

# Chicago Council for Mental Health Equity

## Quarterly Meeting Minutes

September 23<sup>rd</sup>, 2024

- I. **City Hall Welcome, Attendance**
  - a. Attendance Called
- II. *(Attendees – per roll call)*

Eddie Markul	Dr. Ballestas	Colleen Cicchet
Esther Sciammarella	Emily Cole	Harold Pollack
Patrick Dombrowski	Peggy Flaherty	Jac Charlier
Sandra Rigsby	Michelle Langlois	Mirna Ballestas

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

### Approved the June 27<sup>th</sup> minutes

Agenda:

Motioned on the minutes, seconded the minutes, voted on the minutes. Approved minutes.

OEMC Marianne Keebler Asst. Dir of 911 Presentation:

Crisis Intervention Team Program Presentation. General overview of OEMC services: 911, 311, office of emergency management, traffic management authority.

Reviewed OEMC’s mental health crisis process.

Reviewed Smart911 and what it is.

Went over Paragraph 143, 144, 147, 152: OEMC training, OEMC presenting policies to CCMHE for feedback, CIT training and quarterly and seasonally policy review, Quality Assurance Program, and Consent Decrees. Discussed mental health resources available for OEMC employees, including the 2 new in-house clinicians.

Questions:

Is this the first time OEMC has in-house clinicians? A: Yes

Is smart911 the whole county or Chicago? A: It is in many counties, but it is unknown if all of cook county is currently using it.

Why did mental health transport data double from 2022 to 2024? A: Do not know why, maybe collecting the data in a different fashion, but will look into it and round back.

When was the last review of 147 and 152 done? A: Unknown, but think it was in 2023.

Went over event types and Z Codes and how OEMC is flagging certain calls/CIT calls. Plans a follow up on variance in these codes and looking into them.

Confirmed mental health is strictly mental health and does not include behavior health.

The insurance the city provides is only for the employees services, and the family is not covered in the service insurance and family does face intense side effects/mental health issues in relation to the first responder and the stress they bring home to their family members.

Matt Richard's CDPH Behavioral Health Presentation:

Spoke about Care Team. Clinics. The Haven on Lincoln: a hotel set up for high risk individuals, and the different referral pathways to "The Haven on Lincoln" site that helps house 50/60 ppl, those with behavioral health needs. Also went over the Mental Health Expansion Initiative and the CDPH Suicide Prevention Initiative.

Went over the alternative response pilot: CARE and the expansion from four districts to six-seven districts, and discussed the permanency of this program and how it will be staffed by the health dept. and no longer have police officers. Hired EMT's for these below teams.

Reviewed the Multi Disciplinary Response Team and the Alternate Response Team,, and adding a city wide Complex Case Team.

Discussed the CARE ORT Pilot- discussed the opioid response team pilot and the data collected. The biggest challenge was locating people who ORT was called for. This is partly because of not having good contact data and the high homeless population.

Opening 2 new CDPH mental health clinics: Pilsen and Roseland, and adding/expanding mental and behavioral health services: such as medication management as a standalone service.

Questions:

What kind of districts are being spoken about in the alternative response system? A: The expansion of districts refers to the police districts.

The original pilot was focused during business hours, will this continue? A: It will continue during normal business hours, but it is anticipated that in 2025 second shifts will be added into the districts.

If doing same day medications, does this include dispensation of meds? A: we are e-scribing the medication where the patient can pick up the meds from a private pharmacy, sometimes without cost if they can't afford it.

What's the capacity for kids in the expansion of the MHEI program? A: 15000-20000 are getting services per year.

Are there providers that see children and do family therapy or considerations in reconnecting the family as a support system for those with behavioral health issues? A: Yes and yes.

CPD Updates:

CIT ILETSB: training update responses. The Basic and Refresher programs on CIT ILETSB are stressing curriculum for autism and intellectual and developmental disabilities program, and crisis interactions. Mental Illness Signs and Symptoms in Basic is taught by NAMI.

Independent Monitoring Team requested to modify the refresher training with these topics that are already covered and add to these topics: Mental Illness Signs, Substance Use and Co-Occurring Disorders, Child Issues, and Psychotropic Medication.

Went over the Voluntary crew of the Training Community Advisory Committee that approves the officer's training programs.