



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

### MEETING MINUTES

Date: September 16th, 2021

3:00 – 4:30 p.m.

Zoom link: <https://zoom.us/j/3032424110?pwd=dWtiWER4WERWZ2hsekpuQWpicWlEZz09>

Meeting ID: 303 242 4110

Passcode: CCMHE2021

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#### I. Welcome and Attendance

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
	Harold Pollack / Jason Lerner	Uchicago Urban/Crime Lab
	Amy Spellman	Uchicago Urban/Crime Lab
	Carolyn Vessel	I AM ABLE
	Esther Corpuz	Alivio
	Brian Bragg	Frye Foundation
	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

Please send questions via chat feature, will be read "as is"

Dept of Law explanation of why CCMHE to review CPD CIT policies

Introduction of Sgt Reyes from CPD CIT

Explanation of all CPD policies are available to the public on the Chicagopolice.org website under Department Directives and italics, color, forms.

Introduction of Sgt Reyes from CPD CIT – CPD CIT unit is divided into three sections;

Administration, CIT Training, and CIT District Operations and Community Support, and have a non-sworn Community Coordinator and soon an analyst

## III. CPD CIT Policy Review:

- a. S04-20 "Recognizing and Responding to Individuals in Crisis"
  - b. S04-20-04 "Mental Health Transport and Related Duties Matrix"
  - c. S04-20-05 "Arrestees in need of Mental Health Treatment"
- S04-20 – directive presented section by section
    - Joanne (section 3, item B): "will be aware" sounds as though there's a list. Recognized is a better word.
    - Jac (section 5, item b): This sections is almost all mental health, not drugs. Additionally, make a note that you'd see multiple cues from this list rather than a single thing. Someone without any conditions could be doing a single thing on this list. Don't use the word distress or crisis for one thing on list.
    - Marco: suggest that Department members will be aware of verbal, behavioral and environmental cues that could suggest the individual is in need of mental health OR SUBSTANCE ABUSE treatment
    - Joanne: same concern with aware vs recognize
    - Jac: missing "response cues" section. Officer should consider that non-response could be indicative of mental health condition. Could include not responding, making unusual motions, possibly towards an officer, non-compliance.
    - Joanne: on page 5, letter I – this does speak to giving the subject time to process
    - Question: Does squadrol refer to a police car or is an ambulance an option?
    - Colleen: Seems traumatic, especially for children. Could an ambulance or some other alternative be used instead? I hear from children that squad car ride is traumatic
      - Response" Police have more flexibility in where they can take people. EMS must take to the nearest location"
    - Colleen: need to re-think transport, especially for youth. Aligned with same thing such as 911 center. May be the fastest way to get them help, is it the best method?
      - Response – medical and crisis needs, the medical response will determine the place of transport. The CARE team has a clinician on board.

- Jac: consider whether this policy needs to make specific distinctions for youth. Either a youth version of this policy or a youth section within it. For example, maybe a family member could travel in a car with a youth.
- Colleen: need to think about this through all levels of development
- Joanne: This is a lot of paperwork.
- Jac: this section pertains only to people with mental health conditions. Does not touch at all on substance abuse conditions like for example if someone has overdosed.
- Jac: this policy should recognize that folks could need both mental health treatment and be high on drugs.

Response: The Z code is for data capture

Marco: how do the officers recognize if someone was high on drugs? It can be confusing if an officer is not trained to recognize signs

Response: Officers are trained to possibly recognize signs, but they are not trained clinicians.

Trained to approach as a crisis, looking at it as someone in crisis and needing to help

Consistent theme from this meeting, looking at as a whole approach

- S04-02-04
  - No feedback
- S04-02-05
  - Joanne: why is FOID card referenced a few times? Ok, it is in the Clear and Present Danger policy?
  - Colleen: is there a youth version of this policy. How would you address youth at detention facilities? What about juveniles being processed at a station? Would you follow adult protocol? Is there something in the processing of juveniles policy? Is there a need for a juvenile addendum?

Response: this may be a recommendation that this committee takes back to CPD for policy revision to include a juvenile component for the arrest processing persons in need of mental health treatment

Response: ISP asks that law enforcement and school administrators are a “must report” status, could effect FOID card revocation or future FOID card application. Cannot speak to timeliness of ISP investigation but CPD is required within 24 hours to submit a Clear and Present Danger report.

Please email with additional comments and they will be forwarded to CPD

#### IV. Next Meeting – Oct 25<sup>th</sup> for full committee meeting