



Chicago Council on Mental Health Equity (CCMHE)

MEETING MINUTES

Date: October 14th, 2020

3:00 – 5:00 p.m.

Zoom link: <https://zoom.us/j/91282606641?pwd=SmZSUStFb3pvYnljajZHTTF6TVh1dz09>

Meeting ID: 912 8260 6641

Passcode: CCMHE2020

I. Welcome

3:04: This meeting will be held openly pursuantly to the open meetings act, and conducted by video conference and recorded due to the public health crisis.

3:05 – 3:12 roll call

Present members are grayed-out:

Name	Agency
Ald. James Cappleman	46th Ward Alderman
Ald. Roderick Sawyer	6th Ward Alderman
Alexa James	NAMI Chicago
Alisha Warren	Chicago Department of Public Health
Amy Spellman	Uchicago Urban/Crime Lab
Angela Rudolph	Department of Family and Support Services
Belinda Stiles	Christian Community Health Center
Brian Bragg	Frye Foundation
Carolyn Vessel	I AM ABLE
Cheryl Potts	The Kennedy Forum
Chief Mary Sheridan	Chicago Fire Department
Chris Carroll	C4 Chicago
Cmdr Antoinette Ursitti	Chicago Police Department
Colleen Cicchetti	Lurie Children's Hospital
Dan Fulwiler	Esperanza Health Centers
Darci Flynn	Mayor's Office (Recovery Task Force)
Deborah Kennedy	Equip for Equality

CHICAGO POLICE DEPARTMENT



Denise Fuentes	Heartland Health Center
Donald Tyler	Chicago CRED
Dr. Diane Washington	Cook County Health and Hospital System
Dr. Donell Barnett	City Colleges of Chicago
Dr. Eddie Markul	Advocate Illinois Masonic Hospital
Dr. Ken Fox	Chicago Public Schools
Dr. Leticia Reyes-Nash	Cook County Health and Hospital System
Dr. Manoj Patel	Lutheran Social Services, Inc
Dr. Rashad Saafir	Bobby Wright Comprehensive Behavioral Health Center
Dr. Sharon Coleman	Illinois Department of Human Services - Division of Mental Health
Dr. Shastri Swaminathan	Retired Advocate IL Masonic Hospital
Dr. Wilnise Jasmin	Chicago Department of Public Health
Eddie Borrayo	Rincon Family Services
Efrain Martinez	Orozco Academy
Emily Cole	Cook County State's Attorney
Emily Neal	Mercy Home for Boys and Girls
Eric Cowgill	NAMI Chicago
Eric Lenzo	Sinai Health Systems
Erik Wilkins	Communities United
Esther Corpuz	Alivio Medical Centers
Esther Sciammarella	Chicago Hispanic Health Coalition
Felix Rodriguez	Illinois Department of Human Services
Fred Friedman	self
Gabriela Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health
Gregg Montalto	Lurie Children's Hospital
Harold Pollack	U of Chicago Urban/Crime Lab
Hellen Antonopoulos	Chicago Public Schools
Dr. Inger Burnett-Zeigler	Northwestern Hospital
Jac Charlier	Treatment Alternatives for Safe Communities
James Burns	The Kennedy Forum
Joanne Farrell	Chicago Fire Department
Joel Johnson	HRDI
Joel Rubin	National Association of Social Workers

CHICAGO POLICE DEPARTMENT



Lisa Hampton	Department of Family and Support Services
Lori Roper	Cook County Public Defender
Marc Buslik	Retired, CPD Commander
Marco Jacome	Healthcare Alternative Systems
Mark Ishaug	Thresholds
Marty Doyle	Office of Emergency Management
Matt Davidson	IL Guardianship & Advocacy
Matt Richards	Chicago Department of Public Health
Michelle Langlois	Veterans Administration
Mike Milstein	Chicago Police Department
Mirna Ballestas	Private practice
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	Department of Family and Support Services
Rebecca Levin	Cook County Sheriff's Office
Richard Rowe	Next Steps and CSH
Rufus Williams	Better Boys Foundation
Sarah Yousuf	Community Renewal Society
Stephen Brown	U of I Health and Hospitals
Susan Doig	Trilogy
Vanessa Westley	Chicago Police Department
Veronica Trimble	Illinois Department of Human Services
Veronique Baker	IL Guardianship and Advocacy
Zoe Russek	U of Chicago Urban/Crime Lab
Dr. Allison Arwady	Chicago Department of Public Health
Rich Guidice	Office of Emergency Management (911)
Kate Sanchez	City of Chicago - Mayor's Office
Margaret Decker	City of Chicago - Mayor's Office
Angie Weis	City of Chicago - Mayor's Office
Alex Heaton	City of Chicago - Mayor's Office
Jaye Stapleton	City of Chicago - Mayor's Office

In addition to the above: Julie Solomon and Tom Christoff from the Independent Monitoring Team and Mary Miro from the Chicago Police Department attended the Zoom meeting.

