

# Chicago Council for Mental Health Equity

Date: February 10<sup>th</sup>, 2025 Time: 2:00 pm - 4:00 pm

Address: 121 N. LaSalle St. Chicago, IL Room Number: 1103

Attendance Called at: 2:10 pm Quorum: Yes

Name:	Agency:	Present at attendance call:		Arrived after attendance call: (include time)
		Yes	No	
Jessica Gingold	Equip for Equality	X		
Dan Fulweiler	Esperanza Health Center	X		
Dr. Colleen Cicchetti	Lurie Children's Hospital		X	
Dr. Eddie Markul	Region <del>IX</del> II Medical Services	X		
Dr. Mirna Ballestas	Private practice	X		
Dr. Sharon Coleman	IDHS - DMH		X	
Emily Cole	Cook County State's Attorney		X	
Eric Cowgill	NAMI Chicago		X	
Esther Sciammarella	Chicago Hispanic Health Coalition		X	
Harold Pollack	Uchicago <del>Health</del> Urban/Crime Lab	X		
Jac Charlier	TASC	X		
Michelle Langlois	Veterans Administration	X		
Patrick Dombrowski	C4		X	
Peggy Flaherty	Thresholds	X		
Sandra Rigsbee	Community Renewal Society		X	
Susan Doig	Trilogy	X		

## I. Welcome, Attendance

- Attendance Called
- Quorum is met

- II. Approval of Minutes
- III. CDPH introduced new Co-Chairs Alisha Warren and Dr. Jenny Hua.
- IV. **Public Comment**
  - a. *No public comment(s) made.*
- V. Administrative Updates
  - a. Mallory Harrity as new facilitator for CCMHE
    - i. Working on solutions to the council and making recommendations to the IMT.

### *Presentations*

#### *Breaking the Cycle: Equipping CPD to Support Children from Families Impacted by Addiction*

- Presented by Jac Charlier, on behalf of the National Association for Children of Addiction (NACoA)- Presenting on behalf of the NACoA
- Presentation available online
- NACoA teaches about addiction and recovery in children and families
- Last CCMHE meeting in November identified some challenges when responding to families/calls involving youth where drug and alcohol use is present. Therefore, this presentation will highlight risk factors, current gaps and solutions to that challenge.
- Mental health is not criminal activity. Drug use and alcohol abuse is related to criminal activity.
- NACoAs training suggests how law enforcement can be prepared to respond and provides context on how the trauma of drug/alcohol misuse and addiction can affect children and families, and first responders responding to those.
- NACoA would like to meet with Chicago Police Department.
- Training consists of recognizing impact, trauma informed policing, intervention and referral skills, officer well being, and long-term impact and community partnerships.
- Benefits of the training include reduced workload, enhanced community trust, safer interactions, crime prevention and better officer well-being.
- History of NACoA
- Q & A:
  - Have you looked at percentage of fire department calls rather than police department calls? Police still respond to majority of calls and accompany the fire department on many calls. CFD get dispatched for mental/behavioral health call.
    - Answer: CPD has more latitude to transport to different locations. taking out mental health calls is easy to do, taking out drug use/addiction calls is more difficult to do.

- Compliments to the presentation. Explicit procedures is just as important as training. Can we manage capacity to have the appropriate response be sent in addition to CFD and CPD?
  - Answer: All training comes from policy and procedure. The magic of the intervention is hours, days, weeks down the road.
- Who else responds after the emergency call?
  - Answer: Unsure of what exists in terms of after care response. It would not be law enforcement responding after the emergency call. An engagement strategy is the first part of after-care response.
- In other cities and states, are they using 988 as a follow up piece?
  - Answer: 988 is still new but their design is not used for follow-up. The follow up is generally down by a group of people that are peer groups for engagement outreach and volunteers. They are often a community-based organization, rather than clinical specialist or law enforcement. Intentional engagement.
- Comment: If there is a genetic component to substance use disorders, it is not just about first exposure from families, exposure is inevitable. There is concern for clinical heavy training on law enforcement. First responders should not necessarily need to identify a substance use disorder. A different entity from law enforcement should be present to do the clinical work.
- Comment: Advocate for useful training on trauma informed training. There is still want for law enforcement to be trauma informed on signs of addiction.
- Comment: The language in the training is not as clinical heavy as one may think.
- Comment: How to respond to a child or address a child in these circumstances is crucial. The training is heavy on seeing eye to eye with a child, awareness and referral.

