type: none"> <li>• Drug Court               <ul style="list-style-type: none"> <li>○ LSI-R</li> <li>○ Prairie Center is the SA treatment provider for Drug Court</li> <li>○ Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Limited access</li> <li>• Post-conviction only</li> <li>• MAT is limited to Drug Court participants</li> <li>• Mental Health Court or Specialty/Problem Solving Court(s) are needed</li> </ul>
	<p style="text-align: center;"><b>Alternative Processes (Diversion)</b></p>	<ul style="list-style-type: none"> <li>• First Offender Probation</li> <li>• State's Attorney's Second Chance Program</li> <li>• Bond court 7 days/week</li> <li>• Informal pre-trial program</li> </ul>	<ul style="list-style-type: none"> <li>• No structured community-based diversion program</li> <li>• Criminogenic risk data not available at bond hearing</li> <li>• No alternative from jail or hospital available for referral</li> </ul>
<p style="text-align: center;"><b>Criminogenic Risk assessment</b></p>	<ul style="list-style-type: none"> <li>• Currently provided by County Probation</li> </ul>	<ul style="list-style-type: none"> <li>• No criminogenic risk data for community-based services unless completed by County Probation</li> </ul>	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 2</u></p> <p style="text-align: center;"><b>Initial Detention &amp; Court Hearings</b></p>	<p style="text-align: center;"><b>Other</b></p>		<ul style="list-style-type: none"> <li>• Some linkages occur due to relationships, and are not formalized</li> <li>• Lack of structured services available at various intercepts without PD referral</li> <li>• Many people lack ability to pay for some services they are referred to</li> <li>• Education or awareness of MH/SUD by staff at Jail and SAO is limited</li> <li>• If there is no bed when involuntary commitment is recommended, there is no access</li> </ul>

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 3</u></p> <p style="text-align: center;"><b>Jail/Courts</b></p>	<p style="text-align: center;"><b>Community Provider Screening &amp; Assessment</b></p>	<p style="text-align: center;"><b>RCU (BH Provider)</b></p> <ul style="list-style-type: none"> <li>• Administers the <i>ISF</i> screen &amp; requests the <i>LSI-R</i> from County Probation if possible</li> <li>• Community Support Program in jail provides: Case Management (Housing, Employment, Education, BH, Primary Health, Other Benefits/Entitlements-SS)</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• No information sharing beyond aggregate data or with specific signed consent</li> <li>• Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system</li> </ul>

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 3</u></p> <p style="text-align: center;"><b>Jail/Courts</b></p>	<p style="text-align: center;"><b>Community Provider Screening &amp; Assessment</b></p>	<p style="text-align: center;"><b>Prairie Center</b> (SA Provider)</p> <ul style="list-style-type: none"> <li>• Administers the <i>GAIN-SS</i> &amp; requests the <i>LSI-R</i> from County Probation if possible</li> <li>• Provides screening &amp; brief intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-sentence/pre-bond population</li> <li>• No treatment in jail</li> <li>• Post-release engagement low</li> <li>• No information sharing beyond aggregate data</li> </ul>
	<p style="text-align: center;"><b>Jail Programming &amp; Services</b></p>	<ul style="list-style-type: none"> <li>• A variety of services and programming are available: CCHCC Benefits Enrollment, Public Health STD testing, Flu shots – <b>D</b>, MRT, AA/NA, Counseling – <b>D</b>, VA Outreach – <b>D</b>, GED, Tutoring Math &amp; English, Art, Movie Critic, Poetry, Library/Books to Prisoners – <b>D</b>, Parenting classes - female only, Church/religious services – <b>D</b>, GROW?, ESL?, Project Read?, Additional groups by CCS?, Peer Support, Anger Management</li> <li>• CCS psychiatrist is onsite once per month</li> </ul>	<ul style="list-style-type: none"> <li>• More programming desired</li> <li>*Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of 2 jails.</li> <li>• Increased access to psychiatry is a concern</li> <li>• Specialized housing within the jail is a concern</li> <li>• Correct Care Solutions provides no community or transition plan</li> </ul>
	<p style="text-align: center;"><b>Criminogenic Risk Assessment</b></p>	<ul style="list-style-type: none"> <li>• LSI-R in use by County Probation</li> <li>• SPIn purchased but not currently used by IDOC</li> <li>• PCR in use by US Probation</li> </ul>	<ul style="list-style-type: none"> <li>• No criminogenic risk data for jail population unless previously completed by County Probation</li> </ul>

