Chicago Council on Mental Health Equity (CCMHE) – Deflection and Diversion Subcommittee

MEETING MINUTES

Date: August 25th, 2021
1:00 – 3:00 p.m.

Zoom link: https://zoom.us/j/3032424110?pwd=dWtiWER4WERWZ2hsekpuQWpicWlEZz09
Meeting ID: 303 242 4110
Passcode: CCMHE2021

I. Welcome and Attendance – subcommittee members in attendance are shaded gray

Co-Chair	Name	Agency
Co-Chair	Dr. Rashad Saafir	Bobby Wright Comprehensive Behavioral Health Center
Co-Chair	Stephen Brown	U of I Health and Hospitals
Co-Chair	Matt Davison	IL Guardianship & Advocacy
	Dr. Wilnise Jasmin	CDPH
	Fred Friedman	self
	DC Antoinette Ursitti	CPD
	Richard Rowe	Next Steps and CSH
	Rebecca Levin / Katie Danko	Cook County Sheriff's Office
	Emily Cole	Cook County State's Attorney
	Eric Lenzo	Sinai Health Systems
	Lori Roper	Cook County Public Defender
	Harold Pollack	Uchicago Urban/Crime Lab
	Esther Sciammarella	Chicago Hispanic Health Coalition
	Nick Roti	HIDTA
	Dr. Sharon Coleman	IDHS - DMH
	Jac Charlier	TASC
	Rasauna Riley-Brown	DFSS
	Felix Rodriguez	IDMH

II. Public Comment – no public comment
In 2022, public comment period may shift to end of meetings to allow for questions or comments that arise during the immediate meeting

III. Committee Focus Areas

Steven B – general roadmap for today's discussion is to focus on what we're planning on doing with our engagement to learn more from the community.

a. Community Engagement – persons with lived experience

Dr. Saafir –

Background: one of the things this subcommittee was interested in were ways we could engage persons with lived experience to inform not only the policy recommendations, the systems, and the overall rollout…had opportunity to meet with FOUR individuals from this angle and wanted to present their main concerns here today. This will help contextualize some of the data we gather as well.

Some outcomes from these initial meetings:

1. Possibility of expanding the current membership of subcommittee to include persons with lived experience.

2. Establishing a work-group within this subcommittee to conduct community engagement events.

- Use world café model for doing this.

- In various districts, conduct cafes and inform the public and to gather input and feedback from the community. This can bring anecdotes to match the data.

- this subgroup can conduct focus groups and interviews and then synthesize their findings to the broader committee.

- one remaining issue: how do we support this with the resources that are going to be required to carry this out? We have people present that may be able to speak to this more.

Additional comments about the above plan:

Elliot – member of 1 north side. Mental health worker and appreciates this initiative to include perspectives of lived experience and professionals. We agree that a robust community engagement is called for under the consent decree. We are coming at this rather late in the game. Programs are already designed and train is leaving station with proposed programs such as co-responder pilot. We = 1 north side members and community united group. We would like to see robust community engagement and a program that supports those people with lived experience.

One thing that might be helpful: have support for our people with lived experience and consider them the experts. Compensation would also be ideal for this and it would be nice to see the City push for this and support such people. They are vulnerable and it is a lot to ask of them – show them the support they need for this engagement.

Cate Sanchez – thank you for the comments. Important to be mindful of the parameters we are working within under the decree and open meetings act and how to conduct such groups or work within those rules.

Maggie Shreve – One of my roles at my church is to be minister for our support guests. 50% of these people are living with illness. Sometimes they talk about police interactions. The disability rights movement was all about the consumer. The language we seem to be using is "lived experience" and watching it unfold for the next 4-5 months. I am concerned that the decree insists on engagement and the original effort was to get that done. And then more committees were created. What Dr. Saafir is suggesting would be helpful. A world café model is easy and has structure. The other part of this how the train has left the station. I am happy to hear how the pilot projects are rolling out. We were hoping something could be done soon to announce the programs better and secure better involvement. Missing some feedback loops that could be helpful.

Cate Sanchez – there are no other meetings being held. These are the meetings. Matt Richards and Alex Heaton have updated this group on prior occasions about these pilots. Care teams will begin on Monday and we are looking forward to that project. We've presented them and made them available for questions/comments.

