

9. Joint Use Community Crisis Stabilization Facility

Introduction

The number of mentally ill inmates in the McLean County Jail has been rising over time, as it has in jails and prisons throughout the country. In 2013 twenty-two percent of inmates in the McLean County Jail self-reported that they had a history of mental illness. Their length of stay ranged from one day to 118 days. According to various national studies and reports, typically about 30 percent of all inmates suffer from severe mental illness with approximately 60 percent having had mental health episodes. In Illinois and throughout the country, more mentally ill individuals are in jails and prisons than in mental health facilities.

Certainly a sizable proportion of mentally ill inmates need to be incarcerated because they pose a danger to others or are unlikely to appear in court, because they are chronic offenders, or because they have failed Recovery Court, Drug Court, or Probation. However, there are many other mentally ill inmates who pose little risk to others, have been charged with or convicted of relatively minor offenses, and would be better served in non-custody and, when necessary, in short-term in-patient treatment programs. Unfortunately, incarceration can aggravate mental illnesses, which is counter to the primary objective of “do no harm.”

In addition to individuals in the justice system, there are many others in the community who need short-term in-patient mental health treatment and stabilization.

The concept for the Joint Use Community Crisis Stabilization Facility (JUCCSF) is to provide a place for individuals both in and outside of the justice system to be stabilized in an intensive in-patient program followed by aftercare. With one facility for both populations, staffing, other operational, and cost efficiencies could presumably be achieved.

As part of the scope of the Jail Needs Assessment, the Dewberry/Goldman consultants were charged with:

- More fully defining the JUCCSF -- with input from mental health and justice system professionals;
- Determining the extent to which efficiencies could be achieved by collocating the JUCCSF with the Jail;
- Identifying other positives as well as negatives of collocating the JUCCSF with the Jail; and
- Developing recommendations.

Mission & Objectives

The following mission and objectives for the JUCCSF were identified by mental health providers in the community and in the Jail, by those in the justice system, and by other McLean County officials:

1. Provide appropriate and helpful treatment and care of mentally ill adults who are in crisis.

2. Help reduce the use of the Emergency Room, Hospitals, and the Jail by mentally ill people who are in crisis and who have not been charged with or convicted of committing a serious offense.
3. Provide a more appropriate option than incarceration for those who commit "Nuisance Offenses."
4. Stabilize mentally ill people.
5. Keep people from "falling through the cracks."
6. Help increase the likelihood of post-placement coping through treatment and through discharge planning and assistance with community-based resources.
7. Provide a single point of entry and access to the Stabilization Facility through self-admissions, by families, and through the justice system.
8. Serve both females and males.
9. Be sustainable through funding from the State, from Medicaid, from McLean County, and from other sources.

Operational & Architectural Program for the Joint Use Community Crisis Stabilization Facility

Purpose. This Operational and Architectural Program was developed to help McLean County evaluate the pros and cons of collocating the JUCCSF with the Jail by identifying facility-related requirements and then testing them. This Program for the JUCCSF is based on needs expressed by Chestnut administrators and staff who in the fall of 2014 were renovating an existing building on the Chestnut campus to accommodate a similar mission for a similar population.

Primary Activities / Functions:	<u>Patients/Clients</u>	<u>Staff</u>
	1. Being Evaluated, Interviewed, & Admitted	1. Evaluating & Processing Incoming Patients
	2. Participating in Treatment/ Rehabilitative Programs	2. Developing & Implementing Individualized Treatment Plans including Aftercare
	3. Participating in Peer-based programs	3. Providing Mental Health Services & Treatment
	4. Receiving Counseling	4. Observing & Managing Patients
	5. Becoming Sober	5. Planning & Organizing Activities
	6. Learning Life Skills including Planning & Preparing Meals, Housekeeping & Laundry	6. Teaching Life Skills including Meal Preparation, Cleaning, Hygiene, and Laundry
	7. Sleeping	7. Teaching Coping Skills

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Primary Activities / Functions, continued	8. Dining 9. Taking care of personal Hygiene 10. Exercising	8. Developing & Implementing Aftercare Treatment Plans with Families & Community Resources 9. Keeping Records on each Patient 10. Helping Patients Resolve Issues 11. Dispersing and monitoring medications 12. Taking Breaks 13. Personal Hygiene
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Hours / Days: 24 hours/day, 7 days a week

Users: Up to 14 Patients/Clients at a time -- including those who would otherwise have been arrested & incarcerated, or hospitalized; may be in crisis, suicidal, &/or detoxifying; males & females (all adults); with some may be "stepping down" from hospitals or referred instead of or following Jail booking

ALOS: Average length of stay: 14 days

Staffing Plan:	Staff Category	Coverage	Total*
	Manager	1 M-F days	1.0
	Registered Nurses	1 during most shifts close to 24/7	5.2
	Residential Recovery Specialists	1 on 24/7	4.8
	Case Managers	1 -2 at a time, close to 24/7	4.2
	Licensed Practitioner of the Healing Arts	1 on day shift 7 days/week	1.4
	Peer Recovery Specialists	4 hours/day or evening, 5 days/week	0.5
	Total		17.1

* These staffing numbers include relief factors.

