



Chicago Council on Mental Health Equity (CCMHE)

MEETING AGENDA

Date: November 8th, 2021

2:30 – 4:30 p.m.

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

Meeting ID: 303 242 4110

Passcode: CCMHE2021

I. Welcome and Attendance - members attended are shaded in gray

Name	Agency
Ald. James Capplemann	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
1st Deputy Mary Sheridan	CFD
Deputy Chief Antoinette Ursitti	CPD
Dan Fulwiler	Esperanza
Darci Flynn	Mayor's Office (Recovery Task Force)
Denise Fuentes	HHC
Dionne Tate	OEMC
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
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 Richards	CDPH
Michelle Langlois	Veterans Administration
Mike Milstein	CPD
Nick Roti	HIDTA
Cesareo Patras-Moreno	ONE Northside
Patrick Dombrowski	C4
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
Rufus Williams	Better Boys Foundation
Samantha Edwards	DFSS
Sarah Yousuf / Maggie Shreve	Community Renewal Society
Stephen Brown	U of I Health and Hospitals
Susan Doig	Trilogy
Suzanne Golab	OEMC
Veronica Trimble	IDHS
Veronique Baker	IL Guardianship and Advocacy

II. Public Comment

III. Chicago Police Department Presentation - (numbered questions from CCMHE members were sent in advance and answered during presentation)

1. Can you explain where CPD is with the implementation plan, the pace of increasing designated CIT officers, and what challenges, if any, are impacting the CPD's ability to get to reach the 2022 goal of 75% of dispatched calls going to designated CIT officers?
 - Since 2017, CPD has increased # of CIT officers 39% (3,300 officers who are CIT certified)
 - CPD is committed to ensuring there is a sufficient # of CIT officers on every watch in all 22 districts
 - CPD is committed to ensuring that CIT officers are able to respond to 75% of calls for service with a mental health proponent
 - Officers are subject to collective bargaining agreements and there are limitations in transitioning officers to different areas/districts

- CPD hopes to ensure there are enough officers who have been trained in order to respond to calls for services
 - CPD CIT Officers have a 56% response ratio citywide
2. Do the issues and progress differ from district to district and how is that handled?
- Do sufficient numbers of officers' volunteer for CIT?
 - Districts absolutely have distinct needs for a variety of reasons
 - It is crucial for individual district staff to recognize their unique trends
 - CIT District Level Strategy is a new initiative which allows CIT coordinators to review data/trends with individual district commanders in hopes of coming up with a plan for how to address needs and solve various problems. This is dedicated time set aside to make an agreed upon commitment to address key CIT priorities in each district.
- a. Are there policy requirements that impact this?
- N/A
- b. On average, how many patrol officers are on duty in a given shift and how many of those are designed CIT responders?
- 27% of department is trained in CIT
 - Have to take into account furloughs/training/requests for time off
 - Are able to see what proportion of officers on a watch are CIT trained, but CPD does not have the systems in place to keep track of these proportions
3. We have talked about deflection and diversion being a key component of CIT and an overall objective of the City's. To that end, how, if at all, does 04-20 give CPD officers guidance on how to further those goals?
- CPD regularly does roll call training and is eager to expand and continue connections and trainings with these resources
 - Internally, CPD also conducts a CIT Officer implementation plan by looking at officers responses and ensuring timely responses to calls for service
 - CPD recognizes that crisis response system is much broader than CPD and want to ensure that their duties are hitting the mark by tracking trends
4. S04-20 appears to emphasize outcomes of arrest or hospitalizations, but what are other options (such as drop-offs at the living rooms or other community-based options)?

- CPD wants to ensure that these models are available on a 24/7 basis and want to conduct training to ensure CPD Officers know these exist including living rooms and other community-based options
5. Why is SASS not included in the policies as a specific means to divert youth to mental health services?
 - a. Could it be included in a Youth section under 40-20 and 04-20-05? <http://www.dhs.state.il.us/page.aspx?item=92597>.
 - Limitations in regards to insurance eligibility. Want to ensure that resources given to officers are available on a 24/7 basis
 6. On the Transport and Related Duties Matrix, S04-20-04, what are the Designated Mental Health Intake Facilities for adults and juveniles?
 - a. Does it include diversion sites other than hospitalization?
 - N/A

IV. Chicago Police Department Presentation

- Learning Objectives
- Overview of CIT model
- Overview of models in Police Agencies nationally
- Overview of CPD Crisis Intervention Unit

Question - Is any model across the country using a peer recovery response/in person calls?

