



Chicago Council on Mental Health Equity (CCMHE) – Meeting Minutes

MEETING AGENDA

Date: July 23rd, 2021

2:00 – 4:00 p.m.

Zoom link: <https://zoom.us/j/3032424110?pwd=QjNyZHpaSDNaZ3FsN3dSMWxrZlFKZz09>

Meeting ID: 303 242 4110

Passcode: CCMHE2021

I. Welcome and Attendance

Name	Agency
Ald. James Cappleman	46th Ward Alderman
Ald. Roderick Sawyer / Belinda Cadiz	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
Deputy Chief 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	Region IX Medical Services
Dr. Inger Burnett-Zeigler	Northwestern Hospital
Dr. Ken Fox	CPS
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
Emily Cole	Cook County State's Attorney
Emily Neal	Mercy Home
Emmanuel Ares	CPD - CIT Community Coordinator
Eric Cowgill	NAMI Chicago
Eric Lenzo	Sinai Health Systems
Eric Wilkins	Communities United
Eric Wilkins	Broken Wingzz
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
Harold Pollack	Uchicago Urban/Crime Lab
Hellen Antonopoulos	CPS
Jac Charlier	TASC
James Burns	The Kennedy Forum
Jamie Kach	Advocate Illinois Masonic Medical Center
Jessica Estrada	Communities United
Joanne Farrell	CFD
Joel Rubin	NASW
Kelsey Burgess	Equip for Equality
Lisa Hampton	DFSS
Lisa Simons	Lurie Children's Hospital
Lori Roper	Cook County Public Defender
Marc Buslik	Retired, CPD Commander

Marco Jacome	HAS
Mark Ishaug	Thresholds
Matt Davidson	IL Guardianship & Advocacy
Matt Richards	CDPH
Michelle Langlois	Veterans Administration
Mike Milstein	CPD
Nick Roti	HIDTA
Oswaldo Gomez / Anna Mangahas	ONE Northside
Patrick Dombrowski	C4
Pastor Chris Harris	Bright Star
Pastor Chris Harris	Bright Star
Pastor Edward Davis	St John's Missionary Baptist Church
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
Rufus Williams	Better Boys Foundation
Samantha Edwards	DFSS
Sarah Yousuf	Community Renewal Society
Stephen Brown	U of I Health and Hospitals
Susan Doig	Trilogy
Veronica Trimble	IDHS
Veronique Baker	IL Guardianship and Advocacy
Zoe Russek	Uchicago Urban/Crime Lab

II. Public Comment

- *Comment:*
 - Expressed concern about presence of CIT officer in alternate dispatch team
 - Expressed concern about 40-hour one time CIT training, which is not sufficient to help officers appropriately respond to people in behavioral health crisis
 - Individuals with untreated mental illness are more likely to be killed by a law enforcement officer during an interaction
 - Police interaction with those in crisis is dangerous
 - The 40-hour one time training is not sufficient to help officers respond appropriately to individuals in crisis
 - Appropriate responders should be sent out to address these calls

- *Comment:*
 - Concerns on implementation of co-responder model
 - Code of Ethics are extremely important. Having social workers partner with Law Enforcement officers is a serious violation of Code of Ethics
 - To ensure that individuals in crisis receive best possible care in moment and in follow up, social workers cannot be sent to respond to calls with law enforcement
 - Pilot does not have enough transparency

