

Chicago Council on Mental Health Equity (CCMHE)

MEETING Minutes

Date: April 25, 2022 1:00p-3:00p

- I. Welcome and Attendance
- II. Public Comment (none)
- III. Voting on Outstanding CIT Policies and Procedures
 - a. Questions/Comments (CIU SO #20-02 – CIT Training, Scheduling, Attendance, Eligibility, and Recruitment)
 - *Question:* Do your policy/procedures include any mandatory counseling, referrals or talking with someone about the stressors of CIT?
 1. (Response): One of the requirements to maintain a designation of a CIT officer is to attend a refresher CIT training (2-day course). The first day of training is dedicated to officer wellness and it brings in the city's Employee Assistance Program (EAP) to talk about resources.
 2. We (CPD) also have an administrative team that supports the area teams that help the districts, and the administrative teams ensure that every district has a binder that has information on resources that regularly reviewed and updated.
 - *Comment:* I don't see anything related to language and culture competency in the training. We want to make sure to incorporate/clarify that it's clear of the legal implications of cultural competency.
 1. (Response) There are other SOP's that would directly affect this issue/concern.
 - *Question:* Regarding performance evaluations, is this something that will be completed by the CIT officer's direct supervisor with direct field experience of their ability? How are you going to do the performance evaluations of the CIT officers?
 1. (Response) The goal is to receive a vote whether this recommendation should be put forth for our consideration into incorporating it into our policy. There's a process that we are in the beginning stages of implementing that will address/include distinct performance evaluations for CIT officers which is different than the current evaluation.
 - b. Questions/Comments (CIU SO #21-02 – CIT Annual CIT Policy Review)
 - *Question:* Are you reading the comments/feedback and not the policy?
 1. (Response) When we attempted to vote last year on the policy, there was feedback provided that was tabled and we're just revisiting what the feedback was after the policies were brought to the larger committee after it initially came from the subcommittees.

IV. OEMC Presentation and Update

V. General 2022 Updates

a. Committee and Subcommittee structure

b. Committee membership

c. Committee Bylaws

1. The goal for this body is meaningful engagement

2. Attendance challenges

a. Duplicative representation in voting

b. Cleaning up membership list

c. Simplification of the subcommittee structure

3. General CCMHE Committee

a. To be used for the subcommittees to report their work

4. Consent Decree Subcommittee

a. Focus on consent decree specific action items (Diversion & Deflection/Crisis Response)

i. Voting

ii. CPD training

iii. CPD policy

5. City mental/Behavioral Health Subcommittee (System Coordination & Data/MH Treatment)

a. Focus on city's (CDPH) mental and behavioral health initiatives

i. CARE model

ii. Others

b. This is an attempt to try and be responsive to what the committee wants out of these meetings

d. Comments/Questions

• Comments:

1. All of this sounds wonderful Matt

2. Thank you Matt I fully support this

3. I agree as a city department we should be in more of a supportive role and in addition to clarifying roles for volunteers, what are the roles for city department staff? I also want to elevate youth representation in one or both subcommittees

4. This is a welcomed move that I appreciate Matt

5. I support this

6. I like the idea of only two subcommittees and cleaning up the membership voting list, but I still don't see a lot of information about bringing in members of our city who have lived experiences with Mental Health histories. The idea of "meaningful engagements" seems to be elusive still.

7. (*Response*) We really do want to bring in folks that's why we really wanted to look at the attendance list to really see who's here. I'd love to work with you on making sure that we have that representation.

- *Comment:* Makes sense as a government representative who works closely with first responders and community engagement and partners for suicide prevention, I'd love to continue supporting and being invited to quarterly meetings. I don't anticipate any voting role.
- *Question:* I agree with meaningful engagements, but I think to engage people who don't do this type of work that there should be compensation – can we advocate for this to be included? It's hard to do given the time frames of the meeting, and compensation could engage more people.
 1. (Response) When it comes to the time of the day, what time would you be advocating for – something in the evening?
 2. May be identifying some individuals who are interested and asking what time they can do and finding a time from there.
- *Comment:* I'd be happy to work with you in finding ways to find better community engagement beyond this structure
- *Comment:* I love the idea of more folks with lived experiences as long as it's not exploitative. Truly providing a space where we're not calling people out but to make sure that we are providing true equity at the table for all voices to be heard (a safe space to speak).
- *Question:* What is the time commitment for the subcommittees
 1. (Response) We're aiming for at least once if not twice before the greater body (Quarterly CCMHE meeting) . We'd also like for subcommittee members to help determine the cadence between now and July. We're also looking for chair/co-chairs for each subcommittees.
- *Question:* Can you be an active member of both subcommittees?
 1. (Response) We're open to people's thoughts on this
 - a. Pro – more participation is always better
 - b. Con – is there an equity concern that certain members or organizations are exerting more of an influence than others who don't have that capacity
 - c. What do you all think about memberships on both subcommittees?
- *Question:* What do the arrows imply on the Simplified Structure?
 1. (Response) There's definitely an overlap and the four areas do overlap and aren't exclusive to one subcommittee or the other.
- *Announcement:* We're still working on a draft on our Bylaws based on OIG and IMT comments. We're hoping to send out a draft within the next 2-3 weeks to the committee and plan on sending it out using "Google docs" for review. We will set a deadline for how long the committee has to review and provide feedback at the end of the deadline. We'll review and take the feedback and comments to finalize the document to make necessary changes and send the final version to the committee for review before the next quarterly meeting in July so that we can vote on them.