CHICAGO POLICE DEPARTMENT



3:13 Explanation of how to participate during the meeting

II. CIT Coordinator Update – policy review presentation

3:13 Commander Ursitti speaking

- a. In 2019 CPD began reviewing and revising crisis intervention policies.
- b. CIAC provided input between August and October 2019
- c. Houston, NYC, Seattle, Portland, Philly, and LA all provided their CIT policies to CPD for review.
- d. The goal was to codify the efforts made into policy utilizing the consent decree, so that the changes would be sustainable.
- e. Revisions have been posted on the CPD policy review forum
[https://home.chicagopolice.org/reform/policy-review/\(10/30/2020\)](https://home.chicagopolice.org/reform/policy-review/(10/30/2020))
- f. Policies will remain posted for feedback through the 30th of October
- g. There are six policies that are going to be discussed today:
 - S05-14 CIT program
 - a. Outlines the program, explains the collaborative relationships and partnerships to improve the response of the department.
 - a. the goal of the CIT program is to prioritize the sanctity of life and enhance the response in all community encounters.
 - b. The CIT program acts in partnership with other law enforcement and health agencies in order to reinforce the safe and dignified treatment of persons experiencing crisis.
 - b. Delineates the responsibilities of the program coordinator, a sworn dept member who is responsible for the management of the program.
 - a. Manages the administration of the program, as well as the documents, reports and forms that are required to make sure the program operates properly.
 - b. Responsible for identifying best practices that could be incorporated into department policy.
 - c. Responsible for participating in steering committees such as this one.
 - d. Responsible for building out the CPD crisis intervention plan, in concert with other agencies and the larger city strategy for dealing with individuals experiencing crisis.
 - c. Establishes the response protocol of the CIT district operations and community support.
 - a. There are 16 essential functions of the program that are codified in the S05-14 policy document.

CHICAGO POLICE DEPARTMENT



- b. The community support aspect of the program is to engage community partners in reducing the demand for CIT services, as well as unnecessary incarceration or hospitalization at ED services.
- c. The administration section is reviewing officer encounters to quality check documentation of CIT encounters, as well as providing feedback to officers after they have completed the interaction.
- d. The Area Teams are providing additional resources to districts based on evaluation of the data. This includes providing roll call trainings, conducting liaison with local providers, and connecting individuals with providers when the opportunities arise.
- e. There is also a dedicated civilian analyst and community outreach coordinator who each provide support to the work done by the sworn officers.

Question: Will the public comment period be up at the end of the month? How will we know if there are sufficient CIT officers to meet the need?

Answer (Cmdr Ursitti): Yes the public comment period ends October 30, and we aren't prepared to discuss CIT officer readiness numbers just yet.

Question: What are the qualifications for the CIT coordinator, and what are the efforts to bring the CIT structure that has been discussed to the current force structure.

Answer (Cmdr Ursitti): The Coordinator must be a CIT certified member of CPD, as well a Lieutenant; willingness to understand best practices, a commitment to community policing strategies; a graduate of the CIT coordinator course; familiarity with the SAMHSA sequential intercept model; familiarity with data collection, analysis and interpretation.

Question: How do we gauge whether the person has community credibility – you will not get community input if you don't have community trust.

Answer (Cmdr Ursitti): Office of attorney general and IMT have approved the coordinator. The community engagement person will be focusing on the relationship with the community.

Question: How are we planning to have a response that is 24 hours, and how are the teams distributed based on the community needs?

Answer (Kate Sanchez): Today we are just focusing on policy, but that is a great point and should be discussed in future meetings.

- S04-20 recognizing individuals in crisis
 - a. The big changes in this document are definitions for each of the different types of crises, as well as the unique responses for each of those crises.
 - b. It introduces additional addenda for individuals in crisis, as well as associated reports necessary.

CHICAGO POLICE DEPARTMENT



- c. States Illinois compiled statutes for mental health and disabilities code (rights of individuals experiencing crises), as well as the firearms owners identification act (how to deal with individuals who are a danger to themselves or others)
 - d. Reinforces the de-escalation measures that officers have been trained in, including time, distancing, and communication.
 - e. This policy also details cues that would help an officer recognize crises that they may be experiencing.
 - f. Outlines the policy for reporting individuals to ISP FOID office that may be owners of firearms.
 - g. Details diversion programs and alternatives to arrest that may be helpful for officers to use for individuals experiencing crisis.
- S04-20-02
 - a. Policy outlines department procedures when they encounter someone who is subject to involuntary or voluntary admission into custody of a mental health intake facility.
 - b. Provides Illinois compiled statutes for adults, minors, and persons with intellectual disabilities.
 - c. Outlines the four circumstances that officers are required to involuntarily take someone to a mental health intake facility.
 - d. Emphasizes that court orders are not sufficient reasons for officers to force entry into a constitutionally protected area.
 - e. Provides links to forms required for officers to fill out a petition.
 - f. Goal of this document is consistency of response, and to make sure any use of force is explained to the individual at each step of the way.
 - g. Adds in the requirements for involuntary admission.

Question: how does the department define “danger to themselves or others”

Answer (Cmdr Ursitti): The member must reasonably believe that there is a threat of danger to themselves or others or see that the individual isn’t able to provide for their own needs. All of these determinations need to be agreed upon by the receiving facility. CIT training involves wellness questions for officers to use to help make this determination.