III. Deputy Mayor of Public Safety – John O’Malley (introduction and brief comments)

IV. Alternate and Co-Response Pilot Programs Update

- Presenter: Alex Heaton, Policy Advisory for Public Safety, Office of the Mayor
 - Training for co-response model will kick off in August
 - Training will be 120 hours for staff including training, simulations, and ride along
 - Hiring has begun, vehicles are in house and are being retrofitted
 - Planning to embed behavioral health clinicians in the 911 call center, updates will be shared at next meeting
 - Alternate Destination (crisis stabilization centers) updates will be shared with CCMHE at the next meeting
 - There is not a Logo for this unit yet. City will partner with youth organizations in the Fall to design a logo, which should be operational by 2022
- *Question:* Could a timeline be provided about decisions on where these units will be and how long we expect the Pilot project to last?
 - *Answer:* Training will continue for month of August and the hope is to begin responding the month following training. Pilot is expected to run for a year and updates will be regularly given to CCMHE and City Council throughout the year. The Pilot will be operating out of 13 community areas
 - Areas: Lakeview, Uptown, Auburn Gresham, Chatham, West Englewood, West Elsdon, Chicago Lawn, West Lawn, Gage Park, and West Garfield Park, East Garfield Park, Humboldt Park.
 - The West Side neighborhoods (Garfield Park and Humboldt Park) will have the pilot of the Community Paramedic and Peer Recovery Specialist, to respond in particular to substance use-related calls.
- *Question:* Is there a reason why this pilot won’t be tested in any communities on the Westside?
 - *Answer:* This will be piloted on the Westside in the second phase of expansion. Communities were determined by areas that had the most CPD and CFD contact for behavioral health crises.
 - Are looking at various staffing models and outcomes. Every region of the City will receive a team in the first wave.

- The West Side neighborhoods served by the pilot are: West Garfield Park, East Garfield Park, and Humboldt Park. They will be served by the model that pairs a Community Paramedic with a Peer Recovery Specialist. This was intentionally designed to meet the needs of substance use/overdose calls, and co-occurring substance use and mental health crises on the West Side.
- *Question:* Will CESSA (Community Emergency Services and Support Act (HB 2784 and SB 2117) bill change the City's current plans?
 - *Answer:* CESSA and federal 988 legislation are rolling out in a parallel track to the City's alternate dispatch pilots. It is not yet clear how CESSA will impact the role of the CIT officer in mental health 911 calls. CESSA is about low-risk calls with no relevant law enforcement issue. We are testing whether the inclusion of a CIT officer allows the alternate dispatch team to respond to calls with a different risk profile.
 - We are working with the State to identify connecting / collaborating opportunities
 - We are in the planning stages of understanding the relationship between 988 and 911
- *Question:* The law (CESSA) will require Illinois to have a non-police crisis response to mental health calls. Will that have to be through 988 or could it run through 911 in the meantime?
 - *Answer:* It is not necessarily clear what the implications of this legislation are. City is currently seeking clarity. Do teams with a CIT officer have the ability to take on more calls, or more calls with different risk profiles? This question has not yet been answered, but it is why we are piloting 3 different models of alternate response team.
- *Question:* In regards to partnerships with non-profits that will serve as triage center for diversion. Is the City looking at mental health infrastructure through CDPH and the clinics and can they be used for that diversion?
 - *Answer:* CDPH is investing in and building out the five CDPH Mental Health Clinic's ability to provide comprehensive outpatient mental health services
 - The CDPH clinics are very different from crisis stabilization centers and cannot serve this function as well
 - Please refer to SAMHSA's Guidelines for Behavioral Health Crisis Care for outline of crisis stabilization center best practices.
 - Crisis stabilization centers need to have full medical staffing to respond to the physical health needs of patients in crisis and conduct appropriate triage to higher levels of care if needed.
- *Question/Comment:* Please continue the alternate response model if Law Enforcement officers are required to roll off of these responses
 - *Answer:* The City is testing three different alternate response models: a CPD CIT officer, CFD Community Paramedic, and a CDPH Mental Health Clinician is one of the three models. The other two do not include a police officer.
 - We are testing the different models to see what each offer.