Architectural Program for the JUCCSF

Space	Quantity	Size Each	Size for All	Special Requirements
1 Entry Weather Vestibule	1	40	40	with camera outside and inside viewable from Staff Station and Intake/Release
2 Intake/Release Lobby, Reception, Waiting & Processing Room	1	160	160	counter, stools, shelving, cabinet, breathalyzer, intercom
3 Medical Examination / Screening / Interview Room	1	90	90	for confidential interviews & for medical exams; off of Intake/Release Lobby and also easily accessible from Living Room; examination table, sink, counter, several lockable cabinets, 2 chairs, intercom, glazing in door with shade
4 Property Storage Room	1	60	60	for property that patients cannot have in their rooms; adjacent to Intake/Release; safe, shelving
5 Living Room	1	490	490	adjacent to Intake/Release; sturdy & safe movable tables (but dining elsewhere) & comfortable chairs for 16, no TV, beverage counter with sink; windows with views of nature; serves as corridor too with Patient Rooms, Bathrooms, and Staff Workstations immediately adjacent to it
6 Staff/Nurses Work & Observation Station	1	100	100	on edge of Living Room, configured to accommodate 1 (usually) or 2 staff internal phones, lockable computer; good sightlines of the Dayroom, entries to all Patient Rooms, the TV room (via glazing), and entries to Restrooms
7 Single Occupancy Patient Rooms	12	90	1,080	bed (some that enable heads to be elevated), dresser, shelves; desk, desk chair, window with view of nature, intercom
8 Single Occupancy Handicapped Accessible Patient Rooms	2	90	180	bed (some that enable heads to be elevated), window, dresser, shelves, desk, desk chair, grab bars, window with view of nature, intercom

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Space	Quantity	Size Each	Size for All	Special Requirements
9 Patient Bathrooms	2	60	120	single occupancy, <u>not</u> lockable, vitreous china sink, toilet, shower; intercom
10 Patient Bathroom - Handicapped Accessible	1	80	80	single occupancy, <u>not</u> lockable, vitreous china sink, toilet, shower; intercom; grab bars; no threshold at entry to Bathroom or shower
11 Group Room (for Programs)	1	300	300	movable chairs for 14 patients and 2 staff, movable tables, carpeting, writing board, acoustically separate from other space, partially visible from other staff areas via window in door, shelving and cabinets, intercom
12 Interview/Counseling Room	1	80	80	table, 2 chairs, visible from other staff areas but acoustically private
13 Television Room (Nosier Room)	1	160	160	television, 8 chairs, intercom, visible from staff areas, acoustically separate
14 Kitchen	1	140	140	Kitchen with full size refrigerator, electric stove, microwave, sink, dishwasher, cabinets, counters, lockable drawers for knives; suitable for teaching life skills
15 Dining Room	1	270	270	partially open to Kitchen but capable of being closed off; dining tables and chairs for 18 (includes several staff); suitable for teaching life skills
16 Laundry	1	100	100	small room convenient for patients (life skills), glass front, but with door to minimize noise, also away from residents' rooms to minimize noise, 2 washers, 2 dryers, counter, lockable cabinet for detergents, etc.
17 Staff Office	1	160	160	in staff only area; 2 desks, desks chairs, 2 visitors' chairs, printer, copier, file cabinet, bookcase, glazing in door, lockable

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Space	Quantity	Size Each	Size for All	Special Requirements
18 Copy, Mail, & File Room	1	100	100	in staff only area; off of Staff Office, lockable (confidentiality of patients' records is extremely important), electronic medical records (EMR), copier, scanner, shredder, wall hung shelving, counters
19 Staff Restroom	1	40	40	in staff-only area; handicapped accessible, 1 toilet, 1 sink
20 Janitors' Closet	1	40	40	mop sink, rack, shelves, space for vacuum cleaner & other cleaning supplies, lockable
21 Storage	1	50	50	shelves for toilet paper, blankets, etc.
22 Outdoor Recreation, Walking, & Contemplating	1	1,200		partially paved and partially landscaped; benches, set up for volleyball, badminton, (limited) basketball, walking, and just sitting and talking; visible from staff stations
Total Net Square Feet			3,840	excluding Recreation Yard
Efficiency/Grossing Factor			1.6	
Total Gross Square Feet			6,144	excluding Recreation Yard

Adjacency Requirements:

Must be Immediately Adjacent:	Entry	and	Weather Vestibule
	Weather Vestibule	and	Intake/Release Processing & Lobby
	Intake/Release	and	Property Storage Room
	Medical Examination / Interview	and	Intake/Release, & Living Room
	Living Room	and	Patients Rooms
	Living Room	and	Bathrooms
	Living Room	and	Staff/Nurses Workstations
	Staff Office	and	Secure File Room
	Kitchen	and	Dining Room (but capable of being closed off from Kitchen too)