- *Response* - We are aware of similar programs but do not think they are engaged in formal co-response programs. We are starting to see this practice in behavioral health related assignments.
- Ongoing Elements: Partnerships
- Ongoing Elements: Community Ownership
- Ongoing Elements: Policy and Procedures
- Operational Elements: Officers
 - CIT Officers are trained and can be assigned to CIT calls whenever feasible
 - Members must have at least 2 years of experience as a Chicago Police Officer
- Operational Elements: Dispatcher
- Operational Elements: Coordinator
- Operational Elements: Curriculum

Question – Is there a discussion regarding TBI in these courses?

- *Response* – TBI is addressed under PTSD and returning veteran modules
- Operational Elements: Mental Health Facilities
- Sustainable Elements: Evaluation and Research
- Sustainable Elements: In-Service Training
- Sustainable Elements: Recognition and Honors

Question – Is it possible to get every officer CIT trained and what would CPD need to make this happen?

- *Response* – Most important resource is time. This training is difficult to run at unusual hours. This would need to be delivered as a consecutive 5-day training. There are many constraints that prevent all officers from being trained within a year span. Does CPD have enough partners with enough capacity to conduct these trainings? The ultimate goal is to have CPD 100% trained in CIT. Patrol Officers are the priority. Time frame is not yet identified.
- *Comment* – There could be separation between training and certification

Comment – Recognizing the difficulties in training 100% of CPD, CPD should instead focus on ensuring a self-selected force of CIT trained officers to ensure there is a 100% response rate to CIT related calls. Important to make a distinction between 100% trained and 100% responses

Question – Does CPD keep track of officers who have received similar training outside of CPD?

- *Response* – Officers may submit any trainings completed to CPD for review/approval if appropriate

Question – What are the reporting structures in place for keeping track of inappropriate response? Or less than effective approaches for CIT officers involved in CIT reported calls?

- *Response* – An appropriate response can range from slightly inappropriate to outright misconduct. CPD does and will continue to investigate all inappropriate responses. CPD continue to review a selected number of interactions in order to provide feedback to select CIT Officers.

Comment – Individuals appreciated that CIT officer components were opt-in

Comment – At a future meeting, can DC Ursitti share the components of training for recruits and veteran officers that are similar to (or maybe a subset of) CIT training?

Question – Do these CIT policies apply to the officers on the current co-responder pilot? If so, where do they inform the relationship between the CIT officer, mental health professional and paramedic? If there is another policy pertaining to the co-responder relationships, is that policy publicly available and what has been the community engagement process in developing that policy? If the incident is a mental health crisis and does not require a police response, would intervention determined by mental health professional / healthcare professional be prioritized?

- *Response* – Yes. All department policies apply to all department members, the response is expected for all members regardless of assignment. The policy were looking is for the CIT program. The Crisis Assistance Response and Engagement (CARE) program is distinct program out of overarching CIT program policy.
- *Question* - Is pilot policy part of engagement process, has it already happened, and is it publicly available?
- *Response* – Yes, continue to have conversations as we've been doing since beginning of the year. Continue to have conversations.

7. In evaluating a designated CIT officer for continued work as a CIT responder, do the policies consider the officers' wellness and ongoing ability to effectively cope with the trauma and secondary trauma that is part of the CIT work?
 - CPD is committed to regular training on officer wellness. 8-hour officer wellness course each year
 - In terms of assessing whether individuals are impacted by the nature of their work, CPD has a traumatic incident stress management program. CPD is working to ensure programs are available for officers experiencing difficulty. Important to have the appropriate training to recognize that everyone needs these supports.

8. Are there any requirements in these policies that provide for designated CIT officers to have experience in the particular district to which they will be responding to CIT calls or to gain knowledge and experience with the communities and culture within that district?
 - CPD is committed to ensuring that every officer is a community policing officer
 - Office of Community Policing ensures that officers in each district regularly engage with many community members and not just in emergency response systems. CPD's Neighborhood Policing Initiative is also a great example of our commitment to this work.

V. Program and Policy Clarification Question Session

#S05-14 "Crisis Intervention Team (CIT) Program"

Comment - The training and knowledge seems important and useful for the quality of CPD service delivery regardless if the officers are going on an 'identified' CIT call. Most calls don't come in as 'CIT' requests, yet retrospectively determined as it should have been' a CIT call. The general public is less knowledgeable to request 'CIT'.

Question - Does OEMC have CIT policy that's a "companion" to S05-14?

- *Response* – many of the suite of policies have information on the role of OEMC, and interact with one another.

Question – If the incident is a mental health crisis and does not require a police response, would intervention determined by mental health professional / healthcare professional be prioritized?

- *Response* – the City is integrating behavioral health professionals in 911 call system including the police involved alternate response as well as the model with a paramedic and mental health professional. This will help to identify when police are not required and send appropriate response.

VI. Next steps and upcoming meetings

- a. Feedback by end of day Monday Nov 15th
- b. Committee meeting Nov 29th