\***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
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<b>Pre-release planning</b>	<ul style="list-style-type: none"> <li>• RCU in jail</li> <li>• TASC in two IDOC facilities</li> </ul>		<ul style="list-style-type: none"> <li>• More pre-release planning capacity needed</li> </ul>
	<b>Housing</b>	Return from <b>Jail</b>	Return from <b>Prison</b>	
			<b>Ann's House</b>	<ul style="list-style-type: none"> <li>• Faith-based</li> <li>• Female only</li> <li>• 4-6 beds</li> <li>• No one with sex or violent crime</li> <li>• Must be on Parole</li> </ul>
		<b>Courage Connection</b>	<b>Courage Connection</b>	<ul style="list-style-type: none"> <li>• Female only</li> <li>• 11 beds</li> </ul>
			<b>JITW (Rantoul)</b>	<ul style="list-style-type: none"> <li>• Faith-based</li> <li>• Male only</li> <li>• 5 beds</li> </ul>
		<b>Restoration Urban Ministries</b>	<b>Restoration Urban Ministries</b>	<ul style="list-style-type: none"> <li>• Faith-based</li> <li>• Approx. 70 beds</li> <li>• No sexual offense</li> </ul>
		<b>TIMES Center</b>	<b>TIMES Center</b>	<ul style="list-style-type: none"> <li>• Male only</li> <li>• 20 beds</li> <li>• Must be employed or have general assistance</li> <li>• No more than 2 registered sex offenders</li> </ul>
			<b>Prairie Center</b>	<ul style="list-style-type: none"> <li>• Halfway house for Federal BOP only</li> </ul>

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<p><b>Housing</b></p>	<p>Return from <b>Jail</b></p>	<p>Return from <b>Prison</b></p>	
		<p><b>Private Landlords</b></p>	<p><b>Private Landlords</b></p>	<ul style="list-style-type: none"> <li>• Conviction type/ location near schools</li> <li>• City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)</li> </ul>
				<ul style="list-style-type: none"> <li>• No halfway house</li> <li>• CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification</li> </ul>
		<p><b>Employment</b></p>	<p><b>Community Services Center (Rantoul)</b></p> <ul style="list-style-type: none"> <li>• Laptop access</li> <li>• Link to temp. employment agencies</li> </ul>	
	<p style="text-align: center;"><b>First Followers</b></p> <ul style="list-style-type: none"> <li>• Laptop access</li> <li>• Resume assistance</li> </ul>			
	<p style="text-align: center;"><b>Illinois Work Net Center</b></p> <ul style="list-style-type: none"> <li>• Computer access</li> <li>• Fax access</li> <li>• Resume assistance</li> </ul>			
	<p style="text-align: center;"><b>RCU Reentry Program</b></p> <ul style="list-style-type: none"> <li>• Employer referral</li> <li>• Application assistance</li> <li>• Resume assistance</li> </ul>			

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<p><b>Employment</b></p>	<p style="text-align: center;"><b>Salvation Army Employment Training Program</b></p> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Job matching</li> <li>• Employment testing</li> </ul>	<ul style="list-style-type: none"> <li>• Must have a felony conviction</li> </ul>
			<ul style="list-style-type: none"> <li>• Lack of coordination of existing efforts</li> <li>• No structured skills development employment program</li> <li>• Factory-based employment based in Rantoul-approx. 20 miles from Champaign/Urbana</li> </ul>
	<p><b>Transportation</b></p>	<p><b>Champaign County Area Rural Transit System (CCARTS)</b></p>	<ul style="list-style-type: none"> <li>• 48hr advance notice</li> <li>• \$5/ride</li> <li>• Limited operation (M-F, 6-6)</li> </ul>



Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<p><b>Medical/Benefits</b></p>	<p style="text-align: center;"><b>CCHCC</b></p> <ul style="list-style-type: none"> <li>• Enrollment &amp; Benefits Support (in the community &amp; the jail)</li> <li>• Linkage to primary medical care, dental care</li> <li>• Assistance with eye glasses, and prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• SSDI Application Specialists are needed</li> </ul>
		<p style="text-align: center;"><b>Promise Healthcare (Frances Nelson, Smile Healthy)</b></p> <ul style="list-style-type: none"> <li>• Primary medical, dental, psychiatric treatment, and MH counseling provider</li> </ul>	
		<p style="text-align: center;"><b>RCU Reentry Program</b></p> <ul style="list-style-type: none"> <li>• Follow-up post jail incarceration</li> <li>• Enrollment &amp; Benefits Support</li> <li>• Referral to CCHCC</li> <li>• Referral to Promise Healthcare (Frances Nelson, Smile Healthy)</li> <li>• Assistance with securing a PCP</li> </ul>	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<p style="text-align: center;"><b>Behavioral Health</b></p>	<p style="text-align: center;"><b>RCU</b></p> <ul style="list-style-type: none"> <li>• Community Support in jail               <ul style="list-style-type: none"> <li>○ Links to RCU BH programs</li> <li>○ Collaborates with Prairie Center</li> </ul> </li> <li>• Reentry Program               <ul style="list-style-type: none"> <li>○ Links to BH assessments</li> <li>○ Links to psychiatric treatment and medication</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lack of capacity for psychiatry (community-wide)</li> </ul>
		<p style="text-align: center;"><b>Prairie Center</b></p> <ul style="list-style-type: none"> <li>• Receives Daily Jail Booking list               <ul style="list-style-type: none"> <li>○ Contacts any former client</li> <li>○ Contacts anyone with a substance-related charge</li> <li>○ Collects post-release contact info</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lack of capacity for residential substance abuse</li> <li>• No long-term care</li> </ul>
		<p style="text-align: center;"><b>TASC</b></p> <ul style="list-style-type: none"> <li>• In two IDOC facilities, and coordinates with Parole</li> </ul>	<ul style="list-style-type: none"> <li>• Services are limited to linkage</li> </ul>
	<p style="text-align: center;"><b>Education</b></p>	<p style="text-align: center;"><b>Urbana Adult Education Center</b></p> <ul style="list-style-type: none"> <li>• HS Diploma completion</li> <li>• Additional programs/coursework available</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 enrollment fee</li> <li>* UAE noted students who end up in jail typically have extremely low reading levels</li> </ul>
		<p style="text-align: center;"><b>Parkland College</b></p> <ul style="list-style-type: none"> <li>• GED classes</li> <li>• Adult Reentry Program (educational reentry)</li> <li>• Additional programs/coursework available</li> </ul>	<ul style="list-style-type: none"> <li>• Fees associated with some programming</li> </ul>

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 4</u></p> <p style="text-align: center;"><b>Reentry</b></p>	<p><b>Education</b></p>	<p style="text-align: center;"><b>WIOA</b></p> <ul style="list-style-type: none"> <li>• Basic reading and math assistance</li> </ul>	
			<ul style="list-style-type: none"> <li>• Technology barrier in jail and prison, and for anyone releasing from prison after serving a long sentence</li> </ul>

