



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

MEETING MINUTES

Date: April 14th, 2021

3:15 p.m. – 4:15 p.m.

I. Welcome and Introductions

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	Cook County Sheriff's Office
	Dr. Leticia Reyes-Nash	Cook County Health and Hospital System
	Michelle Langlois	Veterans Administration
	Peggy Flaherty	Thresholds
	Marc Buslik	Retired, CPD Commander
	Veronique Baker	IL Guardianship and Advocacy
	Marty Doyle	OEMC
	Chief Mary Sheridan	CFD
	Dr. Manoj Patel	LSSI
	Oswaldo Gomez	ONE Northside
	Zoe Russek	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 – none available

III. Review of CIAC Coordinated Response Subcommittee Recommendations

- Dr. Markul introduction
 - Review of what recommendations are, and progress made
- 1. Coordinated Response Model
 - Two pilots being developed (co-response and alt-response)
 - Many subcommittee members were a part of the 2019 planning process
 - *Comment* – As a subcommittee, we feel very strongly that first responder community should not be soul group responsible for mental health crisis. Are working in other ways to ensure that first responders are not the first touch point for these individuals.
- 2. Develop a uniform process for first responder transports to emergency mental health services
 - There is currently no standardization for this process
 - *Comment* – This will be a challenge. Standardizing and holding individuals responsible for this process will be difficult to maintain. Hiring and training will be key.
 - *Comment* – Bandwidth, resources, and training will be very important.
 - *Comment* – Need to make sure this doesn't stop at city/suburban border lines
 - *Question* – There are a # of individuals in this City who have deep distrust of police and when police show up during crisis, it can add to their reactivity. Has this been considered in our proposed changes?
 - Need to work to reduce stigma and educate individuals about CIT. Have found that many individuals do not know about the CIT program. We will need to reduce the use of 911 for mental health crisis
 - *Comment* – So much of the CPD work is on building trust with these communities. It is imperative that our polices and trainings are informed by community members and professionals. CPD needs community partners to address this issue.
- 3. Implement local systems coordination meetings between mental health intake facilities, first responders, service providers, managed care organizations, and persons with lived experience
 - *Comment* – Need to ensure we have enough communication to help individuals reach the services they need.
- 4. Increase capacity to provide more opportunities for crisis response awareness training
 - *Comment* – As of April, CPD has resumed two days of CIT training and expect to see number of certified CIT officers grow.
 - *Comment* – There are also other trainings being held. CPD officers are exposed to these skills and trainings in other formats as well.
- Comments and Questions
 - *Question* – Uchicago Urban Labs and NYU Policing Project announced they will be looking at use of 911 and alternative processes. Will they be asked to participate in this working group?
 - Answer – Yes.

- *Question* – CFD EMS system is very closely integrated with providers. Are we looking at that same level of integration between CPD and providers in terms of the development in these standards of care for behavioral health?
 - *Answer* – Yes that would be the goal and anticipation.
- *Question* – Has CPD made basic CIT mandatory for any group of police officers?
 - *Answer* – Currently there is a system of enrollment that prioritizes volunteering officers who are interested in receiving the training. Other officers must complete the training when transitioning into another role.
- *Question* – What does the City expect from committee members? What are committee members expected to bring to the table?
 - *Answer* – Asking subcommittees to revisit their proposed recommendations and begin focusing on how these recommendations can be implemented. City will also publish an annual report describing the work that has been done. While the recommendations are set, we can continue to add and expand upon them. One topic coming up is how the committee can include youth and children along with community engagement in this process.
- Any questions about meetings and agendas will be posted to the City of Chicago website under the CCMHE tab.

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IV. Goals for Crisis Response Subcommittee

- Does the subcommittee want to prioritize any of these 4 recommendations?
 - *Comment* – Some of these recommendations will be limited such as training. Training cannot be replicated or be as useful unless completed in person. There will be some limitations until COVID-19 has subsided. In-person training is most impactful, and we cannot define a concrete timeline until we are official out of the pandemic.
 - *Comment* – Need to work on coordination and eliminating barriers to care. Recommendations 2 and 3 are of greatest immediate importance.
 - *Comment* – Pandemic has shown us how innovative and creative we need to be in this space.
- *Question* – Sherriff’s office can share #s of officers trained in CIT. COVID-19 has caused some setbacks. Need to focus on post-pandemic.
- *Comment* – CFD cannot wait any longer. Paramedics are being injured every day. Officers need to be trained. CFD is starting to incorporate de-escalation trainings in their academy classes. However, trainings cannot wait until the pandemic is over. Recommendation 4 must move forward.

V. Next Steps

- Committee now has its own email. CCMHE@cityofchicago.org
- Will begin to focus on Recommendations 2 and 3 and continue to monitor Pandemic conditions to determine where we are at with Recommendation 4

VI. Next Meeting