Maggie – presenting is one thing. But we weren't included in the pilot ideas.

Richard Rowe – agree with Maggie.

Cate – it might not move as fast as we want. This is all volunteer work by committee and not all attend at the same time with as much frequency.

March Ishaug – I have a question about the news announcement regarding the pilot project and/or article re: mayor's new efforts about this. Earlier, we heard about a two-part rollout. Was this explained by the news yet?

Wilnise Jasmine – it's unclear to me at this time.

Kelsey – 2 questions:

> 1. city has gone through process of double checking about open meetings act and incorporating folks with lived experience. Any estimate about when we will have details about this? For instance, feedback during the pilot process could be really helpful so it would be important to get engagement set up ASAP.
>
> 2. mentioned earlier that Alex said they are looking for community feedback – how? I understand they are looking for feedback but how are they receiving it and in what ways can we provide that to them?

> **Cate** – not sure about 2nd question, will look into that for you. As to first question – are we talking about focus groups – what are you envisioning? The answers will inform how we organize the open meetings act. So this should be clarified prior to any work because different rules and procedures will apply.

Dr. Saafir – a core goal is to expand membership and then use that new membership to oversee focus groups and smaller groups. We were intending to focus on this SubCom in particular and aiming that subgroup's feedback to this main committee and perhaps the broader committees with the decree as well.

Maggie Shreve: I guess I'm curious about how the original Community Engagement Subcommittee was constituted. The work group that Dr. Safir is talking about, ironically, brings us back to the same concept.

Harold: Among the people with lived experience, we also want to accommodate and provide space and attention to family members of lived experience as well. They can bring unique perspectives as well.

Dr. Saafir – we are defining lived experience VERY broadly. This can include family members of someone with illness.

Jac C. – I have a question about intent – is the idea to get more people or to also create a feedback loop?

Dr. Saafir – intention is both. Get more people with experience (in general) but to also create some feedback loops as it relates to the evaluation of qualitative input from those with exp.

Jac C. –

> 1. Feedback loop is a circular arrow. City has a responsibility to these extra voices to give back and respond and provide reasons for their reaction/response to any feedback.
>
> 2. For those community members, will there be a way by which we might attempt a community survey to help with formalizing feedback loops?

Dr. Saafir – thank you. Both comments are spot on. We want to make sure we protect the rights and confidentiality of those people. There is a way to do this and benefit from the stories that are told.

Richard Rowe – Thank you Jac for raising that. I want to be clear:

1. Is there a community engagement subcommittee? How was it constituted?

Cate – there was a community engagement subcommittee. It was organized previously. Instead of having silo CE piece, we wanted to task each subcommittee with CE focus/strategy. This committee started in 2016 (and went through iterations). In 2019, it meshed with CDPH and then COVID hit. And when we pivot to Zoom, we hit OMA.

2. <u>How do we get to a place where it doesn't feel like we're having a presentation and it's always AFTER the fact and no opportunity for engagement or input from community? That's the way it feels. This applies to all subcommittees.</u>

At end of 2019, recommendations were made by committees to Mayor. She said let's do it. The pilots you are now seeing are products of that 2019 work and those efforts. It might look "after the fact" but what's being rolled out is directly connected to prior efforts and conversations. Recommendations can be enhanced and built upon.

Dr. Saafir – the recommendations presented to the Mayor were done during a time of transition between two broader groups. It would be helpful to go back and review the earlier recommendations and see how they align with current work. Also, one of the things we are trying to do is formalize a process so we can ensure engagement BEFORE something is finalized.

Jac C. – clarifying – it is true that recommendations were adopted by Mayor in 2019, but what the city is now doing with pilots (if done pursuant to recommendations) is only tied to generic recommendations – there was no specific recommendation of these detailed pilots. To be clear, we never recommended intricate pilot models.

Elliot – there is an urgency for this. The train is leaving the station for these programs. City might be excited. Some people are but others are not because propose pilot may escalate situations. It would have been helpful to get more engagement ahead of any pilot and not after. Evaluations – how do we fairly assess these? Perhaps roll out one of these teams along with another non-police team in the same area during the same time and then evaluate them side-by-side? We want to make sure it's done fairly and not pushed through. Please consider this urgent. We are asking for more voices and for those voices to be heard.

