



Chicago Council on Mental Health Equity (CCMHE) – Systems and Data Coordination Subcommittee

MEETING AGENDA

Date: June 17th, 2021

3:00 – 4:30 p.m.

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

Meeting ID: 303 242 4110

Passcode: CCMHE2021

I. Welcome and Attendance – attendees are shaded gray

Co-Chair	Name	Agency
Co-chair	Joanne Farrell	CFD
Co-chair	Jac Charlier	TASC
Co-chair	Dr. Colleen Cicchetti	Lurie Children's Hospital
	Alisha Warren	CDPH
	Deputy Chief Antoinette Ursitti	CPD
	Cheryl Potts	The Kennedy Forum
	Jeff Garceau	OEMC
	Harold Pollack / Jason Lerner	Uchicago Urban/Crime Lab
	Zoe Russek	Uchicago Urban/Crime Lab
	Amy Spellman	Uchicago Urban/Crime Lab
	Carolyn Vessel	I AM ABLE
	Esther Corpuz	Alivio
	Brian Bragg	Frye Foundation
	Efrain Martinez	Orozco Academy
	Emily Neal	Mercy Home
	Dr. Ken Fox	CPS
	Veronica Trimble	IDHS

	Dr. Diane Washington	Cook County Health and Hospital System
	Gabriela Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health
	Darci Flynn	Mayor's Office
	Lisa Hampton	DFSS
	Sue Golab	OEMC

II. Public Comment – no public comment requests

III. Continue mapping process (First Responder encounter to treatment and recovery)

Last call was an example. You were asked for today, to bring an actual map of your agency’s process flow. Maybe +/- 10 maps that would represent the majority of what happens when an individual comes into contact with law enforcement / EMS and into the experience which occurs after point of contact. Observe this Most Likely Scenario (MLS) data for trends in order to direct next steps.

If any of us has less ethnographic data, more hard data that correlates to a step in the process maps, it would be a good complement to building the big picture.

Veronica Trimble: Intake map for her agency is being shared with the sub-committee via screen share. State hospital: Madden is central intake for all ED south of I-80.

No insurance – state care.

Max census is 150 (last eight years never at capacity)

Harold: Offers to interview sub-committee members for qualitative input on an NIH grant.

Jac: Yes, excellent.

Deputy Chief Ursitti: Did you say capacity is 150?

Veronica: Capacity is 155, but staffing does not allow for full capacity.

Deputy Chief Ursitti: Mapping out encounters as persons encounter the system, where on map would those persons go who CPD brings directly to you by court order?

Veronica: Demonstrated where on the map the entry point for CPD may begin. Will send committee the map once she vets this as the most recent map.

Jac Charlier: “White board” utilizing power point using Point of Encounter (POE) equal Police. Non-crisis Mental Health call. From POE – let us get started, any objections? No objections: Non-crisis mental health call, stable situation: No perceived threats to safety by any participants in this encounter.

Veronique: person would be left on scene

Deputy Chief Ursitti: Information for Resources would be given to the person

Carolyn Vessel: List of phone numbers?

Jac: What exactly is the resource?

Deputy Chief Ursitti: Mental Health Incident notice (a report number)

Jac: can we get a copy

Deputy Chief Ursitti: yes

Vessel: Officers working with her agency may give her card to the individuals

Deputy Chief Ursitti: Crisis intervention (CIT) report to document the interaction

Jac: Is there a hard copy?

Deputy Chief Ursitti: Both documents will be provided to the sub-committee

Jac: Anything else

DC Ursitti: These are the immediate action steps as far as I can see, Kate anything else?

Kate Sanchez: z code

Deputy Chief Ursitti: Right, yes and then let's move close out the call to this point.

CPD close out the assignment, they leave the scene, and the person remains on site.

Now Carolyn Vessel: An officer distributes your card to the individual. What happens when this process begins?

Carolyn: Person receives our contact information or does not follow up with us.

Jac: What is the entry point to the agency?

Carolyn: CPD gives them a contact card for I am Able. And if the individual follows up to TR4IM, we will determine which of our programs would be most appropriate for the individual.

Veronica: If you believe there is a formalized referral system from the state to the wonderful agencies such as Carolyn's, you would be sorely mistaken.

DC Ursitti: If there is no follow up on business card resources but does follow up on CPD resources, it may result in a connection with NAMI or Smart 911.

Veronica: She can also perform a sense of family re-unification and feedback to the officers who distributed the special card.

Jac: Then what happens Carolyn?

Carolyn: They are entered into the program, case management steps in for mental health issues.

Jac: Now with CM they have access to the system

Jac: What happens if individual follows up on the Incident Notice that the CPD officer left behind?

DC Ursitti: They could enroll in Smart 911 to place info into their file to support outcome in future 911 encounters. This is intended to make more positive the future interactions. Another option is to access the NAMI hot line or how to access an in-person meeting. Also includes additional info about accessing a CIT Officer.

(CPD Mental Health Incident Notice: <http://directives.chicagopolice.org/forms/CPD-15.521.pdf>)

Jac: Anything else included in the notice?

DC Ursitti: Nothing further

ROUND TABLE: Any further comments?

Carolyn: CIT program needs to be more user friendly for all agencies in the community, so we know who the officers are. It would be helpful for leaders on the block to know there are CIT officers, and families could call district and ask for a CIT to interface more efficiently with families. Build trust and cohesion – it works better and reduces negative interactions. CIT is voluntary and as such those individuals may be more motivated to achieve an effective end to the encounter.

DS Ursitti: I got your number in chat and I will call you so we can make exactly what you describe happen.

Jac: Great story and this is a benefit of this exercise. For next meeting if you have such process documents will you please bring to share. Otherwise we can do the work of processing.

Lisa Hampton: Program shifts have moved us away from the crisis piece, but I believe the juvenile detention center's process mapping may be revealing some opportunities.

Jason Lerner: This mapping is very relevant to other work that we are doing in Chicago. Harold and Jason would be enormously grateful to do the qualitative interviews with those on this subcommittee

Julie Solomon: No comment.

DC Ursitti: Great meeting – thanks and nothing further.

IV. Next Steps and Closing

Kate: Before Harold ended his call, I did get his contact information so that we can continue with the interviews. Minutes and graphics will be distributed. Next meeting is August 19, 2021. Quarterly meeting on July 26th (big group). Kate will follow up with links and agenda.