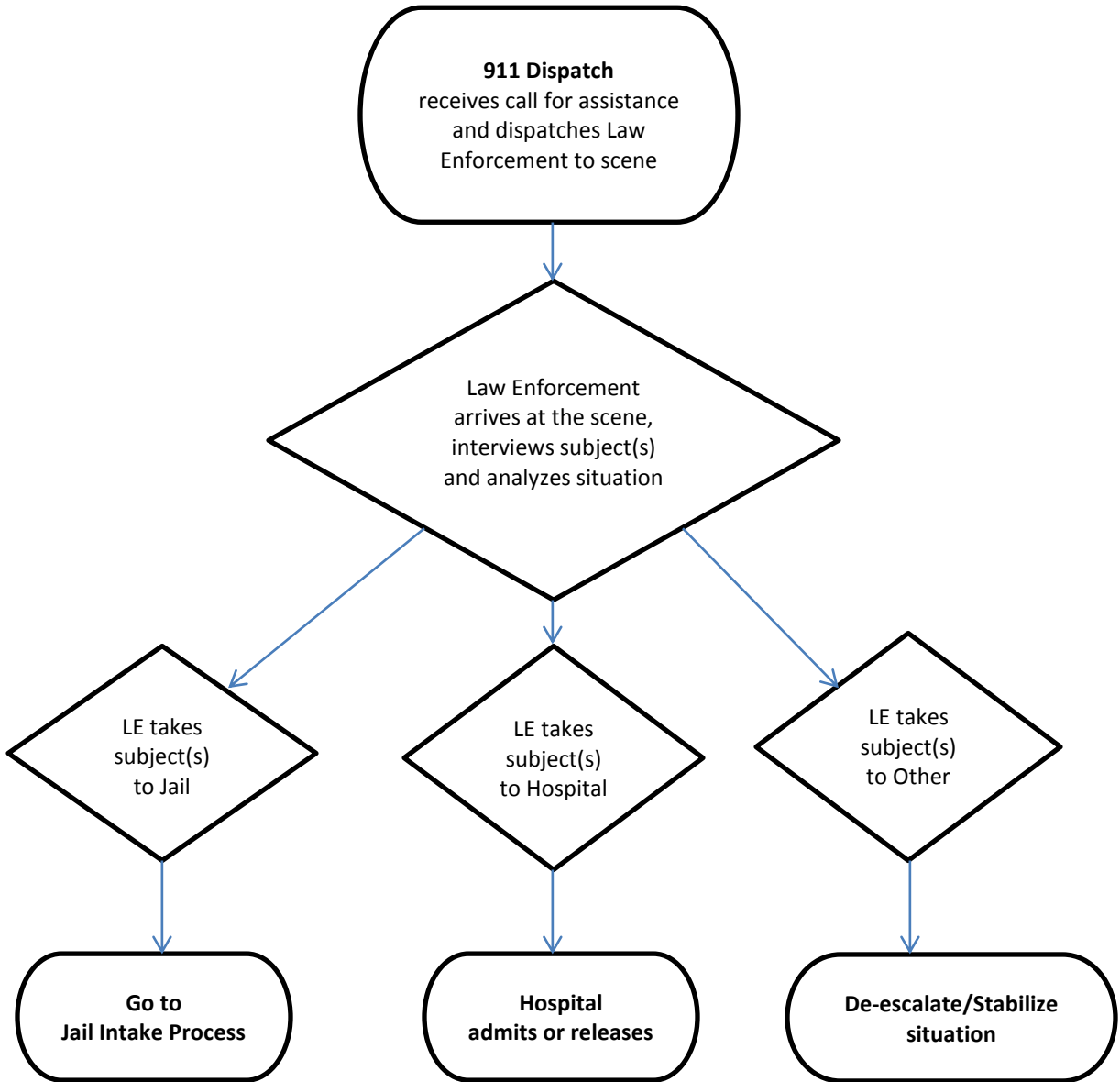
Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 5</u></p> <p style="text-align: center;"><b>Community Corrections</b></p>	<p style="text-align: center;"><b>Criminogenic Risk Assessment</b></p>	<ul style="list-style-type: none"> <li>• LSI-R in use by County Probation</li> <li>• PCR in use by US Probation</li> </ul>	<ul style="list-style-type: none"> <li>• No assessment from IDOC - SPIn purchased, but not in use</li> </ul>
	<p style="text-align: center;"><b>Housing</b></p>	<ul style="list-style-type: none"> <li>• IDOC Reentry Group assists with housing placement</li> <li>• RCU Reentry Program refers to housing resources</li> <li>• Prairie Center has BOP Halfway House</li> </ul>	<ul style="list-style-type: none"> <li>• Despite a number of existing supports, housing for specialized populations remains extremely limited</li> </ul>
	<p style="text-align: center;"><b>Behavioral Health</b></p>	<ul style="list-style-type: none"> <li>• Prairie Center SA services</li> <li>• RCU BH services</li> <li>• Promise Healthcare psychiatry services</li> </ul>	<ul style="list-style-type: none"> <li>• Access is extremely limited</li> </ul>
	<p style="text-align: center;"><b>Access to Prescription Medication</b></p>	<ul style="list-style-type: none"> <li>• CCHCC provides assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Access is limited</li> </ul>
	<p style="text-align: center;"><b>Transportation Resources</b></p>	<ul style="list-style-type: none"> <li>• Champaign County Area Rural Transit System (CCARTS)</li> </ul>	<ul style="list-style-type: none"> <li>• 48hr advance notice</li> <li>• \$5/ride</li> <li>• Limited operation (M-F, 6-6)</li> </ul>
	<p style="text-align: center;"><b>Education</b></p>	<p style="text-align: center;"><b>Urbana Adult Education Center</b></p> <ul style="list-style-type: none"> <li>• HS Diploma completion</li> <li>• Additional programs/coursework available</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 enrollment fee</li> <li>* UAE noted that students who end up in jail typically have extremely low reading levels</li> </ul>
