Chicago Counsel for Mental Health Equity
Quarterly Meeting
February 27, 2023

I. Welcome remarks

II. Attendance - ***Quorum Achieved***

Members in Attendance		Vote (Bylaw)
James Cappleman	46th Ward Alderman	Yes
Belinda Cadiz		Approve
Amanda Antholt	Equip for Equality	Approve
Brian Bragg	Access Community Health	Approve
Dan Fulwiler	Esperanza Health Center	Approve
Donald Tyler	Chicago CRED	Approve
Eddie Markul	Region 11 – EMS	Approve
Dr. Mirna Ballestas	Clinical Psychologist	Approve
Dr. Rashad Saafir	CBHC	Approve
Dr. Sharon Coleman	IDHS - DMH	Approve
Emily Cole	State's Attorney's Office	Approve
Tony Olhausen (Eric)	NAMI	Approve
Felix Rodriguez	Community Programs	Approve
Gabriella Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health	Approve
Harold Pollack	University of Chicago	Approve
Lisa Hampton	DFSS	Approve
Marc Buslik	NYU Law School "Policing Project"	Approve
Patrick Dombrowski	Community Counseling Centers of Chicago	Approve
Peggy Flaherty	Thresholds	Approve
Sandra Rigsbee	Community Renewal Society	Approve
Susan D / Sara Fletcher	Trilogy Behavioral Healthcare	Approve
Dr. Wilnise Jasmine	CDPH	Approve
Anna Mangahas (Replaced Cesario Patras Moreno - gone)	One Northside	Approve
JoAnn Ferrell	Chicago Fire Department	Approve
DeAnna Perez (Chris Harris)	Bright Star	Abstain
Karina Harris (Ester Corpus)	Alivio Medical Center	Abstain
Ellen Montgomery	Cook County Sheriff's Police	Approve

III. Approval of Minutes

Marc Buslick motion to approve meeting minutes

Emily Cole, second

IV. **Public Comment**

No comment, no emails received.

V. Vote on bylaws

Bylaws approved by majority vote.

VI. Chicago Police Department

Presenter: Sgt Thomas Stoyias, Officer Morales (R&D)
Presentation: Policy updates reviewed. (4 PowerPoint slides)

- **Update on Policy: Individuals in Crisis**
    - March meeting, working on finalizing S05-14 Crisis Intervention Team (CIT) Program
    - Published on September 12, 2022 (with the help of the IMT and OIG)
    - Outlines the duties and responsibilities of the CIT program itself, the CIT Coordinator, including the training, DOCs
    - Promoting Community orientation solutions
    - Provides collections and analysis for data for CIT and CPD's response to individuals in crisis.
    - Explain the designation as a CIT officer, identified as a CIT office, is prioritized to respond to calls of individuals in crisis. Distinction between designation and CIT trained.

- **S04- 20 Recognizing and Responding to Individuals in Crisis**
    - Suite of policies that address officers on scene dealing with an individual in crisis
    - Currently under review
    - Ruling out other issues, verbal behavior and environment ques
    - Define individual in crisis, reviewed added language
    - Requesting assistance from a designated CIT offer to take the lead on dealing with an individual in crisis.
    - Main things added: considered recommendation for programs and resources, a section on programs and resources, as well as contact information for those resources. [Resource list provided]
    - Crisis intervention may be necessary where there was a violation of the law.
- **S04-20-02: Persons not under arrest but in need of voluntary / involuntary admission**
    - Highlight the specific requirements so officers legally know what is expected (law listed).
    - Consider the expressed preferences of the person
    - Family or caretaker best suited for the person, officers know who to contact.
    - Screening assessment and support services resources for youth
- **S04-20-04: Mental Health Transport and Related Duties Matrix**

    - Seek alternative options and divert individuals with MH SU disorders away from criminal justice and emergency medical systems in certain situations.
- **S04-20-03 and 05**
    - Added language that utilizes de-escalation techniques to reduce the need for force
- **S04-20**
    - Finalizing through the consent decree process
    - Online review extended to March 3rd.
    - Reviewed the polices posted online for public comment
    - IMT and OAG given no-objection letters which allowed CPD to publish the policy for feedback.
- All the 2021 recommendations were added to the policy S04-20 suite. Any recommendations made now will be considered to move the program and response in a positive manner

- **Question**: I saw positive charges from the prior review. Where I was disappointed was is in the resource list – including specific resources and referrals. The concern was the language leading in seems to be resources were not to be used as a diversion but to be used where there is no arrest and citation, here are some referrals. I don't see CIT as a diversion program and I don't see these policies. The matrix lay out arrest and hospitalization... not living up to the true vision of a CIT in making diversion to alternative responses to prevent arrest.
- (***Response***): We are going through the public comment and we recognize the comment and working on ways to try let officers know the enforcement portion does not mean the we can't offer the programs and resources before hand. Figuring out the arrest is the option and the resources given after the fact.
- **Question from the *Chat***: How do the current CESSA changes affect the policy revisions.
- (***Response***): We Would need to look back at the research and the file but can get an answer on that
- (***Comment***): For those of use doing mobile crisis, getting mixed messages – police ongoing / provider role. CESSA legislation talks about police doing petitions versus crisis responders, feels like a shift in what we expect police to do versus providers.
- (***Comment – Lt. Schuller***) CPD is joining the CESSA meetings hosted by the State to figure out how this works in the future and finalize update orders to meet demand.
- (**Question**) One of the suggestions for children / youth aspect, reviewing the site open to review the policy. Logistics in the moment with the caller is a child and may not have access to an adult or resources on their own. What are the questions / guidelines as to how to communicate when the caller is a child and I don't know if that policy contains

that information. Reviewing the policy but raising the point to address if it is or not in there.

