

Chicago Council for Mental Health Equity

Date: June 27th, 2024 Time: 11:00am - 12:30pm
 Address: 1340 S. Damen Chicago IL Room Number: -
 Attendance Called at: 11:05am Quorum: No

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 IX 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 Health Urban/Crime Lab	X		
Jac Charlier	TASC			
Michelle Langlois	Veterans Administration		X	
Patrick Dombrowski	C4		X	
Peggy Flaherty	Thresholds		X	
Sandra Rigsbee	Community Renewal Society		X	
Susan Doig	Trilogy	X		

Chicago Council for Mental Health Equity Quarterly Meeting Minutes June 27th, 2024

- I. **Welcome, Attendance**
 - a. Attendance Called- **NO QUORUM**

(Question): It looks like they are on the teams

(Response - Daisha): I saw that, I messaged it was in person. They can watch it on the live stream if they are unable to make it. Moving forward all of these meetings will be in person because of the Open Meetings Act we do not offer a virtual or hybrid type of option. We do accommodate public viewing by listing on the website a registration form to attend or view from a live stream. If anyone would like to send a comment, we do have an email address listed on the website to connect with this group.

(Question): How many more do we need for quorum?

(Response - Daisha): We need 7 more for quorum?

I. Public Comment

- a. let the record reflect that there is no one here for public comment

II. Chicago Police Department

- a. Invite Chelsea Diaz, Project Administration for the Office of Reform Management from the Chicago Police Department
- b. Introduce colleagues: Lt. Schuler is no longer the CIT coordinator; Lt. Rhonda Anderson is now the new CIT coordinator for CPD and looks forward to joining the meeting after furlough. Here today, Sgt. Gaines. CIT training team, Deputy Chief Bulnes CIT training support team, Ben Stock Project Manager on CIT section of Consent Decree.
- c. Brief overview of presentation: Illinois Law Enforcement Training Standards Board (ILETSB) gives guidance on Crisis Intervention Team (CIT) training. Series of mandates that are updates to definitions and concepts of the CIT basic and refresher course training and what areas of the mandated information needs to be alleviated from the training to leave room for additions. They have allowed some leeway to modify to keep the training within the timeline needed. Presentation will go through ILETSB's mandates in detail to hear feedback. Sgt. Gaines (25 years in CPD been in CIT for 4 years) to present in detail. ILETSB changes to the curriculum, a lot of it which has been mandated by ILETSB has already been changed and implemented by CPD. It is a state mandate, but Chicago is a large city and has resources that other jurisdictions don't. Sgt. Gaines proceeds to explain each mandated change. Deadline for these changes is October 1st, 2024.

(Question): Can you give examples of what the training looks like with Autism training?

(Response – Sgt. Gaines): The Autism training includes another instructor providing a PowerPoint that is reviewed by CIT team, but no role play training.

(Question): What does PIE stand for?

(Response – Sgt. Gaines): Paraphrasing Imessage and Effective pauses

(Comment): People should go see the reenacting training.

(Response – Sgt. Gaines): Yes, the role plays are impressive

(Question): What does SLAP mean?

(Response – Sgt. Gaines): Severity, Lethal, Proximity

(Question): What agencies have you works

(Response – Sgt. Gaines): Anixter, John Williams (independent contractors), NAMI

(Question): Is there anything you can share so the Council can give feedback?

(Response – Sgt. Gaines): Yes, Chelsea Diaz is taking notes and can connect anyone to instructors and /or PowerPoints so your feedback is incorporated.

(Question): How do you train officers on more practical policing problems? And outcomes based on crisis calls? Sometimes doing nothing is best, hospitalization can be harmful. Training should include more training on alternative outcomes like providing resources/talking.

(Response – Sgt. Gaines): Main goal is safety. The determination of if the act was based on mental health issues and how that needs to be addressed., hospitalization, getting someone their medications, provide alternate resources, etc. CPD does not have to take someone to a hospital nearest, they can take someone to a different hospital that is a better option for that individual.

(Question): Can you describe the orgs that are helping with the intellectual disability?

(Response – Sgt. Gaines): Anixter and Nami are core organizations that provide training. CPD can provide the names.

(Question): In terms of youth calls, what are the training looking like with parent dynamics and other challenges involving youth?

(Response – Sgt. Gaines): CPD did have a 48-hour youth class, geared to SROs, provide additional resources/training (Sass organization). Main goal is to work with the families to provide resources. Each district has a binder of specific resources for this district to be able to explain that to individuals.

(Question): What are the gaps in the training?

(Response – Sgt. Gaines): Primarily, we need more CIT officers and more 24 hours resources b/c officers are on the job 24/7.

(Question): Does any part of the training involve CARE?

(Response – Sgt. Gaines): CARE is still a pilot program; training does talk with CARE program but would welcome more information.

(Question): OEMC sends call takers to CIT training too.

(Response – Sgt. Gaines): CPD knows it is important to have similar training as the initial call takers.

III. Mayor's Office of Community Safety

a. **Mental Health System Expansion Overview.** City Council passed an ordinance for a Mental Health System Expansion Working Group. Working Group was made up of a wide range of departments, OEMC, CFD, CDPH, DHR, OMB, MO, Fleet and Facilities Management and consulted over 400 community members. The vision is to create an integrated behavioral health continuum of care that includes, prevention, crisis response and treatment focused alternate (not police station or emergency department) destinations across all of Chicago. Clinical services expansion is underway, layering clinical health services into existing clinics, co-locate with other city services, like libraries, opening new mental health centers, and reopening previously closed mental health centers. CARE expansion will be driven by values determined by government and community which are quality care, community engagement, permanence (moving out of pilot), integrated part in the emergency operations system. The presentation also outlined the Mental Health System Expansion report recommendations coming out of the working group.

(Comment): Chicago needs a city office of Medicaid for capacity.

(Response – Alice Lichterman): Agreed

(Question): LAPD hired a marketing firm when they launched this, so how is the city working on marketing this program? How to work on lack on clinicians/staffing crisis?

(Response – Alice Lichterman): Supporting PR, see community engagement section in MHSE report.

(Comment): Bring city providers, with community, together to combat competition for funding.

(Response – Alice Lichterman): Navigating systems is confusing, and we need to work on directing people. CARE spends at least a month getting to know a community before deploying vans.

(Comment): Office of Medicaid for the city is needed here.

(Response – Alice Lichterman): Agreed

(Question): If I wanted to call a CARE team, how would that work?

(Response – Shenitra Washington): 911 Call takers will determine what is CARE "worthy"

(Question): Why are people reluctant to call? Is it money?

(Response – Allice Lichterman): Yes, that is why the goal is to have options for call takers to triage the call.

(Question): Is there currently for someone to call for a CARE response with CPD not going to come?

(Response – Shenitra Washington): OEMC has to provide what is necessary based on their triage, but they can alert CPD/CFD to know that they will be triggered by their attendance. Call 988 (CARE teams respond to those calls).

IV. Thank You for Coming

- a. Additional questions/comments, please reach out. Quarterly meeting will be posted to the website as soon as it is scheduled, and all meetings will be in person at City Hall moving forward.

Link to the live stream recording:

<https://www.facebook.com/ChiPublicHealth/videos/360650626747887>