		<p style="text-align: center;"><b>Parkland College</b></p> <ul style="list-style-type: none"> <li>• GED classes</li> <li>• Adult Reentry Program (educational reentry)</li> <li>• Additional programs/coursework available</li> </ul>	<ul style="list-style-type: none"> <li>• Fees associated with some programming</li> </ul>
<p style="text-align: center;"><b>WIOA</b></p> <ul style="list-style-type: none"> <li>• Basic reading and math assistance</li> </ul>			

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
<p style="text-align: center;"><u>Intercept 5</u></p> <p><b>Community Corrections</b></p>	<p><b>Employment</b></p>	<p><b>Community Services Center (Rantoul)</b></p> <ul style="list-style-type: none"> <li>• Laptop access</li> <li>• Link to temp. employment agencies</li> </ul>	
		<p style="text-align: center;"><b>First Followers</b></p> <ul style="list-style-type: none"> <li>• Laptop access</li> <li>• Resume assistance</li> </ul>	
		<p style="text-align: center;"><b>Illinois Work Net Center</b></p> <ul style="list-style-type: none"> <li>• Computer access</li> <li>• Fax access</li> <li>• Resume assistance</li> </ul>	
		<p style="text-align: center;"><b>RCU Reentry Program</b></p> <ul style="list-style-type: none"> <li>• Employer referral</li> <li>• Application assistance</li> <li>• Resume assistance</li> </ul>	
		<p style="text-align: center;"><b>Salvation Army Employment Training Program</b></p> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Job matching</li> <li>• Employment testing</li> </ul>	<ul style="list-style-type: none"> <li>• Must have a felony conviction</li> </ul>
		<ul style="list-style-type: none"> <li>• No structured skills development employment program</li> </ul>	
	<p><b>Other</b></p>		<ul style="list-style-type: none"> <li>• Technical conditions are not enforced</li> </ul>

