



Chicago Council on Mental Health Equity (CCMHE)

MEETING AGENDA

Date: February 22nd, 2021

2:00 – 4:00 p.m.

Zoom link: <https://zoom.us/j/3032424110?pwd=K05FZEVJOVN2RG1YR0xYMyt6YXJsZz09>

Meeting ID: 303 242 4110

Passcode: CCMHE-Q1

I. Welcome and Attendance – attending members are grayed out.

Name	Agency
Ald. James Cappleman	46th Ward Alderman
Ald. Roderick Sawyer	6th Ward Alderman
Alexa James	NAMI Chicago
Alisha Warren	CDPH
Amy Spellman	Uchicago Urban/Crime Lab
Belinda Stiles	Christian Community Health Center
Brian Bragg	Frye Foundation
Carolyn Vessel	I AM ABLE
Cheryl Potts	The Kennedy Forum
Chief Mary Sheridan	CFD
Cmdr Antoinette Ursitti	CPD
Dan Fulwiler	Esperanza
Darci Flynn	Mayor's Office (Recovery Task Force)
Denise Fuentes	HHC
Donald Tyler	Chicago CRED
Dr. Colleen Cicchetti	Lurie Children's Hospital
Dr. Diane Washington	Cook County Health and Hospital System
Dr. Donell Barnett	City Colleges of Chicago
Dr. Eddie Markul	Advocate Illinois Masonic
Dr. Inger Burnett-Zeigler	Northwestern Hospital
Dr. Ken Fox	CPS

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Dr. Leticia Reyes-Nash	Cook County Health and Hospital System
Dr. Manoj Patel	LSSI
Dr. Mirna Ballestas	Private practice
Dr. Rashad Saafir	Bobby Wright Comprehensive Behavioral Health Center
Dr. Sharon Coleman	IDHS - DMH
Dr. Shastri Swaminathan	Retired Advocate IL Masonic Hospital
Dr. Wilnise Jasmin	CDPH
Eddie Borrayo	Rincon
Efrain Martinez	Orozco Academy
Emily Cole	Cook County State's Attorney
Emily Neal	Mercy Home
Eric Cowgill	NAMI Chicago
Eric Lenzo	Sinai Health Systems
Erik Wilkins	Communities United
Esther Corpuz	Alivio
Esther Sciammarella	Chicago Hispanic Health Coalition
Felix Rodriguez	IDMH
Fred Friedman	self
Gabriela Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health
Gregg Montalto	Lurie Childrens Hospital
Harold Pollack	Uchicago Urban/Crime Lab
Hellen Antonopoulos	CPS
Jac Charlier	TASC
James Burns	The Kennedy Forum
Joanne Farrell	CFD
Joel Johnson	HRDI
Joel Rubin	NASW
Kelsey Burgess	Equip For Equality
Lisa Hampton	DFSS
Lori Roper	Cook County Public Defender
Marc Buslik	Retired, CPD Commander
Marco Jacome	HAS
Mark Ishaug	Thresholds
Marty Doyle	OEMC
Matt Davidson	IL Guardianship & Advocacy

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Matt Richards	CDPH
Michelle Langlois	Veterans Administration
Mike Milstein	CPD
Nick Roti	HIDTA
Oswaldo Gomez	ONE Northside
Pastor Chris Harris	Bright Star
Pastor Edward Davis	St John's Missionary Baptist Church
Peggy Flaherty	Thresholds
Rasauna Riley-Brown	DFSS
Rebecca Levin	Cook County Sheriff's Office
Richard Rowe	Next Steps and CSH
Rufus Williams	Better Boys Foundation
Sarah Yousuf	Community Renewal Society
Samantha Edwards	DFSS
Stephen Brown	U of I Health and Hospitals
Susan Doig	Trilogy
Vanessa Westley	CPD
Veronica Trimble	IDHS
Veronique Baker	IL Guardianship and Advocacy
Zoe Russek	Uchicago Urban/Crime Lab

II. Public Comment

- Cheryl Miller
 - From Southside Together Organizing for Power and Collaborative for Community Wellness
 - Concerned with direction of co-responder model and its development outside of the public review.
 - Renaming it to the alternative response model does not change the meaning of it.
 - People who created it are trying to profit off of it: Threshold meeting with Ald. To get City contract
 - Non-profits are not accountable to the public and pay their workers sub-standard wages (deal with high turnover and low competence)
 - Should be in the public sector.
 - Conflict of interest with City agencies who are trying to get a contract.
 - 5 public mental health clinics that could be receiving the contract.
 - Took a formal complaint to IAG office to open up this meeting to the public, what mechanisms are being put in place to ensure public accountability, access, and transparency.

