

# Chicago Council on Mental Health Equity (CCMHE)

## MEETING Minutes

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

- I. Welcome and Attendance
  - a. Introduction of new co-chair – Jessica Gall-Adediran
- II. Public Comment (none)
- III. Voting on Outstanding CIT policies and procedures
  - a. There was no quorum, so we were unable to vote on the following
    - CIU SO #21-02 – CIT Annual CIT Policy Review
- IV. CPD Discussion regarding recommendations
  - a. Presenter – Sgt. Tom Stoyias/Deputy Chief Antoinett Ursitti/Officer Vilmarys Morales
    - Response matrix of the S04-20 Suite (still in DRAFT) - Special Order S04-20 “Recognizing and Responding to Individuals in Crisis
    - S04-20-02 – Persons subject to Involuntary or Voluntary Admission Non-Arrestees
    - S04-20-03 – Persons on Unauthorized Absence (UA) from a State-Operated Mental Health Facility
    - S04-20-04 – Mental Health Transport & Related Duties Matrix
    - S04-20-05 – Arrestees In Need of Mental Health Treatment
  - b. Comments/Questions
    - I’m happy to help on any disability-related policies if you want some volunteer assistance, I’ve been active in disability rights for about 45 years. Any ADA policies should also cover people with TBI or other cognitive impairments.
      1. Response – We did research to understand all the disabilities, and we didn’t observe that it listed all the disabilities, but we appreciate will take that comment to continue to keep looking at the ADA and make sure our members understand the full scope that it includes physical disabilities as well
    - I’m wondering on the IDD side, there were a bunch of comments in the chat whether CPD/CFD/MOPD could arrange trainings for the organizations that run SILAS and other residential facilities and make sure that everyone is plugged into SMART 911 and that staff has proper de-escalation training? I think we put a huge burden on CPD/CFD when getting a call from a residential address and they show up and it’s a

person with an intellectual/developmental disability who's behaviorally dysregulated and there has not been proper planning by the staff or they show up to a private residence that could have plugged in to SMART 911 so responders would have had some understanding to the context of the situation. It seems like we could do as part of a public information campaign to the public and social service providers and residential housing providers, we could do this in a more intentional way.

- How are we planning to deal with the legal implications with undocumented people? It needs to be someone very knowledgeable about deportation and the implications – I want to hear about how we plan to deal with these individuals.
  1. Response – If it's helpful, we can look at revisiting this at the next CCMHE meeting if you'd like for us to discuss the policies or we can talk offline to understand the scope of our policies and how they relate.
- First, thank you for accommodating so many of the recommendations, things are looking good. Do you think you're going to have to do any further revisions once 988 or CESSA comes more fully integrated?
  1. Response – This is an annual policy review for us, so our commitment is revisiting our policies each year with this committee and as there are developments, with the implantation of CESSA, we can see how it fits with our policies and incorporate recommendations into the policies that make sense at that time.
- ADA passed in 1990, so it's been around for quite a long time. I think this conversation and policy review work that's being done points out how few people understand it and I'm guessing it's just not the police department who could use a review. I'm happy to help with anything that will help people to get more of an understanding of what it means to fully provide access and civil rights with all types of disabilities.
  1. Response – We will be delivering an 8-hour class on crisis intervention, part of which speaks to the ADA and all of the topics that we regularly discuss here and we will make sure that everyone is aware of when it goes live and will welcome the input into that course and coming to observe that. Thank you for sharing that .
- Thank you for incorporating many of the recommendations that were passed. Question about the process, those recommendations that weren't incorporated, will there be a written document stating why it wasn't? Is that part of the process?

1. Response – If any comments aren't accepted at this point, the document that was shown is the matrix itself – the explanation would be put into that section of that document. It may not be something we can do at this point in time, and it may be something that we can look into later. We found that CPD may not be capable to do operationally, but continues to develop ways to take those comments into consideration and figure out ways to make it work.
- I believe I asked Kate or others to invite representatives from MOPD to attend the meetings but I guess not
  1. Response – Great question, we will definitely check our records on that and I'll reach out to Kate to see if that ask was made -if it hasn't, we can rectify that.
- S05-14 – we were dealing with at the end of last year that policy is going through INT/OIG review that we took all of those comments as well and were implanted into the policy. S0 20-02, we also placed that information into the S05-14.