- *Question/Comment:* We need to ensure that we create a team of peers in the community to help individuals in the community. Can you expand on what the plan is for including peers in this process now and in the future?
 - *Answer:* The team on the Westside is a community paramedic and a peer, which was done intentionally. We will continue to gather data on those outcomes and recognize the important role they play in this process
- *Question:* What will the evaluation model look like and how will you adapt? How will you do Data collection, measure risk, determine what is good diversion?
 - *Answer:* The City is thinking about this as a health care intervention. We think about initial data collection as intake (not a comprehensive assessment). Want to ensure we collect right information at intake in order to track outcomes at 1, 7, and 30 day follow ups. Intake → Response → Follow up. Collecting data at all points of contact.
 - *Answer:* 2 ways to look at data. 1. Immediate operational analysis. Ability for analyst to look at what needs to be flagged immediately for individuals working on these teams. An analyst will be supporting this program and will have access to data from all agencies participating. 2. Evaluation. Are these individuals satisfied with the services received? Does the connection to services resolve or address their concerns that reduce their need to have more contact with 911 system in the future? The evaluation will be conducted by an independent evaluator
- *Comment/Question:* What is the time of operation for the team and how do they plan to address different calls in different areas?
 - *Answer:* Having crisis stabilization centers running 24/7 is the goal. During the pilot for the co-response teams, they will be operating for 8 hour shifts for 1st wave (10 a.m. – 6 p.m. roughly)
- *Question:* How will we work with neighborhood health clinics in each of these communities?
 - *Answer:* Every team will have a resource guide (drafts already being developed). The intention is that every client has a care coordination plan.
 - *Answer:* The alternate response programs are complementary to existing mental health infrastructure in the City, not meant to replace current services. Coordination will be ongoing with not just mental health clinics but homeless services providers, social services, treatment providers, etc.
- *Question:* Are there any plans to obtain feedback from community at large? How do you plan to address individuals concerns about responding to a Government run program?
 - *Answer:* The plan is to engage families of individuals in crisis, and employees of crisis stabilization centers. An independent evaluator will complete the evaluation so that individuals are not providing feedback directly to the City. We can also utilize the CCMHE to ensure that community members can share their feedback with this group. We can look to build in opportunities for greater general community input in the evaluation process.

- *Question/Comment:* Community input and engagement is extremely important. Where will these resources come from to ensure these voices are heard? Many individuals have experienced trauma, what is being done in these pilots to limit involuntary hospitalization?
 - *Answer:* CCMHE meetings are a great opportunity for individuals to provide feedback. As community outreach is conducted on this program, we have considered many different experiences and feedback in working to create and evaluate these systems. The goal of limiting involuntary hospitalization and criminalization is the goal of this work.
- *Question:* What is the triage protocol and the process on the 911 end? Will individuals be alerted that they will have a community-based assessment?
 - *Answer:* The City hopes to have updates on the triage assessment process during the next CCMHE meetings.
 - *Answer:* People will be made aware when they call 911 that this alternate dispatch response is available, and they will be given a choice to consent to receiving this dispatch option

V. CIT Coordinator Update

- *Presenter:* CPD CIT Coordinator
 - CPD has resumed 5-day consecutive CIT training
 - Have also started refresher CIT trainings for officers that have already been CIT trained.
 - Anyone who is interested in observing the training, may reach out to Kate Sanchez with the Mayor's Office
 - Ensuring that CIT officers are prioritized during calls for service. CIT Officers receiving regular training and ensure that their skills and resources are up to date.
 - Narcotics Arrest Diversion program has added an additional 5 districts which allows for individuals to be re-directed to substance use disorder treatment counselor. Are on track to expand this to every district by end of 2021.
 - CPD will bring crisis intervention team policies to crisis response subcommittee and thank everyone for their input.
- *Presenter:* CFD First Deputy
 - CFD is working with MIH medics to take on this role.
- *Presenter:* CDPH Deputy Commissioner of Behavioral Health
 - City's mental health marketing campaign to begin next month (August). Will include a mental health website with a resource navigator.
 - CDPH will share data for all out-patient mental health services funded by CDPH ready by next quarterly meeting
 - RFPs will be coming shortly for trauma-informed training and embedded behavioral health clinicians in 911 dispatch center

VI. New Meeting Format

- Meetings will now be held in person because Governor's Emergency Proclamation ends 7/24. Cannot do hybrid of online/in-person because of Open Meetings Act
- Subcommittee meetings will be held at City Hall and full committee meetings in October will be in City Hall (specific location TBD)
- Please RSVP if you plan to attend these meetings to ensure City reserves enough space for everyone

VII. Next full committee meeting: 25 Oct 21

Sub Committee Meeting dates: Mental Health Safety Net: Aug 18, System
Coordination: Aug 19, Crisis Response: Aug 23, Deflection and Diversion: Aug 25