Mark Ishaug – Thank you for that clarification. It does appear that recent news about these pilots contains information about other pilots that are on the way.

Dr. Saafir – Thanks everyone. We would like more clarity about next steps and to reconvene my meeting with community members so we can get a sense of how to move forward. Maybe that comes out of a future meeting, etc.

b. Categorization of 911 calls and service events

My perspective was unique: working in emergency medicine which is different than community mental health. We see people brought into ER and cycle through public systems at high rates. We see individuals who come into hospitals 100-150 ERs. Some are treatment refractory. Often involve interactions with courts as well. Example: someone with intellectual disability and mental illness and lost right foot due to diabetes b/c refusing treatment, etc.

--19th District interview

Steve Brown – I've engaged with local officials in this district to get a sense of what can be improved. Dearth of ACT services throughout the city. Also need much better housing options.

Presented a document for review about findings from 19th Disrict conversations. Some findings from this field interview reveal issues re: suicide & age and environmental factors.

Dr. Saafir – I'd like to see how this interview and content would go in a separate area such as the west side. In my area, we have a lot of people in need of food so their events/issue can vary as compared to other districts.

Harold – I can provide some sources about a study we did on these issues and we hope to provide updated data/commentary in the coming months.

Elliot – can we see what the interview process is like and the recruitment process.

Harold – yes, happy to share our instruments but preserve confidentiality.

Dr. Jasmine – Harold, DCFSS meet with homeless shelter providers and if you want to meet with them, we can offer them to you, too.

Cate – these classifications listed in the District 19 document, were you able to speak with districts where **CFD** or **EMS** play a particular role? Every district has police station and then there are areas (5) that have approximately 5-7 districts for each area. In the CPD, there is a CIT for each Area.

Steve: no, but spoke to EMTs and others. What are some existing classifications that are used for overdoses/intoxication? We should shore up these categories and see if there is data/info there which might be helpful.

-- Area 4 (UIC area)

-- Urban Lab: Key informant interviews

Harold Pollack – we have several projects that are trying to understand how to improve services for people at risk of having 911 encounters related to behavioral problems. We want to talk with people with lived experience, first responders, etc. We pay people with amazon gift cards for participation. One thing we are focused on is how to manage encounters but also how to prevent encounters. One thing that comes through: there is a lot of attention on how to manage that slice of life in a humane way? But what about 2 weeks before that call and 2 weeks after that call? We use instruments for this and we would be happy to share this with anyone. We've interviewed 25 frontline professionals about why they call or don't call 911. Learned about strengths/weaknesses of such calls.
*mundane realties are important: sometimes it depends the time/place of the encounter as to whether someone receives substantive care.
*addiction stigma: if responders see indications of substance abuse, that call is handled a little "rougher"
*limitations of improving models: best model still doesn't deal with housing issues, etc.
Mark Ishaug – biggest problem is how we build a system of care, mostly funded by Medicaid, where the rates/rules don't allow us to expand.

Jac C. – there is nothing new here. Deflect to what? I'm bummed to hear all of this. We've heard all of this before. We've talked about in the field of deflection for years. We are down the road all over the country on this. It has some solvable parts to it. I'd be glad to present sites that have been working on this for quite a while. We've had conversations about this already.

Steve B. – I was on a separate committee about some of these issues. We are working on these very issues and aware of the problem with lack of verticality in the careers, limitations on licensing, etc.

Mark Ishaug – we need emergency rules issued by HSF before end of the year. We can't wait for them to go another year on this. We need intervention on this. The behavioral care workers need assistance and robust intervention for them.

Elliot – I don't see where PTSD or related topics might be listed to attribute to possible non-engagement or refusing services. **Howard** – yes there is a very real issue with people who have past trauma that may not be comfortable with uniform LEO.

Elliot: Categories could be: related to trauma/PTSD prior first responder contact OR… "other" trauma/PTSD

Harold – could be incorporated through SMART 911 and indicate "someone is triggered by sirens, uniforms, etc…"

IV. Next Steps

Cate: Thanks to all. Co-chair meeting on 10th. CIT training opportunities are still available for members, please consider them and provide input if you are interested in attending.
Policy review will occur in this committee.
This committee will review CIT policies and provide input on them. We may extend length of meetings to accommodate this. Once we know which policies are going to which committee, we will post and circulate so you can attend and provide input.