



Chicago Council on Mental Health Equity (CCMHE) – Crisis Response Subcommittee

MEETING MINUTES

Date: September 27nd, 2021

3:00 p.m. – 4:30 p.m.

Zoom link: <https://zoom.us/j/3032424110?pwd=dWtiWER4WERWZ2hsekpuQWpicWIEZz09>

Meeting ID: 303 242 4110

Passcode: CCMHE2021

I. Welcome and Attendance – members that were present at meeting are shaded in gray

Co-Chair	Name	Agency
Co-chair	Dr. Eddie Markul	Region IX Medical Services
Co-chair	Deputy Chief Antoinette Ursitti	CPD
Co-chair	Alexa James	NAMI Chicago
	Rebecca Levin / Katie Danko	Cook County Sheriff's Office
	Michelle Langlois	Veterans Administration
	Peggy Flaherty	Thresholds
	Marc Buslik	Retired, CPD Commander
	Veronique Baker	IL Guardianship and Advocacy
	Chief Mary Sheridan	CFD
	Dr. Manoj Patel	LSSI
	Cesareo Patras-Moreno	ONE Northside
	Jason Learner	Uchicago Urban/Crime Lab
	Amy Spellman	Uchicago Urban/Crime Lab
	Dr. Shastri Swaminathan	Retired Advocate IL Masonic Hospital
	Eric Cowgill	NAMI Chicago
	Alderman James Cappleman	46th Ward Alderman

	Donald Tyler	Chicago CRED
	Dr. Ken Fox	CPS
	Hellen Antonopoulos	CPS

II. Public Comment - No requests for public comment

III. CPD CIT Policy Review

- a. Difference between Directive and SOP:
 - i. Directive is accessible to the entire Department
 - ii. SOP provides guidance to specific personnel within a unit responsible for very specific aspects of a policy
- b. Department-Wide Policy Review:
 - i. Purpose: outlines CIT program, responsibilities, response protocol
 - ii. Policy: Seeks to prioritize the sanctity of human life and provide best outcomes for individuals in crisis (someone with a behavioral health condition, intellectual or development disability, or co-occurring conditions)
 - iii. General Information: defines mental illness, guiding principles to crisis response, CIT program objectives, builds out organization and operational aspect – operates citywide on all watches with certified CIT members available on every watch in every district
 - iv. Responsibilities:
 - a. CIT program coordinator- professional development that coordinator is expected to have (sworn member with rank of Lieutenant or above)
 - b. CIT crisis intervention unit- training, community engagement, field support
 - c. CIT district operation and community support branch-
 - a. Aims to reduce severity and frequency of calls to 911 requiring a police response: redirect people to appropriate services, recognize trends, try to reduce contact with the criminal justice system to divert to community-based services
 - b. 2 branches:
 - i. CIT DOCS Administration- monitors and evaluates trends, regularly reviews calls for service, looks at reports, gives feedback to Department members on their response. Includes CIT DOCS Area-level support: every district has an officer regularly reviewing trends in that district, identifying community resources in that district, provides advice and guidance
 - ii. Training- basic certification is 40 hours, offer regular refresher trainings every 3 years, facilitate

- community input for training curricula,
requirements for who must receive trainings
- d. Certified CIT Officer designation- officers are prioritized to respond to service calls identified as having a behavioral health component, but maintain whatever their assignment is
 - a. Members must have two years seniority before going through CIT training

Question: What happens when an officer uses force when engaging with a person with mental illness?

- CPD maintains a suite of policies on the use of force, any use of force has to adhere to the policy requirements
- When there is a use of force encounter, documentation of use of force is required- the officer must explain and justify their actions. The report will designate whether the person was believed to be in mental health crisis.
- CPD has a dedicated unit that regularly reviews department members' use of force actions.

Question: Are there methods to assess trainees' level of competency in non-cognitive aspects of CIT training? How do you assess an individual's empathy/understanding for people in behavioral health crisis?

- We have a pre- and post-evaluation that members have to complete that measures their knowledge of mental health before and after, as well as experiences around the types of calls they respond to.
- The scenario-based portion of training takes place over 8 hours, have actors with lived experience portray crisis situations, officers then debrief the scenarios – what went well, how things could have gone better. This highlights the “soft” skills. Role-playing actors also talk about their experiences in the scenario and help to assess for the empathy officers are able to display.