APPENDIX C

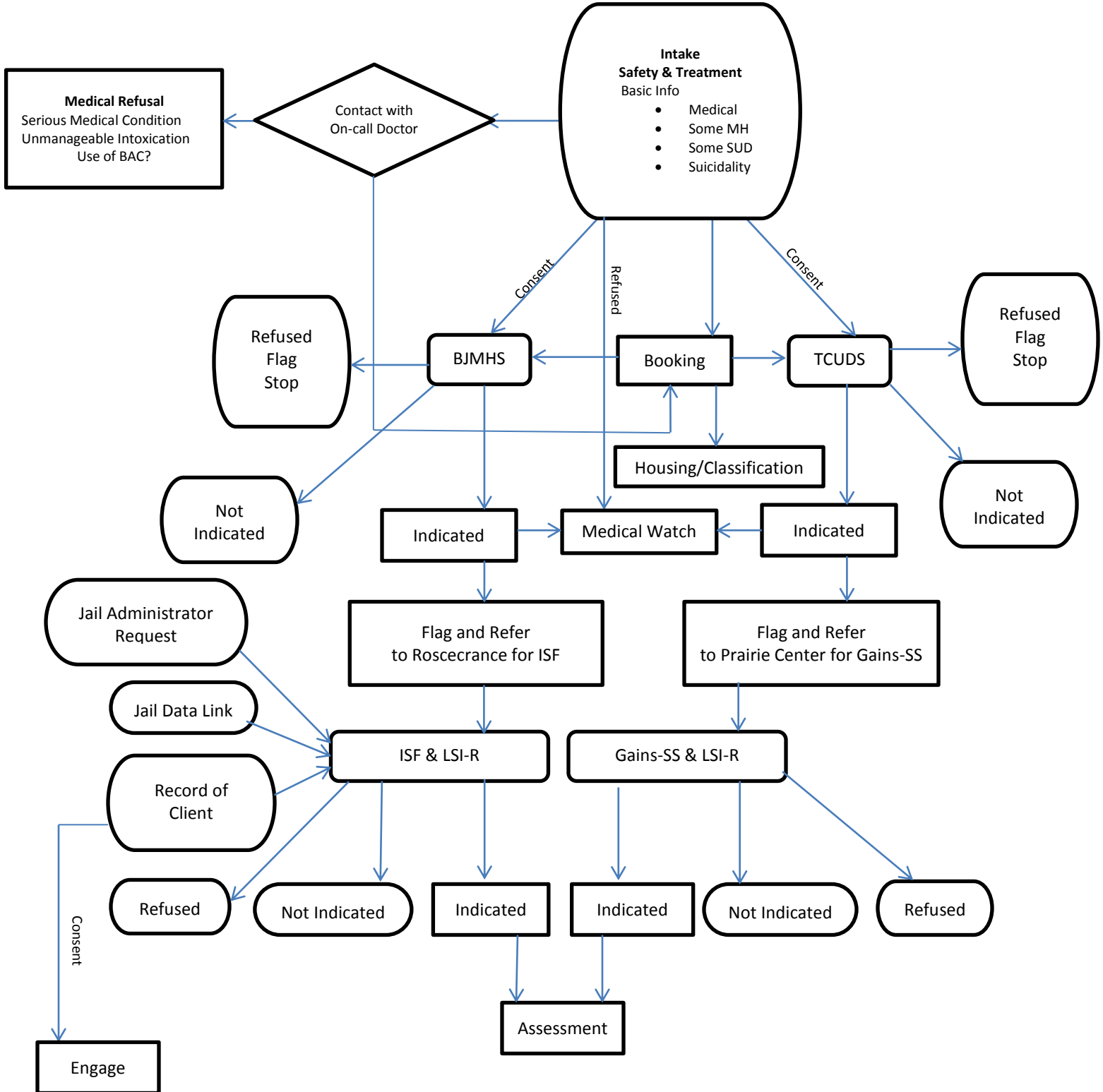
FLOW CHARTS by INTERCEPT

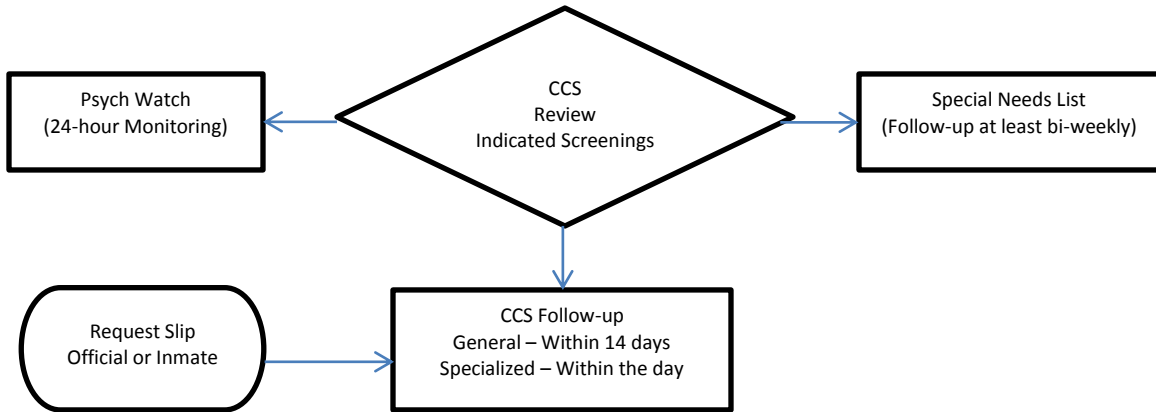
**Intercept 1**  
Process Flow of Law Enforcement Contact



## Intercepts 2-3

### Initial Detention and Court Date Information Process Flow from Jail through Local Criminal Justice System





**Notes**

- Review refusal criteria
- BAC
- System req. defense attorney
- Private attorneys not aware, currently.
- Official training
- Detox Protocols
- Consult with Psych re: meds/triaged
- Psych 1/month, may be changing to 2-3/month, exploring tele-psych
- All meds approved by CCS M.D.
- Community Psychiatrists (Cpt. or Lt.)
- Info from community provider on request of Inmate

