

**Chicago Council for Mental Health Equity**  
**Quarterly Meeting Minutes**  
**November 6, 2023**  
**City Hall, Room 1103**

**I. Welcome, Attendance**

a. Attendance Called

*(Attendees – per sign-in sheet)*

**\*\*\*Quorum not met\*\*\***

**II. Public Comment**

- No public comment.
- Attendee made statement about new nominees to replace voting members who leave their position.

**III. Updates**

- Introduction, Assistant Deputy Mayor Natashee Scott
- Review of feedback received from the Independent Monitor for the consent decree
  - o Subcommittee structure
  - o (Jennifer Bagby, Department of Law), attempts to reorganize the structure to get members engaged.

**IV. Office of Emergency Management and Communication**

Michael “Mac” Kawaters, *Policy Analysis*

◆ **Presentation: SOP21-005 Mental Health Training (review for input)**

-Reviewed as a draft in 2020, finalized in 2021, last presented 2022

-Driving factor, CIT and consent decree that set goals for OEMC to present to the CCMHE for terminology.

-**Section Review (p.2) 8 Hour CIT Training**; offered to new hires before answering calls. They also attend a 2-hour refresher training, to ensure they are training and skilled to answer mental health calls.

(Question) clarification on the requirements for the 8 hour versus the 2 hour training

(Answer) New hires must take the 8 hours training

-Overview of OEMC SOP 21-005 training

- Section III: Minimum requirements for the 8- and 2-hour training programs

(Question) How are we ensuring coordination.

(Answer) Some programs are outside the scope of OEMC. OEMC interacts with response units in procedure.

(Response) Region 11 advisory council is developing the guidance for 911 peace app to engage with 988. Once recommendations are made and the State gives guidance that would affect training. A risk matrix will be developed to response and training.

(Question) if someone is calling what is the response?

(Answer) OEMC- 911 call takers. We will cover more in presentation

-Presentation resumed – General Information covered

(Matt Richards) Terminology clarification in presentation. Asked about questions regarding observable behavior.

(Question) Communication disorders, other reasons a person is not responsive to directions. Is there a question to identify a child.

(Answer) We take the information from anyone who calls. Age is not captured. I can talk more about sensitivities as we work with subcommittees.

(Question) Risk mitigation question – are other people on scene.

(Answer) Tendencies: revising SOP with mental health component. There is a color code for triage. Police and fire have their own triage questions. Presentation gives a snapshot of triage questions asked.

(Question) Are developmental disorders questions asked.

(Answer) that is captured in the other category. Tools like the remark/comment section is where relevant information is capture.

(Response) Asking can they understand or have the ability to communicate issues.

(Comment) people get caught in diagnosis.

(Answer) Triage questions are yes/no, other populates a certain way. Depends on who is the caller and the questions asked. Officer safety and Citizen safety is paramount.

(Question) Is there a way to be proactive, make sure people are connected to smart 911, trained on when to call 911. Depending on OEMC to relate complex information.

(Answer) Smart 911 profile that you set up for 911 to provide useful information (ie. pets, other considerations).

(Comment) You can text Smart 911 and receive a text back. Must be updated every 6 months. OEMC has community engagements to help people sign-up.

(Question) ECOs - how do you support and assess them.

(Answer) We do have a quality assurance program. Will present to CCMHE in the future.

(Comment) Clinical questions: how does the answers change with response. How does that change the response to the caller. What are the most salient things in the moment to know.

(Answer) OEMC's role is a part of a care continuum. Collect information and share with 1<sup>st</sup> responders. Response has protocols that shares information with different response teams.

-Section 3: Policy reviewed

## V. Chicago Department for Public Health

Matt Richards, Deputy Commissioner of Behavioral Health

◆ Status on things to understand regarding the Budget for Mental Health

-Open additional mental health centers.

-Adding RN's to the sites for medical management and other wellness needs.

-Alternate response work: CARE to move out of the 2 year pilot, make it a part of the 911 ecosystem. Double the geographic scope and resources to go into evenings and weekends.

-Diversion projects: sobering center (diversion option acutely intoxicated persons).

-Hotel acquisition – stabilization housing program. City acquired the building. Entered into a contract with developer to meet the design standards for the community plan. Close to announcing the service provider. Hope to have people in there next year.

(Comment) Critical to set up a Mayor's Office for Medicaid.

(Response) Finishing a plan with MHA, around Medicaid optimization for current programs. Looking at a braided financial strategy.

(Question) What is the expansion of CARE?

(Response) Opioid response: there is one team interested in expanding that. On the Mental Health part, expanding teams that do not include the presence of a police officer.

(Question) Does MDRT just stop or continue as one vehicle

(Responding) We are having conversations about what happens to the existing two teams. Expansion does not include a police officer. The alternate response team will just be a clinician and a paramedic.

(Question) Give insight where CDPH is bringing on a CSU. Share the status of the TIC project.

(Response) Trauma Informed Centers of Care funds community health centers around the city. Its fully funded, no changes in the program. Interested in expanding direct service. Crisis Stabilization Unit, interested in those. There is an interest in 24/7 services, part of the working group conversations. Having conversations with hospital systems that thought about it, advising on what is involved. Sobering Center will be 24/7. We feel the City should have CSUs, looking at who is in the best position to stand them up.

(Comment) it's a huge hurdle for organizations when you think about zoning and regulation.

(Comment) that's been the same conversation for the sobering center. Who is the ecosystem that partner to do that.

(Question) TICA network, improved access to children mental health service via City. What's the conversation about expansion of mental health clinics?

(Response) We do need to hire more child and adolescent clinicians, it's a challenge. Started serving children 2 years ago. The intention is to provide across all the sites. Interviewing candidates now.

(Question) How do we pay for people to have supervision.

(Response) If you work for the city you will get free supervision to become a clinical therapist 3.

(Question) Do you have clinical therapist to do supervision as a part of their job.

(Response) its an elective. But the city will pay for it.

(Response) Thresholds will be creating 2 CSU (Woodstocks, and Northside of Chiago)

VI. Questions / closing