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Must be Near Each Other:	Staff Office	and	Staff Restroom
	Staff Office	and	All patient occupied areas
	Living Room	and	Group Room
	Living Room	and	Interview/Counseling Room
	Living Room	and	Television Room
	Living Room	and	Outdoor Recreation
	Living Room	and	Dining Room
	Living Room	and	Laundry Room
	Kitchen	and	Access for deliveries of grocery and other items
	Storage	and	Central to all other spaces
	Janitors Closet	and	Convenient to all other spaces
IF Collocated with the Jail, this Crisis Stabilization Facility should be convenient to/from:	Jail's Booking area Jail's Mental Health area Jail's Health Services area Jail's Kitchen		

Consolidation/Shared Use/Efficiency Opportunities with Collocating the JUCCSF or another Mental Health Stabilization Center with the Jail

Should the Joint Use Community Crisis Stabilization Facility (JUCCSF) be collocated with the McLean County Jail?

Reasons for Collocation, including what could be Shared

1. It might be easier for Jail Booking staff to divert people to a Mental Health Stabilization Center if it were next door rather than 15 minutes (or so) away, so diversion from the Jail to the JUCCSF might happen more often if the JUCCSF was collocated with the Jail. However, Law Enforcement Officers should (hopefully) be adequately trained and have enough information to be able to decide to take alleged offenders who appear mentally ill and meet other criteria directly to the JUCCSF rather than to the Jail.
2. Some Mental Health staff could be shared – but it appears that this might only include a few people such as a psychiatrist as both operations need full time mental health staff.
3. Theoretically, some services – Food, Laundry, and Maintenance – could be provided by the Jail for the JUCCSF. (However, part of the JUCCSF program will be teaching

patients Life Skills – including preparing meals, doing laundry, and cleaning; so sharing some of these services might not be needed or even counter-productive.)

4. The existing parking deck appears to have adequate capacity for JUCCSF, the Jail, and the Justice Center.

Reasons Not to Collocate

1. Mental Health care professionals believe there would be a stigma (or perhaps a double stigma) associated with the Jail. Families and individuals who are expected to self-report to the JUCCSF at Chestnut would be less likely to use the JUCCSF if it was within the Jail building. This stigma has been cited as a major issue by mental health professionals in other jurisdictions too. Few people want their loved ones to go to a facility within a Jail building, even if it has a separate entrance and identity.
2. The presence of law enforcement and jail staff in uniform could have a negative impact on some of the patients.
3. The JUCCSF program as Chestnut now envisions it is non-secure, with patients being free to leave at will. If it were in the Jail building, this could be disruptive, and vulnerable mental health patients could even be harassed or victimized by some Jail releasees.
4. Both the JUCCSF and the Mental Health units and programs in the Jail need dedicated full time staff.
5. The staffing plan developed by Chestnut does not include any Corrections or Law Enforcement staff, again reducing the perceived benefit of sharing staff.
6. If the Stabilization Center were to be within the Jail addition, it would be on the first floor partially below grade. As the operational and space program for the JUCCSF requires windows in approximately 18 rooms and a recreation/sitting yard, as well as views of nature, the Jail site appears to be too small and would result in the public being able to see into the patients rooms and into other JUCCSF spaces. This would be likely to compromise JUCCSF and Jail operations.
7. Construction costs for including a Stabilization Center within a secure multi-story Jail would be higher than for the same space within a one level building on a less congested site.
8. At the time that this portion of the Jail Needs Assessment was being conducted, the Stabilization Center had not yet begun operations. It was thought that it would be premature to decide if McLean County needs more of the same, something that is similar but with physical and/or staff security, or with other operational and design differences. It will take some time to determine who the Stabilization Center's clientele will be, the extent of their security related needs, its ideal mode of operations, and its bed needs. It may behoove the County to "wait and see" how operations and patient loads work out before building or renovating anything else.

Recommendations on Collocation of the JUCCSF and the Jail

Based on an analyses of the pros and cons of collocation, along with additional input from other jurisdictions and mental health providers wrestling with the same issues, it was determined that

the JUCCSF or any other Mental Health Stabilization Center and the Jail should not be collocated. Primary reasons were:

1. Even with a separate entry, if the JUCCSF or another Mental Health Stabilization Center were in the same building as the expanded Jail, it would be perceived as being part of the Jail, and this would create a stigma that would severely limit its walk-ins as well as involvement of patients' family members.
2. During the time of this study, the State provided a grant for a Mental Health Stabilization Center on the Chestnut campus. This enabled the Stabilization Center to open at least two years before a JUCCSF within the Jail building could have been completed – helping scores of individuals during this time period, and reducing the number of mentally ill inmates in the Jail.
3. Renovating the Chestnut building for a Stabilization Center was less expensive than new construction within the Jail building.
4. Few functions and staff could be shared between the Jail and the JUCCSF or another Mental Health Stabilization Center. More staff and other resources could be shared between the Stabilization Center and other Chestnut components, resulting in operational efficiencies.
5. The Chestnut building has large windows and adjacent outdoor areas which are therapeutic. Natural light, views of nature, and fresh air impact mental health; and they would have been much more limited on the much tighter Jail site.