- *Question:* What are some ideas or thoughts that you want to see implemented/discussed into our city model or things you'd like for us to discuss in our meetings?
 1. (Response) Continued forward movement at a strong pace will cause us to obtain more ideas
 2. (Response) I really commend the structure of having two subcommittees and selecting people who are willing to be a part of those committees
- *Comment:* Discussion for the future – the policy around people being able to request being transported to a hospital with a Psych unit attached to it when calling 911 for an ambulance.
- *Question:* I'm very concerned about people who have no insurance or health coverage (regarding ambulance transports) who don't want to use the ambulance because they don't want the large bill. How do we cover that?
 1. (Response) Historically, protocol has been to transport to closest ED which often is not what the person needs most. We're starting to think about needing to have transport options
 - a. Psychiatric living rooms
 - b. Community MH Centers
 - c. Low Barrier Shelters
 - d. Sobering Centers
 - e. A setting that includes all these types of options (runs labs and/or move person to in-patient)
 2. *Comment:* General concern is to better customize the transport option for a Behavioral Health patient which isn't always necessarily an ED
 3. (Response) We're trying to develop a Behavioral Health system of care that is like what we have for our trauma/heart attack systems of care to ensure any ED that we transport to would have certain characteristics to best serve people with a Behavioral Health need.
 - a. Alternate destinations
 - i. According to state law, EMS providers can only take someone to ED's, with CARE/IDPH we've opened that option to other settings that might better serve the patient's needs and health resources. We do need to give our EMS services more options.
- *Question:* How do we cover emergency care for those who have no health insurance coverage for ED calls?
 1. (Response) City transports
 - a. Police transports (does not bill)
 - b. EMS transports (is a billed service)
 - c. CARE transport (does not bill)
 2. We would need to circle back on this or if First Dep. Sheridan or Dr. Markul has a response.

3. Another option could be the 988 option which would be available after July 1st
- *Question:* Transporting people to an ED that doesn't meet the needs of the person creates a double call (i.e. no Psych unit, only labs can be done), how can we avoid this?
 1. (Response) A lot of this gets into the EMS protocol which Dr. Markul can speak on. We do appreciate this concern about patients getting to a setting that doesn't have the level of care that they need. Because there is a limitation of the amount of psychiatric beds, unfortunately, even if someone was transported to a facility that does have in-patient psych, if there's not capacity at that site, a secondary transport would be necessary

VI. Announcements

a. 2022 Quarterly Meeting Dates

- Monday, July 25th, 2022 – Meeting #3
- Monday, October 24th, 2022 – Meeting #4

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MEETING Chat

Date: April 25, 2022 1:00p-3:00p

13:12:41 From Cesareo Moreno : Cesareo is present just want to make sure my mic worked.

13:14:20 From iliana espinosa, HAH, she/ella : Hello, iliana espinosa, she/her/ella, Heartland Alliance Health, just jumped on

13:15:28 From veronica trimble : Felix Rodriquez in online but having tech issues

13:40:39 From mkawaters : Mac Kawaters (OEMC) abstain.

13:41:38 From Matthew Richards : Matt Richards abstain

13:41:54 From Jessica |CU| She/ Ella : Hi, this is Jessica from communities united. I'm having trouble with my audio. I abstain

13:45:40 From Lisa Hampton, DFSS/CSCC to Ben Recht(Direct Message) : there were no comments from the committee I thought

13:48:09 From Jessica |CU| She/ Ella : This is Jessica from communities united and Vote yes

14:02:46 From Lisa Hampton, DFSS/CSCC : All of this sounds absolutely wonderful Matt.

14:04:38 From Gabriela Zapata-Alma (NCDVTMH) : Thank you, Matt, fully agree and support.

14:04:52 From NAMI Chicago-Eric : That is a welcome move! Appreciate that Matts!

14:05:06 From brian bragg, (he/him) Access Community Health : I also support.

14:05:10 From Maggie Shreve, Chicago : I like the idea of only two subcommittees and cleaning up the membership (voting) list. But I still don't see a lot of information about bringing in members of our city who have lived experiences with mental health histories. The idea of "meaningful community engagement" seems to be elusive still...

14:05:42 From Jessica Heise-Chicago VA : Makes sense. As a government rep who works closely with first responders in community engagement and partnerships for suicide prevention, I'd love to continue supporting and being invited to quarterly meetings. I don't anticipate any voting role. :)

14:10:55 From Lisa Hampton, DFSS/CSCC : loved the idea of more folks with lived experiences as long as its not exploitative

14:13:17 From Gabriela Zapata-Alma (NCDVTMH) : Compensation and actually listening to people with lived experience are both central to avoiding exploitation

14:13:45 From veronica trimble : I also think we have to be careful in assuming that persons on the committee are not working from multiple perspectives including having lived experience

14:14:38 From Gabriela Zapata-Alma (NCDVTMH) : Agree, Veronica, but lived experience is usually different when people do or don't hold the privileges that bring us to this group

14:14:53 From veronica trimble : Agreed

14:15:27 From Matthew Richards : I also think family members of persons living with SMI is really important and often overlooked in planning conversations

14:15:52 From iliana espinosa, HAH, she/ella : sorry if i missed this. what is the time commitment on the subcommittees?

14:17:59 From Patrick Dombrowski (C4) : Follow-up logistic question, can you be active member of both?

14:18:10 From iliana espinosa, HAH, she/ella : Got it thank you!

14:18:56 From Maggie Shreve, Chicago : This discussion should be embodied in the draft bylaws.

14:32:23 From iliana espinosa, HAH, she/ella : As a crisis therapist I would second Sherie's comment!

14:32:36 From Gabriela Zapata-Alma (NCDVTMH) : Agree w Sherie!

14:41:10 From iliana espinosa, HAH, she/ella : I'm very interested in this transportation piece and would love a larger conversation

14:48:50 From iliana espinosa, HAH, she/ella : To Matt's point I'm interested in the alternatives and options piece as well! Thank you