Chicago Council on Mental Health Equity (CCMHE) – Systems and Data Coordination Subcommittee

MEETING MINUTES

Date: March 31st, 2021
1:00 – 3:00 p.m.

Zoom link: https://zoom.us/j/3032424110?pwd=K05FZEVJOVN2RG1YR0xYMyt6YXJsZz09
Meeting ID: 303 242 4110
Passcode: CCMHE-Q1

I. Welcome and Attendance

Announcements:
Web site for retrieval of all documents inclusive of minutes, agendas and supporting materials is as follows:
https://www.chicago.gov/city/en/sites/police-reform/home/get-involved.html
Click the Get Involved tab and scroll on left panel to
Chicago Council on MH Equity

Must post agenda 48 hours ahead of meeting
CDPH helping to schedule subcommittee meetings

Attendees are grayed out

Co-Chair	Name	Agency
Co-chair	Joanne Farrell	CFD
Co-chair	Jac Charlier	TASC
Co-chair	Dr. Colleen Cicchetti	Lurie Children's Hospital
	Alisha Warren	CDPH
	Deputy Chief Antoinette Ursitti	CPD
	Cheryl Potts	The Kennedy Forum

	Marty Doyle	OEMC
	Harold Pollack / Jason Lerner	Uchicago Urban/Crime Lab
	Zoe Russek	Uchicago Urban/Crime Lab
	Amy Spellman	Uchicago Urban/Crime Lab
	Carolyn Vessel	I AM ABLE
	Esther Corpuz	Alivio
	Brian Bragg	Frye Foundation
	Efrain Martinez	Orozco Academy
	Emily Neal	Mercy Home
	Dr. Ken Fox	CPS
	Veronica Trimble	IDHS
	Dr. Diane Washington	Cook County Health and Hospital System
	Gabriela Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health
	Darci Flynn	Mayor's Office (Recovery Task Force)
	Lisa Hampton	DFSS

II. Public Comment

Badonna Reingold, Community Mental Health Board of Chicago

III. October 2019 Recommendations, Review, and Prioritize

Recommendations from October 2019 will be reviewed and prioritized clarifications

1. Core of recommendation is that there is a transfer of "call information" from the initial Police call taker to the Fire or Police call taker. M Doyle reports the initial call taker stays on the line and will fill in the blanks should there be a loss of initial information passing through

What is Smart 911 voluntary submission of information to 911 Operator in advance of a call that will supply familial background about members of a household. This information pops up when a call is made into 911. 911 Police call taker who sends call to fire, stays on the line listening to call and if the caller forgets to include something the Police call taker will fill in blanks. QA officer at OEMC and listen to many calls (sampling) errors like a loss of info in transfer is addressed by supervisor to let people know they information was not provided

2. Integrate historical CFD, CPD and OEMC information on an address that involves mental health or overdose so that in real time information is available.

CAD hold 3 month of info and can send to PDT's (data terminals for Police) MDT's (data terminals for Fire/EMS) get info from Fire CAD do they get info from Police CAD?Martin Doyle with OEMC sent the following clarification: No. Location history is not available on the MDT.

3. Point of encounter and beyond in paragraph 3 of recommendation #3. Dr. Vessel feels this is urgent. During point of encounter and after point of encounter warm hand off to system partners to help identify the medical home. Question is this already active? No it is a recommendation Corpuz uses a system ACO developed a system, care mangers are alerted when their patients hit an ED.

4. Smart 911 should be marketed further. Doyle: Public campaign to resume whole heartedly in 2021. Sanchez points out that the OEMC has developed population specific flyers in marketing materials

   Harold: #4 also has other languages interpreted for Smart 911

Examples of information that is preloaded into a profile is not limited. Any information the info sharer enters is acceptable. Pictures of children, layout of home, any and all information. There are periodic prompts to those who have submitted a profile to reupdate their information/profile as time moves along.

5. Process map is a tool that could have happened in the start of our work and may assist with further analysis.

6. CPD public dashboard may be already in existence. Not – nothing public facing. Though they do have a forum where this data can be displayed and look forward to further development and will keep group appraised.

Cicchetti: is there room to add to these recommendations?
They are approved but per Sanchez not limited. Colleen has a focus on children and youth and that will be added to the guts but there are other systems around kids ie (CPS) who handle kids too and so far, they are not included when we talk about communication needs and children/youth. Also believes from ED perspective is there additional information that those docs would need.

This subcommittee will move forward in deliberations to include consideration of youth and children; how do children fit into this work.

IV. Assign three action steps for the top two/three prioritized recommendations

Jac with very much experience offers #3 and #5 are big prizes out of this list, if we could get this done #3 is the holy grail. Do we have the ability three months after encounter within agencies still involved will that history show up for person three months later?

#1 and #2 technical in nature

#4 in the works

#6 in the works
Sanchez: All are very important, agrees heavy lift on 3 and 5 as long term goals.
Veronica: state has a database of mental health community providers. Are you suggesting this will take time to plan and coordinate? Why does Jac pick 3 and 5.
Jac: Long term difference is made when there is a long run perspective. Limited time and resources need 3 and 5. Others are moving along under time and resources of our parent organizations. Greatest return for persons in need.
Veronica: how to make this happen, bring a plan to the table.
Jac: Start with #5 map out every possible encounter and post encounter
#3 how to build the system informed by data in #5
Joanne: discusses process mapping and how it is utilized as a tool to illustrate a process

Sanchez circles back: was your question answered?
Veronica: yes, it was answered, want to know if this has been written down already. Person enters system and how do they move?? How do we critically review for what needs to be changed?
Person still in care how to they continue in the system
Jac calling on all committee members do they have anything to add at this time?
Veronica no response
Gabriela has many concerns around confidentiality. Past treatment provider and works in substance abuse policy. One question: How are people's choices being honored. Are we unintentionally not consulting with patients?

Jac this committee is discussing a build of this system and have no intention of breeching confidentiality
Cheryl Potts: data collection piece and simultaneously flesh out how data is fed back into these recommendations and continuously refine work on recommendations
Jac – absolutely
Alicia not now, thanks
Cheryl Miller
Badonna – how will we do #5?

30 minutes left:
Jac, start with #5
Colleen: use experiential de-identified data versus live case data
Harold: intellectual and developmental disabilities must be considered
Joanne: homework
Jac: Can we first establish where we are at? Is there any disagreement with having number 5 be first?
Question met with silence: Subcommittee members agree; okay #5 is it
Joanne: restate homework need. Could we have pre-developed interview questions
Veronica: committee members represent the breath of agencies – why not start here
Joanne: fine by me
Jac sounds good
Joanne to Harold is our methodology sound
Harold has interview questions
Jac – previous experience is that processing include major nodes of your system, data flow begins to illustrate a layered map
Joanne – use Harold's questions
Jac – everyone just go back home draw your agencies flow on a big piece of paper, identify map of system, at agency level and or at individual level
Joanne – sounds great, very simple

V. Next Meeting: TBD (co-chairs to plan meeting schedule)