

Chicago Council for Mental Health Equity

Quarterly Meeting Minutes

November 4th, 2024

I. **City Hall Welcome, Attendance**

a. Attendance Called

II. *(Attendees – per roll call)*

Jessica Gingold	Dan Fulwiler	Colleen Cicchet			
Eric Cowgil	Mirna Ballestas	Harold Pollack			
Patrick Dombrowski	Peggy Flaherty				

III. *****Quorum not met.***

CPD presentation: Neurobiology of Trauma and PTSD (Recruit BLE)

Background-

- Science based
- Presenters want feedback on the class
- Recruits receive training by ILETSB
 - 640 hours
 - CPD material adds around 360 hours totaling to 1,000
- This course is a 4hours, science behind CIT course
- Select CPD instructors for each course
- This course is going thru CD process
 - Sent in IMT and OIGs office

Curriculum

- Smallest class in Mental Health sweep
- Intro class for recruits on what is stress, what is trauma, explanation of trauma and how it affects people differently
- Trauma informed response- interviewing
- Introductory overview of PTSD
- 4 modules in this course
 - What is stress?
 - Explanation of trauma
 - Indicators of exposure
 - Cycle of attrition
 - Trauma related to sexual assault
 - Resources for sex assault victims
 - Description of PTS in adults and children

Question: How do you go beyond ILETSB

Response: Control tactics, Use of Force, how much policy is already imbedded in CPD, depends on technology (BWC are all Chicago based not state required). Hard to determine but CPD has a lot of feedback mechanisms (from recruits and instructors

Question: When officers are in situations with children who have experienced trauma? Not the subject or first victim but still present.

Response: Not in this class. CPD would like to see the curriculum that Jac Charlier is referring to. CPD talks about the impact they have every time they arrive in a home. CPD likes to present them resources rather than another block of training. CPD investigation child abuse and neglect class may address your question. Refer to National Association for Children of Addiction.

Question: If officers begin to identify in recruits that some of the training is involved in their world to, how does that work? If the courses apply to them.

Response: Yes, recruits have experienced mental health trauma in some cases. Instructors have an academy (40hr) that talks about understanding the recruits and how they can deal with indicators of trauma. Instructors are peer support members as well to help identify. CPD may pause class if needed/take breaks. This particular class talks about physical risk and emotional risk to certain trainings.

Question: Have you sensed a range of reaction of necessity of trainings?

Response: No, recruits are aware of the difficulty of the job and know the importance of these trainings. Officers are involved immersed in other people's trauma. Recruits may show that they are overwhelmed by amount of training.

Question: (Praise) CPD is creating training based on a outline from ILETSB, why isn't a clinician creating the outline

Response: CPD does have input in ILETSB's outlines. Also, ILETSB does engage subject matter experts (people in the mental health field) when creating outlines.

Question: Is there a neurobiology description?

Response: Title from State (ILETSB). Basic Flight fight freeze, chemical response in brain after experiencing trauma

- Invite CCMHE members to form to the Training Community Advisory Committee (TCAC) monthly at 4:00-6:00 pm (Next is

Question: What trauma are you referring to when focused on this training?

Response: Interacting and identifying basic indicators of trauma. Focus on recruits not basing their investigation on initial response to a trauma.

Question: Is there a space in the curriculum for specific traumas (police involved)?

Answer: Yes, in the last portion of this class, recruits will learn how to interact with community with PTS while canvassing or investigating. Recruits are always provided with resources with further information.

Question: How is the next budget (focused on training in CD) going to affect training next year?

Answer: Presenters are not able to answer specifically to the budget. Agreed that the time/investment it takes to develop trainings is significant.

OEMC Presentation: Crisis Intervention Training Program

Telecommunicators Defined

- CD paragraph is 789
- Police Supervisors
 - Oversee daily ops and adhering to established policy and procedure
- Police call takers
 - Directly interface with members from public who call 911
- Police dispatchers
- Training
 - Before telecommunicators begin, they go through the CIT
 - Paragraphs 143 and 144 of CD
- 8 hr course
 - Collaboration with CPD, NAMI experts and lived experience experts
 - OEMC continuously offers CIT policy review beyond the initial 8hr course
 - Quality Assurance Program
- CIT Refresher Training
 - Paragraph 146
 - 2hr refresher course
- Introduce new OEMC Clinical Therapists
 - Jamila Jones, LCPC
 - Gwendolyn Tsuji-Chevas, LCPC

Question: Are the new OEMC Clinical Therapists available for fire and police?

Response: Yes

Question: More follow up questions on 988

Response: Later date

Question: Do telecommunicators pay attention to the officers' experience?

Answer: Telecommunicators have a dispatcher ear and they can pay attention to the officer's cue. Curriculum does teach about how to listen to the responders and reach out if officer's experience distress on a call. OEMC offers peer support. NAMI teaches about cues to stress that telecommunicators can look out for while listening to the dispatcher. Telecommunicators are also able to reach out to the police district when hearing distress from an officer.

CDPH Behavioral Health Initiatives Update for CCMHE

- CARE Transition from Pilot to Relaunch
- CARE Hiring

- New health hubs opening
 - Mental Health services
 - Medical services
 - Social services
 - Hub facility
 - Pilsen opening November 20th
 - Roseland before the end of calendar year 2024
- Mental Health expansion timeline explained
- Mental Health Clinic Staffing Updates
- Substance Use
 - Patterns of drug overdose
 - CDPH Incident Command Structure around overdose prevention around summer months (also April)
- Operation SOS
 - Door to door canvassing to address overdose spikes/providing supplies and information
- Harm reduction supply distribution
- Opioid-related EMS responses citywide, 2022 & 2023 & 2024

Questions: How much is the reduction is attributed to limited influx of drugs or potency of drugs

Response: Unknown the accurate reason

Question: How did you do the outreach for the Medical Assisted Recovery?

Response: Reviewed helpline and Prescription Monitoring data to target zip codes.

Question: Do you charge for the Smart Vending Machine?

Response: No, you need a smartphone to access or connection to a number to enter the lockzone and take supplies. 5 machines total and CDPH has a summary on the website on the vending machines

Question: Where are the machines?

Response: West and South sides

Question: How long will the case management staff be assigned a person?

Response: Patient driven based on needs, case managers can follow up to 3-6 months.

Question: Are you envisioning collecting data on Medical Assisted Recovery?

Response: CDPH has information on referrals to treatment

Question: Is there anything we should be thinking about for stimulants

Response: CDPH is working with Northwestern on stimulants. There is funding for contingency management supplements.

MO Updates