#### CDPH Presentation

- Dr. Jenny Hua presents on Chicago Department of Public Health Behavioral Health Initiatives
- Level setting on the Behavioral Health Bureau- violence prevention, mental health and substance use.
- Substance Use-
  - seeing a steep decline in opioid related overdoses nationally. EMS response data shares a decrease in opioid related overdoses.

- CDPH hosts a monthly harm reduction training for community. For questions or to sign up, you can email [osu.cdph@cityofchicago.org](mailto:osu.cdph@cityofchicago.org).
- Public health vending machines were first installed in November of 2023. About 17,000 products were distributed from all 5 machines. Socks and underwear were the most popular product. Continued to add additional products in the past year- gun locks, pregnancy tests, etc.
- Go to Bit.ly/findnarcan to find free Narcan.
- Update on the door knocking campaign to canvas priority blocks on the west side for opioid related overdoses.
- Violence Prevention-
  - Federal funding situations have been affecting the violence prevention work in CDPH
  - Snapshot of violence production portfolio: community conveners, street outreach, victims services and hospital based violence intervention.
  - Program history
- Mental Health-
  - Post-pilot relaunch. CARE team launched in two new districts: 12 and 4. 6 operational teams responding.
  - Added a city-wide CARE team.
  - Added a case management team to each CARE team to focus on follow up. This has boosted the follow up numbers.
  - Decrease in down time.
  - CARE facing funding cliff challenges. ARPA funds will end at the end of 2025. CDPH is actively looking for solutions to fund CARE in the future.
  - Mental Health System Expansion opened new mental health clinics. Including adding a clinician to Chicago Public Libraries locations.
  - Improvements to centralized intake procedures. Including medication management at each clinic.
  - Extension of Healing Arts programming. Provides free arts programming.
- Q & A:
  - What is the expected productivity for the CARE team?
    - Answer: CARE has rolled out as a new public health model and will continue monitoring productivity. The CARE team monitors calls and tries to pull out cases to get a higher call volume. CDPH has not set metrics for call productivity yet.
  - Comment: If we can prove that this response decreases law enforcements' workload it will be easier to advocate for

funding solutions. It would be good to see the numbers going up and tie a dollar amount to the decrease in /cost/workload from law enforcement.

- Comment: CDPH relies on self dispatch rather than primary dispatch. Primary dispatch as challenges for alternate response strategies. CDPH is trying to create solutions.
- Comment: Appreciation to CDPH on adding gun locks to the vending machine.
- Comment: The VA can distribute free gun locks.
- Question: Would you have to be an established patient to receive the same day medication management treatment?
  - Answer: You do not have to be an established patient. Clinics accept residents of the city of Chicago, anyone over the age of 6 and above. Every patient does have to go through an intake process.
- Question: Does CDPH work IDOC and Jails for same day medication for returning residents?
  - Answer: This service is new. A lot of the referrals are coming from mental health hospitals.

#### I. Feedback Loop from City Departments

- OEMC Update
  - I. Dr. Washington at OEMC to answer follow up questions about 988 call follow-up, OEMC and CPD Z-codes, mental health transports and call taker training.
- CPD Update
  - I. Lt. Anderson from CIT team introduced Sgt. Sanchez. CPD has added staff to their CIU team. Everyon is invited to the TCAC. Please email [eriberto.claudio@chicagopolice.org](mailto:eriberto.claudio@chicagopolice.org) for more information.

#### II. Mayor's Office Updates

- Presentation materials will be posted to the site. The next meeting will be on May 12<sup>th</sup> for the quarter 2.

Link to the live stream recording:

<https://www.facebook.com/ChiPublicHealth/videos/155474164247769/>