Question: Must the CPD member believe beyond a reasonable doubt that the person is a danger to themselves or others?

Answer (Cmdr Ursitti): Per the mental health and disability code, the CPD member must have reasonable grounds to believe that the person is not able to provide for their own basic needs.

- S04-20-03 persons on unauthorized absence from a state mental health facility.

CHICAGO POLICE DEPARTMENT



- a. Establishes policies for officer encounters with individuals who were an inpatient and have been found absent without discharge.
- b. Cleaned up the language to make them more patient-focused.
- S04-20-04 Mental health transport and related duties matrix
 - a. Provides a single matrix that summarizes the roles and responsibilities of for responding to incidents involving individuals experiencing crisis.
 - b. This includes the appropriate places to transport an individual in lieu of arrest or ED, as well as the required paperwork to fill out afterwards.
 - c. This policy change also cleans up language to make it patient-focused.
- S04-20-05 Arrestees in need of mental health treatment
 - a. What to do with individuals who are in custody and in need of mental health evaluation, treatment or hospitalization.
 - b. This ensures that the officer is collecting the evaluation from a medical professional detailing whether or not a person needed further mental health treatment.
 - c. The prioritization is the treatment for the individual experiencing crisis, but allows for CIT to be contacted to help streamline communication between the various agencies.

III. OEMC policy review presentation

4:01 intro Kim Moravec, head of training at OEMC

- CIT responsibilities
 - a. Today we are updating the CIT policy at OEMC that was last updated in 2011.
 - b. The new policy identifies the Z code that will be used to identify CIT calls in the data
 - c. Outlines the training with NAMI that telecommunicators will be taking, and additional training that is on offer.
 - d. There are both calls that are automatically CIT calls, and then call-takers are trained using a triage to recognize CIT calls that may not necessarily be obvious from the outset.
 - e. Officers with Z codes next to their names are identified as CIT officers. If they are not available to dispatch, they will be dispatched to follow-up once they are available.
 - f. If the lineup of trained CIT officers is incorrect, the dispatcher will reach out to a field supervisor to verify who is working.

CHICAGO POLICE DEPARTMENT



- g. Operational supervisors are used to conduct quality control of all of the CIT notifications by dispatchers.
- CAD enhancement
 - a. This allows for call-takers to unselect CIT boxes to improve the quality of CIT call data.
 - b. Once the box is checked, the triage question process begins.
 - c. The call list of calls highlights any calls in orange that have a CIT component.

Question: Is there a question about whether the person is deaf or hard of hearing?

Answer (OEMC): We rely on the relay center to tell us right now, but could certainly add this question if you think this would be helpful

Statement: Can we please change schizophrenic to schizophrenia

Question: Why is criminal trespass listed and can this be removed from the list contained in the policy?

Answer (OEMC): We have to share what the citizen tells us is the problem.

- CIT event – orange color TNG 19-011
 - a. Adding the orange background color in the pending events monitor.
 - b. This was to make the CIT calls pop, so they wouldn't be list in the sheer volume of calls the city receives.

IV. Mayor's Office updates

4:21 Kate Sanchez: working on incorporating OMA requirements, we are going to be in communication with the committee about bylaw revision, and working with the co-chairs to continue moving forward with the recommendations. Everything will be posted on the City of Chicago Public Safety reform website.

V. Next Steps

We will be posting the public comment rules on the website.

Question: Can we email out the slides

Answer (Cmdr Ursitti): Yes

Question: Are there going to be subcommittee meetings, and are we still on the original meetings?

Answer (Kate Sanchez): Yes, we will need an agenda a week in advance to be posted per the OMA.

VI. Public Comment

CHICAGO POLICE DEPARTMENT



4:25 Opening for public comment. Each comment will be held to three minutes, and should be in the topic of mental health. saferchicago@cityofchicago.org will be used to submit questions in advance.

Comment 1: We would like to have some more background as to what the council has been working on. The CIT policies merit review and revision, but overall are based on the premise that police need to be responding to these calls, rather than exploring alternatives to police. Can we have some more clarity, as well as minutes from previous meetings?

Comment 2: I have four points to make in under three minutes. First, it appears that there should be a companion policy to go with the CIT policy. Chicago PD shouldn't be dealing with this population on their own. CIT is not built out to be a law enforcement response alone. Second, the policy doesn't address warm handoff. While this isn't a major responsibility of police, it is an essential part of continuity of care. If it is there, it needs to be strengthened. Third, the companion policies of treatment policies and case management needs to be incorporated. Case management isn't the responsibility of the police department. Finally, officer discretion needs to be addressed through policy training and oversight, because officer discretion gets us into good situations and bad situations. Thanks to Lt Ursitti and Officer Sanchez.

Comment 3: It is important to have a model that explains what happens in the community.

Comment 4: I am scared of CIT officers. I am not scared that they are going to kill me, due to my privilege, but I am worried that my liberty will be taken away from me. I am worried that my black siblings are at work, and that breaks my heart.

4:36 No more questions, Kate Sanchez brings the meeting to a close.