#### V. OEMC Presentation/Update

- a. Presenter – Michael Kawaters (Policy Analyst)
  - Contextual Information Before Annual Policy review
  - 9-1-1 Operations
    1. OEMC is a separate department from CPD and CFD
    2. OEMC is home to 9-1-1 services – works closely with CPD/CFD
    3. Approximately 600 budgeted positions for police call taking, police dispatch, fire call taking, fire dispatch
    4. Call Takers
      - a. Directly interface w/members of the public who call 9-1-1
      - b. Gather and record information
      - c. Send events to dispatchers
    5. Dispatchers
      - a. Deploy necessary public safety response resources
      - b. CPD (dispatched by priority set by CPD)
      - c. CFD
      - d. EMS
      - e. Communicate w/field units over the radio
    6. Mental Health Crisis Process
      - a. OEMC Call Takers and Dispatchers
        - i. Take 9-1-1 calls
        - ii. Triage
        - iii. Designate CIT calls

7. CIT Training

- a. Our 8-hr CIT training has gone 100% thoroughly every call-taker/dispatcher

8. CIT Refresher training

- a. Coming up in March 2022
- b. QA is important
- c. We have Mental Health resources for employees

b. Questions/Comments

- The problem with 9-1-1 is not calling, but the price of the ambulance fee. How do you solve the problem who have no insurance? Can we get funding for this?
  1. Response – Our scope of influence only covers the call-takers/dispatchers. The calls go through CFD or a private ambulance company. If I could help I certainly would and I know OEMC is highly interested in that.

VI. CDPH/CARE Team Pilot Update

- a. Presenters – Alex Heaton, Policy Advisor for Public Safety, Office of the Mayor; Matt Richards, Deputy Commissioner of Behavioral Health CDPH

- CARE Pilot Overview
- CARE Implementation Timeline
- Early Learnings and Next Steps

b. Questions/Comments

- Excited to see the progression of support providers for the CARE program innovative. Will there be a point that we'll see a comparison of the differences and success of the different models that our team made.
  1. Response – Yes of course. We feel pretty strongly that we need to find ways to integrate mental health professionals into 911 calls really regardless of level of safety risks and of course the clinicians need to be safe. Many of the civilian only teams are not allowed to go to those calls. So we're looking at, how do we identify the calls that only healthcare teams can safely handle and do as much of that as they can and then how do you use CIT inclusive teams to stretch mental health professional into those complex calls that are only handled by police officers. We are doing both, we are not doing a social worker in a police car, that is not a model we believe in. We are doing a healthcare based model including an CIT officer and a healthcare model
- Do you have any stats on chief complaints what is the ratio of mental illness vs. substance use?

1. Response – We are pulling together all of our data now and hope to have it ready by the end of next week. If there are any questions data-wise, please feel free to send us your questions. We will be launching a public dashboard in the future.
- I'm interested to see if there are regional variations by district especially on the west side we'd expect to see more overdoses.
  1. Response – We can do an assessment in the field, we are trying to generate a basic clinical impression (although it's not a structured clinical interview) we're not generating a diagnosis but we may have a sense of what is going on to gather data
- Why in the state of Illinois is there a low rate of petitions filed with the mental health courts?
  1. Response – If there's anything that we can share with the group that you think there may be some expertise – something brief that we can share in the notes we can.
- We will Mental health simulation centers so that we'd have a simulated mental health court, I think it would be useful for the folks in the field to participate and provide testimony
- One of the most important data tasks as mundane as it occasionally overlooked that we can reliably identify the specific individual across the different data sets – thank you for the presentation.
- Thanks so much for this update and this work. I have a few questions – apologies if these have already been answered already this is my first meeting. What is the timeline for the 988 system being rolled out? Is there an update on the expansion of the city-run mental health clinics and how folks in the field can connect people to them? Are there plans on how these new and exciting systems will be communicated to the public?
  1. Response – 988 goes live on July 1<sup>st</sup> nationally, the goal is being operated at the state level by the division of Mental Health and the goal is for as many calls as possible in each state to be fielded locally, but there's a massive expansion of call center capability that has to happen across each state and some states had greater capability than others. This is something that the state is very focused on – making sure that we have the greatest call center capability. As far as the mobile Crisis teams that the state is funding, some of them have already started doing this work, connected to independent crisis lines that they have and the city is doing coordination in partnership with DMH with those entities within the city of Chicago. Regarding an update on the expansion