- (**Response**): Clarification... When a child caller calls into OEMC (call center), that is not handled by CPD policy. That would be handled by the communications and management section to figure out how that is. When you see OEMC in our policy it is just to state we are going to notify them to do something for us.
- (Comment): Perhaps this is a comment for the logistics for a call when how to ask and answer questions the caller is a child.
- (Comment): that would be an operational thing within the call taker / dispatcher responsibility and would not fit in CPD's youth policy.

VII. Chicago Department of Public Health

Presenter: Matt Richards, Deputy Commissioner for Behavior Health

- **Update on Behavioral Health initiatives**
  - Expansion of City's trauma informed centers of care mental health network - citywide, announced 2 weeks ago
    - Working for 4 years building a no barrier mental health network for city of Chicago
    - City sites, directly operating MH svc in 2019
    - Currently 177 sites in all 77 neighborhoods
    - City operated or community health centers, community based orgs funded to provide no barrier mental health services – svc where a person is not denied access based on ability to pay, immigration, health insurance status.
    - 3,500 ppl in 2019 / 74,000 people in 2022
    - Related to 911 alt response to link ppl to these services to prevent a crisis in the future
    - All no-barriers site index at Mentalhealthchicago.gov. Resource finder updated every 3 months.
    - Establishing CDPH extension clinics, settings where CDPH clinicians are embedding in Chicago area libraries (5 community areas) and O'Hare Airport. Expanding city services.
  - **Update on CARE (*expansion*)**
    - Alternate response program – embeds mental health professionals in the 911 response system
      - 1 -Alternate response team
      - 2 - Multi-disciplinary teams
    - Newly Added - Opioid response team

        - Paramedic and peer recovery specialist
        - Provides follow-up services for every person in East / West Garfield Park, Humbolt Park that we have transported via EMS to an emergency department in the prior 1- 3 days for having experience a drug overdose
        - Teams do proactive follow-up
        - Partnering with UIC – Community Outreach Intervention Project, who's peer recovery specialist staff this model
    - CARE Expansion – Geographic 3 more areas of the city (far Northside, loop, SE side 4th district. Operational by the summer. 1st implementation is an alt response team in the loop.
    - Received approval to Respond to a lower age range (12 – 65 years old) protocol modification and training for all staff on developmentally appropriate intervention.
    - Teams respond to a broader range of calls. 4 new call types:
        - Threatening suicide calls as a primary response
        - Check well-being
        - Criminal trespass / Suspicious person
    - Districts selected based on data (3 year snapshot – volume of call types)
    - Review of CARE data Dashboard
    - Review of the follow-up data: priority response time of 9 minutes, do not use lights and sirens.
    - Focus this year, new places to transport people
        - Stabilization housing program: Hotel acquisition, for ppl to be diverted into their own unit up to 6 months, who have a history of 911 cycling.
        - Sobering Center (diversionary option)
    - Open Job Vacancies at CDPH
- Substance Use and Overdose Prevention
    - MAR Now program: anyone call and get access to one of the 3 medications for treatment of opioid use disorder. RX over the phone no in person appointment needed, will pay for and bring meds, write a script for a pharmacy
    - National Model, proving you don't need an inpatient appointment to get people to buprenorphine
        - Data review
        - 90% of patients have access to care in an on-going way'

VIII. Office of Emergency Management and Communication

Presenter: Michael "Mac" Kawaters (policy analysist)

- Presentation and Update
    - Policy Review Feedback response to OEMC TNG22-005: 988 – Call for Crisis Hotline
        - Reorganized the purpose section: policy should emphasize OEMC's role in administering 988 (transferring a call).
        - Risk matrix incorporated into policy - capture people who are an immediate threat to themselves.
            - If they are an immediate threat and transferred to 988, 988 can call 911.
            - Type of triage capture on OEMC policy presented in 2022 (OMEC-SOP-21-004) Mental Health crisis calls for service. With 988, there would not be additional triage services. But a gen mental health call for service and 911 is where the person reached out, the crisis triage would be followed.
            - The event type navigates what priority that call for service is. OEMC works with CPD on this.
            - Response to child option / 988 and adolescence service
                - Youth access to 988
                - Protocol is a universal policy, for ease of identification. To address all of the public's needs without the differentiation of adult versus adolescent callers.
                - Acknowledged comments that were program oriented. OEMC considers and appreciated the feedback but were program oriented. Provided state resources

Question raised concerning sub-committees: a survey will be disseminated to gauge interest.

(Question) When you switch a call to 988 there is a voice message, no voice to voice. County operators dispatch calls to a live voice, how will OEMC will handle that

What call would go to a CARE unit versus 988.

(Response - Mac) We will talk more about voice to voice, a presentation can be provided.

Care unit service would be a question to Matt

Closing