Question: how are people with lived experiences included in the processes of developing these policies?

- The group that comes regularly to the Chicago Crisis and Mental Health Equity meetings are representatives of organizations and individuals with lived experience
- All training modules and curricula are reviewed by individuals with lived experience
- These policies are also posted online for 15 days – this is an opportunity for the broader community to provide feedback

Question: How might the district coordination officers in NPI districts be utilized to communicate CIT policies and operational issues to community members?

- NPI = Neighborhood Policing Initiatives. In this initiative officers work closely with households and stakeholders to help resolve issues in neighborhoods
- CIT Program has developed priorities for the objectives for the CIT program and specific commitments around community engagement. We have been able to work with DCOs to ensure that there is community awareness about the program, and there have been commitments to coordinate pop-up events in concert with the NPI.

Question: UChicago Health Lab made multi-lingual pamphlets that referred to the Smart911 system. Would it be helpful to NPI if we brought them some of these pamphlets?

- Yes, these can be a resource moving forward.

Question: Are there any specific issues around intellectual disability?

- There is a distinct policy that responds to folks with IDD's. Many of the response directives are similar to those reviewed here.
- In CIT program training there is a 2-hour section on individuals with intellectual or developmental disabilities delivered by Anixter Center.

Question: With the co-responder pilot, is there further policy describing the role of the CIT officer on the team in relation to the mental health clinician?

- There will be a pilot department directive, which we can discuss at another time.

c. Mission Organization and Function of the Crisis Intervention Unit: SOP Review

d. CIT Program Coordinator: SOP Review

- i. Establishes and ensures clarity on qualifications for the Program Coordinator role:
 - a. Sworn member, minimum rank Lieutenant
 - b. Outlines appropriate initial training and regular refresher training
 - c. Desired qualifications: familiarity with community policing strategy, aware of current best practice in policing, has authority to make decisions, appropriate patrol and CIT experience, previous development/delivery of trainings, familiarity with data collection, no disciplinary history of excessive force
- ii. Professional development- 2 trainings recommended immediately in first year of role: CIT Coordinator certification course, 40-hour instructor academy
 - a. Refresher trainings, conferences, site visits, workshops
- iii. Responsibilities:
 - a. Process for looking at and evaluating CIT reports
 - b. Training curriculum development- making sure there is regular meeting between Deputy Chief and Coordinator, looking at regular training updates/review, input on course evaluations, formal review of training materials no less than every 3 years
 - c. Uniform strategy- regular review of data trends, CIT officer implementation plan that uses the data to inform what is working and what needs to be changed
 - d. Research best practices- actively seek out what other agencies are doing
 - e. Selection and removal of certified CIT officers- how and when members are enrolled to receive training, recruitment of officers into CIT program
 - f. Data collection- no less than quarterly the Coordinator meets with the data analyst and community outreach coordinator to review program data and trends
 - g. Crisis Intervention Plan- develop CPD's portion of the City's plan

- h. Supervisory expectations- this is Commanding Officer of the entire unit
- i. Participate in the Chicago Council on Mental Health Equity and subcommittee meetings
- j. Recognizing outstanding work of the officers in the program
- k. Interacting regularly with Command staff

Question: do you track mental health events through calls to 911? Is that how you measure to see if a CIT officer responded to a mental health event?

- Yes, through OEMC. There can also be a circumstance when an officer observes something with a mental health component that is not dispatched through OEMC. We use the code "Z" to classify the event type as having a mental health component

- e. Annual Crisis Intervention Team Program: SOP Review
 - i. Purpose: outlines sustainable process for yearly review of CIT policies
 - ii. General Information: codifies bare minimum foundational aspects in the policy, when doing review policy must reflect these
 - iii. Procedures: maps out the timeline for policy review
 - a. Coordinator works with Research and Development Division and Deputy Director of Community Engagement
 - b. Outlines foundational policies that are reviewed yearly
 - c. Coordinator has responsibility to prepare formal report if timeline is not met

IV. Announcements

- a. Next full committee meeting is Oct 25th
 - i. Members will be required to be in person if the Governor rescinds the order, community will be able to call in
 - ii. Look for updates on the website
- b. Deflection and Diversion subcommittee meeting on Wednesday Sept 29
- c. If you received an email from Kate, please respond to confirm your email address