III. Alternate response models presentation

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- Overview of alternate response plan (what the City is planning and want feedback)
- Placement of 3 mental health professionals in 911 Call Center
- Alternate Response Pilots
 - Pilot will establish 4 teams in 2021.
 - Foundation of 4 teams would include CFD community paramedic and behavioral health professional.
- Investing in Diversion and Deflection
- Community Engagement
 - City developing comprehensive and ongoing community engagement strategy.
 - City anticipates releasing a quarterly public data report.
- CCMHE Questions
 - Ester Sciammarella – Is this plan part of Healthy Chicago 2025?
 - It would be great to showcase how this works with the communities.
 - Response – This is related to Healthy Chicago 2025 because it corresponds with goals and metrics outlined in that plan. Reducing utilization of 911 system is a common goal. Patients with substance use disorders who cycle through the 911 system is also a demographic of individuals who we aim to touch.
 - Networks of community care will be very relevant as we pilot these projects across the city. Need to engage all community partners in these communities because they comprise the network of care that clients would be connected to
 - Dr. Swami
 - Core Metric – would like to see a follow up (sunshine call) with the people who were served asking what the experience was like for them. Would they like to see an alternative response model instead of 911 responders?
 - Concerned with where the crisis intervention office is placed. In the past, we decided to move crisis department right next to ER. This would allow a seamless transition for more serious cases.
 - What would be the process for an alternate responder to quickly transfer a patient with more serious cases to a hospital or emergency room?
 - Response – Team will work with patient and family to determine whether hospitalization is needed. If a patient requires medical stabilization, we have a medical control process on CFD side. Need to develop clear set of critical criteria to determine which patients would not be right for an alternate response destination.
 - Dr. Markul – Alternate Response Pilot in Roseland had strict criteria to make this determination. Transported around 60 individuals in the pilot and there were no cases of a bad outcome.
 - Alex Heaton – outreach will be built into community paramedic responsibilities.
 - Colleen Cicchetti

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- Are there models or specific procedures for children/youth? And how has that been handled in other cities? Is there a specific team consulting around these issues? Using CPS as an alternative?
- Response - Intention is that children/youth would be eligible for this intervention. Issue is that you cannot use an adult model with youth. Are particularly interested in how this would work in other Cities (not a lot of models in other cities)
- How can we account for the SAS program? This could be an example of where CCMHE members can give feedback on developed protocols for youth/adolescents.
- Eric C.
 - Where do you see peer work fit in? Community peers who have been trained can be assessable in these situations.
 - Response – Other cities incorporate peers in alternate response. City has an interest in piloting approaches including peer recovery specialists (need to develop clarity around what we mean by these terms and what kind of training is necessary)
 - We have the resources we need in these communities. If we can train these individuals, it would be ideal.
- Sarah Yousuf
 - Who will be staffing clinical roles in pilot program?
 - Response – Behavioral health professionals in the broadest sense. Hopefully, licensed professionals. Are very open and interested in role of peers and those with lived experience.
 - City is finalizing decision making on role of community orgs vs city staff shortly.
- Kelsey Burgess
 - How will the City determine which of these areas have the highest levels of calls in the past? How will communities of color be accurately represented?
 - Response – City is focusing on looking at calls that went through 911 system that were determined to have behavioral health component regardless of when it was identified. Both calls that were identified at the start and at the end (includes a variety of different call types). Look geographically at which communities have highest levels of calls that were determined to have behavioral health component.
 - Focused on size of communities and areas when considering response times.
 - As teams receive trauma – informed training, that will help provide responders with the ability to help determine what is fundamentally going on and what will be most helpful for clients.
- Dr. Coleman
 - What is thinking behind two teams having two CIT CPD officers and two teams not?
 - Response – City gets a percentage of calls with a behavioral health component that are connected to a law enforcement issue. For those calls that require investigation/law enforcement, there needs to be an officer that accompanies the team on the calls.