of the city-run mental health clinics, we had almost 30 staff that were added to our budget last year, we are in the process of hiring – CDPH during COVID our workforce is twice as large as it was pre-COVID. As soon as we hire those folks, they'll be working in our five MH clinics. We're also building out a new website for our MH clinics that will make it easier to request appointments online doing more centralized intake. We've already done quite a lot of community meetings in the districts in the communities that we're working in related to CARE, our Communications team is working actively on this right now both for social media and our marketing campaign.

- I'm concerned about the timeline and how we're doing our job here. Even today, we had a vote and I feel like we're moving at a snail's pace, we had a responsibility to be more in tune with getting these done in a regular format. This has been a slow process, I think we can do much better. I don't know can somebody, Chief Ursitti anybody can comment on that. Matt you know I want to ask about PEERS, I'm very intrigued to know what we learned about using in this process of going out for the responses.
  1. Response – (2<sup>nd</sup> part of question) PEERS is a piece that I a very interested in and none of these first three teams include a PEER, but the team on the west side does include a PEER. We're going to be looking very carefully at that model including from an evaluation perspective to see what happens for the PEERS themselves as well as the patient.
  2. Response – (1<sup>st</sup> question) I just want to make sure that I'm understanding your question, I hear that there's some frustration with the pace, in that in regards to the roll out of the CRISIS system?
    - a. Question – are we providing what you guys need to move forward in an expeditious manner?
    - b. Response – this is bigger than the CARE pilot/model, since 2019 we've been sharing with this group our training and policy and because of that they've gotten better and better and that has been consistent.
- Who is organizing and funding the pilot program evaluations? Are the instruments or assessments publicly available for review?
  1. Response – We are still working on finalizing the evaluation agreements, and as soon as we have that we will share it with everyone here on the committee.

- What is the approximate ratio of CDPH clinicians embedded into the call center versus community partners serving in that role, and who is the community partner agency providing that service?
  1. Response – We’ve learned that it’s helpful to have some of our own staff in the call center because they can communicate with their colleagues out in the field. It’s also been helpful for call-takers and dispatchers to meet the people who are on the other side of that call. We’ve had about seven staff that have rotated through the call center on the CDPH side. As far the agency, we haven’t selected the agency it’s a competitive bid process. Once the RFP goes out, agencies will respond, and we will evaluate and score the applications and whoever gets the highest score will be the one who will do that work.
- C4 is the only lifeline (i.e 988) currently in Chicago we only cover eight zip codes on the west/north side and only cover Monday-Friday 8a-5p currently. So there’s absolutely a need to expand in city as we move towards the implementation date for 988.
- My concern is regarding the integration of mental health and health. When you’re collecting data, you need to be sure that you have access to the health care system so people can be referred to mental health services. There needs to be communication between the two. I have a concern about using the time and resources of the social worker for things (i.e. food, shelter, etc.) when we have community health workers that can be of service in this capacity – maximizing the resources that we have.
  1. Response – regarding the community health worker piece, a big part of this for us is we do the 1,7, and 30 day follow-up but the intention is not for us to follow the patient in perpetuity. This is why we are really trying to confirm after the crisis that the person got linked to what they need – medical home. It’s not coming through my bureau at the health department it’s coming through a different area who’s putting a lot more money into community health resource navigation, I’m going to look into that to think about if we can link these things up.

VII. Mayor’s Office Updates

a. 2022 Quarterly Meeting Dates

- Monday, April 25<sup>th</sup>, 2022 – Meeting #2
- Monday, July 25<sup>th</sup>, 2022 – Meeting #3
- Monday, October 24<sup>th</sup>, 2022 – Meeting #4

b. Plans for 2022

- CCMHE By-laws
- Subcommittees