**CCHCC**

- Benefits
- Daily Roster

**Prairie Center**

- Daily Roster
- Based on charge
- JDL or Client Record
- GAIN-SS

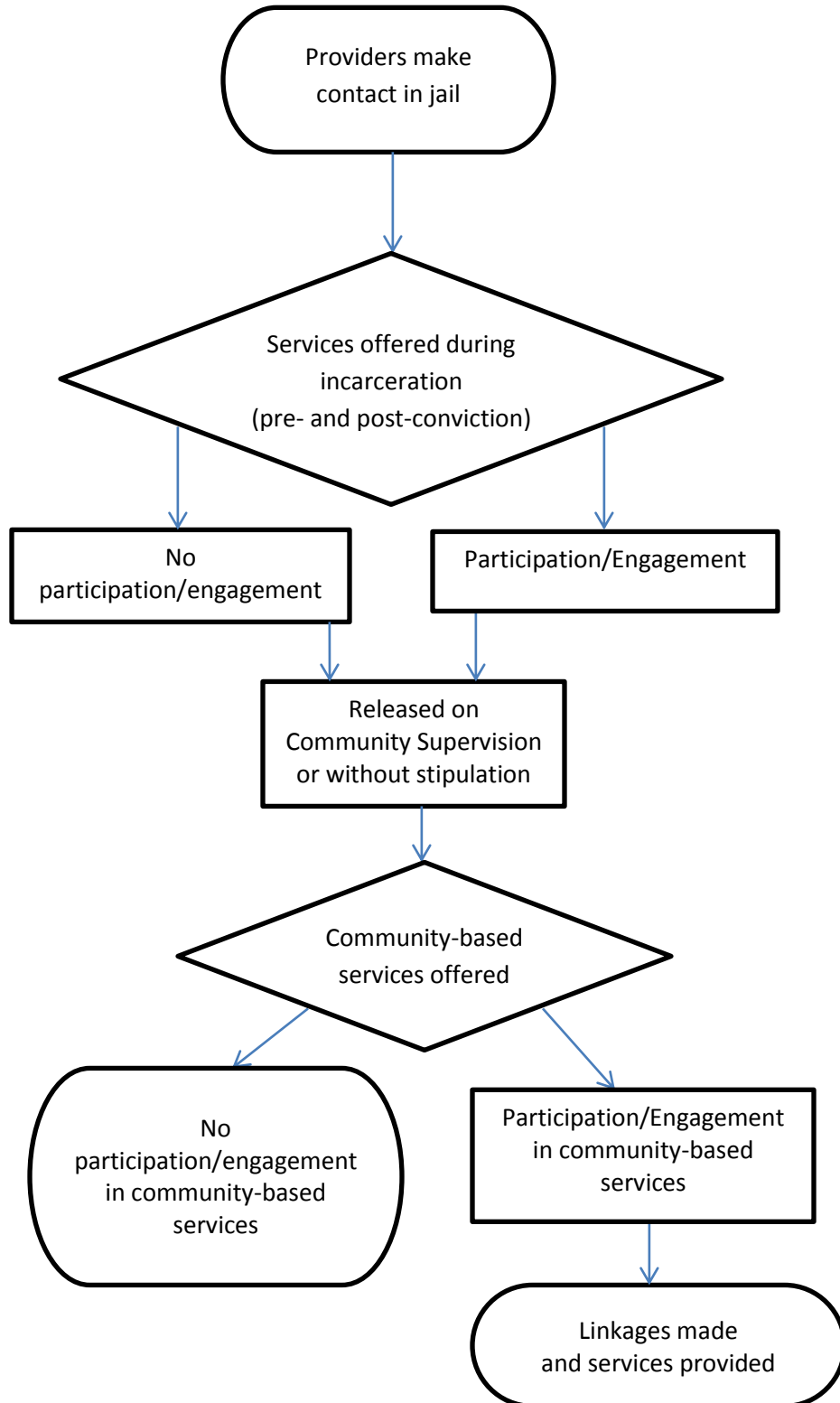
**Rosecrance C/U**

- Daily Roster
- By request
- JDL or Client Record
- ISF Screening Form



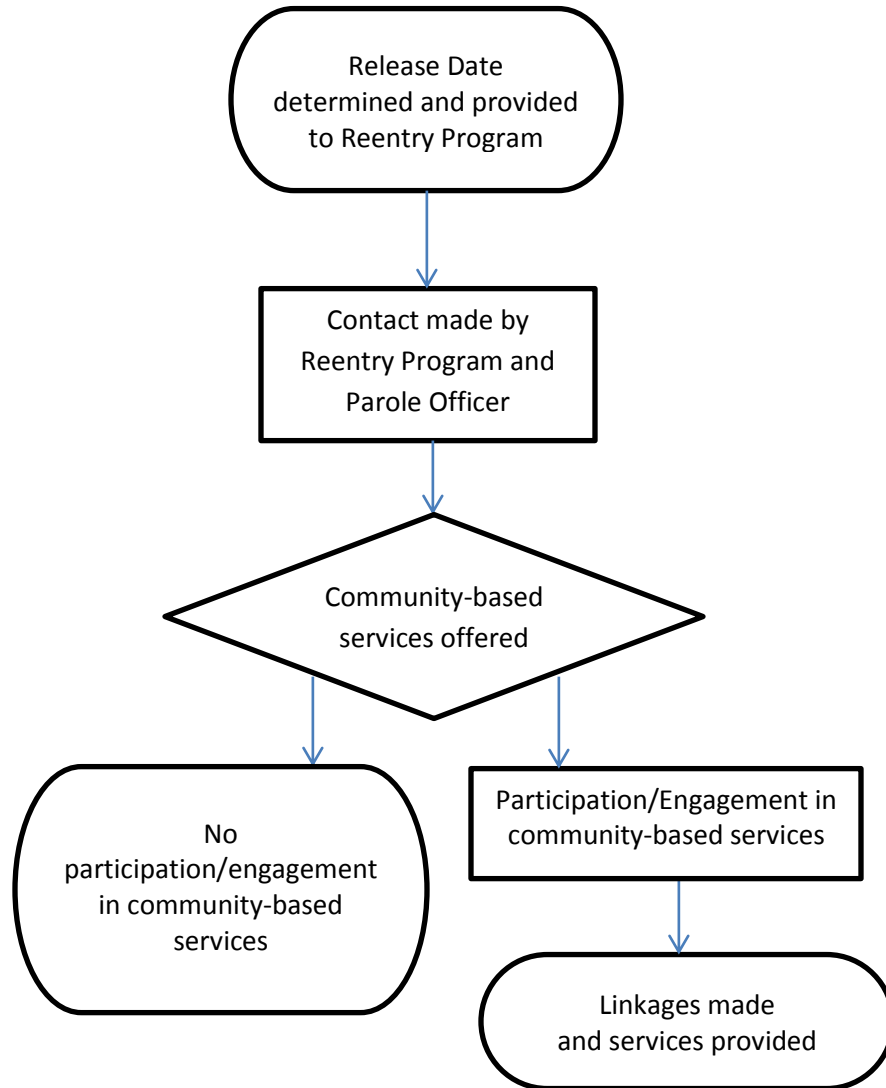
**Intercept 4**

**Jail/Reentry**



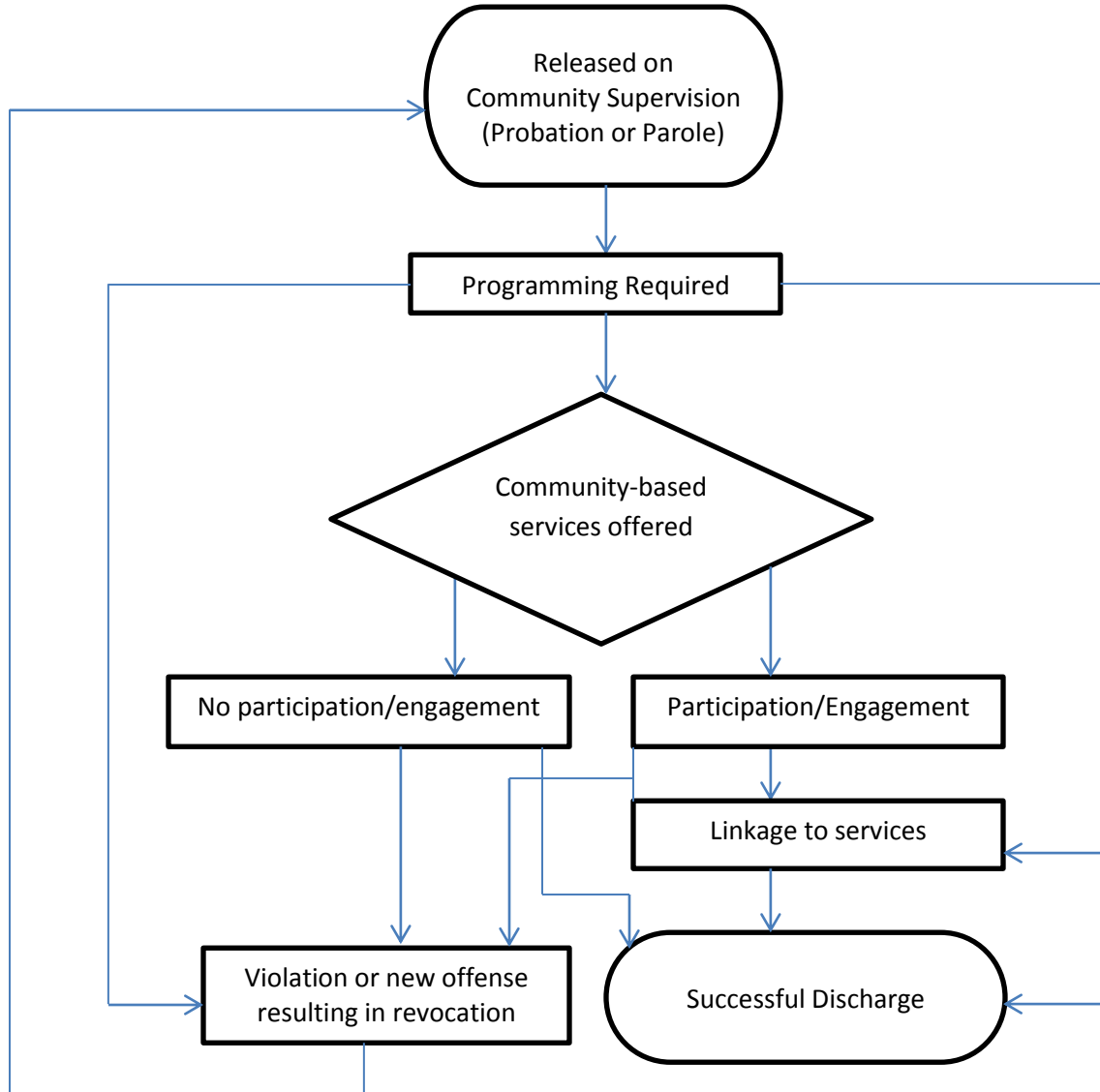
**Intercept 4**

**IDOC/Reentry**



## Intercept 5

### Community Supervision



## APPENDIX D

### DATA MOVING PIECES

- On-going training increases the number of CIT Officers and individuals with MHFA knowledge.
- Multiple initiatives, programs, and practices, initiated within the same timeframe, make it difficult to understand which programs/practices had an impact and to what to degree. (For example, the jail census has been decreasing for the past two years. This could be a result of implementing book and release practices, case management by BH providers in the jail, the Reentry Program, or all of the above.)
- The number of frequent recidivists at the jail has decreased dramatically over the past two years, yet it is uncertain to what we should attribute this positive trend.
- Understanding the prevalence of MI/COD in the jail is a challenge. An assessment for risk of suicide has been administered to everyone at booking for a number of years. However, the results of the assessment have not been recorded in a format that lends itself to data analysis. Further, CCS, the primary and BH care provider in the jail, has not collected data on the prevalence of mental illness among the population. In 2015, the jail conducted a point-in-time, self-reporting survey of everyone in the jail, to determine prevalence of mental illness or substance use disorders in the jail.
- Much of the information used resides in separate databases with different data elements and definitions. Some data is restricted due to confidentiality and privacy requirements. This presents challenges to measuring the overall system performance. However, significant progress has been made to date, and the continuing efforts to understand overall system performance by the collaborative effort will continually improve our understanding.