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- Risk – Calls that involve the use of a concealed weapon or threats (verbal, physical etc). Including a CIT officer would be to ensure the environment is safe for healthcare professionals to do their job safely.
- Jac Charlier
 - Will include national measures used for evaluating these efforts in the chat.
 - As we examine these programs – the connection point at time of encounter/warm handoff is single biggest factor in the pilot. Will the pilot team hand an individual off to another case management entity?
 - Response – These teams have the capability to connect clients to community-based resources as an alternative when appropriate. Do see follow up as important component. Also related to use of alternate receiving facilities where patient can receive more customized assistance.
 - Follow up structure needs to be more robust (clinical follow up is not the same as case management follow up)
 - What is the workload on case management warm handoff and what does that look like?
 - Response – Would develop a broad call profile for teams and area determining types of calls that are eligible/appropriate for alternate response. Will also focus on different way these calls are resolved.
- Ester Sciammarella
 - Relationship with undocumented population. How culturally competent does this approach need to be for this population?
 - Response – City feels strongly that teams responding need to be intimately understanding of the communities within which they are working. Want responding professionals to have credibility and trust in serving the community. Same thing applies to call center. Will be an expectation for those to be trained in cultural competency as well.
- Stephen Brown
 - Have engaged local vendor that could connect all interconnected hospitals and care centers. Need to ensure that individuals are clinically managed. Should be thinking about how to engage this technology when it is ready. Making sure we are aware of all handoffs to other care providers.
- Marc Buslik
 - When this pilot begins, what will be the expected police response in cases of officers being dispatched to an assignment that then turns out to be strictly a mental health response and what will be expectation of CPD in case of an on-view mental health response?
 - Response – Still in planning phases, but the ultimate goal is to connect individuals in pilot districts with one of these teams as much as possible. Planning on ensuring robust rollcall trainings for first responders and those in OEMC so everyone is aware

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of how to access these teams. All officers will be expected to when feasible de-escalate the situation or put in a request for these teams.

IV. CIAC Recommendations

- Diversion and Best Practices Subcommittee
 - Jac Charlier – Important for CCMHE to keep in mind 4 elements of Diversion/Deflection.
 - Ester Sciammarella – Important to ensure individuals have services in the moment of crisis. What will be the consequences for those who do not follow the guidelines of these recommendations? Need to assess capacity and ensure we monitor performance of those in charge of implementing the service.
- Data Collection and Evaluation
 - Ester Sciammarella – Compromise or MOU to ensure providers have capabilities to respond to these matters. What triage capabilities do they have? How do we ensure the capacity is ensured?
 - Dr. Swami – Should these inputs be done in real time? Can Jeff from OEMC speak to efforts around Smart 911.
 - Response – OEMC does have efforts to continue to push for Smart 911. Being sent out in a lot of public messaging. In 2021, 4 events have been dedicated to Smart 911. OEMC attends CAPS meetings regularly and wants to expand ability to push out messaging in CAPS meetings. Have created a YouTube account with some success stories shared.
- Community Engagement
 - Ester Sciammarella – Important to emphasize workers in City Colleges along with importance of community health workers being included in continuity of care system.

V. CCMHE By-laws

- Please email any more questions to Kate or Matt to be discussed at next meeting.
- Dr. Swami
 - Will email comments/changes/questions to Mission Statement and Purpose to Kate and Matt
- Jac Charlier
 - These comments will be discussed/addressed in the April meeting?
- Veronica
 - Having trouble opening these PDFs
 - Please resend these documents in 6 separate emails
- Dr. Pollack – Crisis intervention policies and interventions always need to be all inclusive

VI. Next Steps

- If anyone from your agency would like to attend these meetings, please feel free to invite them.
- All questions can be emailed to SaferChicago email.