



# Office of the City Clerk

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## Legislation Details (With Text)

**File #:** O2016-222

**Type:** Ordinance **Status:** Failed to Pass

**File created:** 1/13/2016 **In control:** City Council

**Final action:**

**Title:** Amendment of Municipal Code Section 2-112-150 regarding billing and reimbursement procedures, staffing levels, and contractual agreements with managed care entities at City of Chicago mental health centers

**Sponsors:** Ervin, Jason C., Ramirez-Rosa, Carlos, Burnett, Jr., Walter, Reboyras, Ariel, Austin, Carrie M., Scott, Jr. Michael, Taliaferro, Chris, Munoz, Ricardo, Villegas, Gilbert, Napolitano, Anthony V., Cappleman, James, Lopez, Raymond A., Foulkes, Toni, Sadlowski Garza, Susan, Curtis, Derrick G., Arena, John, Moreno, Proco Joe, Sawyer, Roderick T., Hairston, Leslie A., Reilly, Brendan, Smith, Michele, Pawar, Ameysa, Brookins, Jr., Howard, Silverstein, Debra L., Osterman, Harry, Dowell, Pat, Burns, William D., Willie B. Cochran, Waguespack, Scott

**Indexes:** Ch. 112 Board of Health

**Attachments:** 1. O2016-222.pdf

Date	Ver.	Action By	Action	Result
5/29/2019	1	City Council	Failed to Pass	
1/13/2016	1	City Council	Referred	

### Mental Health Safety Net ORDINANCE

WHEREAS, individuals with mental illness who do not receive appropriate treatment and support can become entangled in the criminal justice system, and even be involved in violent incidents, resulting in the need for police intervention, and

WHEREAS, an analysis done by WBEZ radio revealed that some of the police districts which receive the most mental health 911 calls are also the districts with the fewest mental health services, and

WHEREAS, the Chicago Department of Public Health (CDPH) operates six community mental health clinics, the majority of which are located in underserved areas that have a high rate of mental health 911 calls, and

WHEREAS, CDPH has indicated that these clinics have the capacity to serve more clients, but are underutilized due in large measure to management issues including inadequate staffing, inability to bill for Medicaid reimbursement, and insufficient community outreach, and

WHEREAS, due to inadequate numbers of psychiatrists, in the past two years the number of psychiatrist hours of care in CDPH mental health clinics has dropped by more than half, compromising care and halting the intake of new clients in some clinics, and

WHEREAS, when the Illinois Department of Human Services signaled plans to shift Medicaid recipients to managed care plans, CDPH failed to take action to join any managed care network, resulting in a disruption of care for some Medicaid recipients who have been turned away from the clinics and a long term loss of sorely-needed revenue, and

WHEREAS, CDPH has recently executed a two year contract to improve the department's billing services and review options for contracts with managed care entities, the two year timeline poses significant concerns due to the urgent need for adequate billing processes and reimbursement for services currently being provided at mental health centers, and

WHEREAS, addressing these ongoing management problems could increase the number of clients served at the CDPH clinics within the current CDPH budget framework, therefore

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:**

Section 1. Section 2-112-150 of the Municipal Code of Chicago is hereby amended by inserting the language underscored as follows:

2-112-150 Grants and other agreements.

(a) The commissioner shall have the power to (i) apply for gifts and grants of services, equipment, supplies, materials, or funds from the United States, the State of Illinois, other government entities, their agencies or officers, or from any person, foundation, association, not-for-profit corporation, firm or corporation, and (ii) to enter into contracts and agreements resulting in gifts or grants from these and other sources. The commissioner shall notify the mayor, the budget director, and the comptroller of each such action. The commissioner shall have the power to expend such receipts on projects that implement the policies of the department of health, provided that all expenditures of grant and/or contract funds shall be subject to the same policies and practices as the expenditure of corporate funds, including the provisions of career service rules.

b) The commissioner shall have the power to (i) make grants or subgrants of duly appropriated funds, (ii) make grants or subgrants of personal property including, but not limited to, vaccines, HIV testing kits and condoms, (iii) execute or amend grant or subgrant agreements to effectuate the purposes of this subsection (b), and (iv) execute such documents and provide any information, assurances or certifications necessary or appropriate to effectuate the purposes of this subsection (b).

c) The commissioner shall encourage and conduct such studies, investigations and research as in his judgment will promote and improve public health. Such activity may be carried out jointly with public or private entities. In furtherance thereof the commissioner shall have the power to enter into agreements with public and private entities for the sharing and other use of public health-related data. Any such agreements shall comply with applicable law governing privacy. In order to effectuate such agreements, the commissioner is authorized: (i) subject to the availability of duly appropriated funds, to pay application, processing, and other fees, and (ii) to execute ancillary documents and provide ancillary information, assurances or certifications.

d) The commissioner shall have the power to enter into contracts with health plans, insurance companies, and managed care entities for reimbursement for health care services provided by the department, including clinical, planning, data analysis, care coordination, quality improvement, and data sharing.

(e) The Commissioner shall enter into contracts with at least three (3) managed care entities for reimbursement for health care services provided to individuals with Medicaid health plans within six(6) months of the passage of this ordinance.

f) The Commissioner shall take whatever steps are necessary to ensure adequate staffing of psychiatrists at the city mental health centers within four (4) months of the passage of this ordinance.

g) The Commissioner shall conduct such activities as necessary to increase awareness of mental health issues and of services available at the city mental health centers, including conducting mental health workshops in communities disproportionately impacted by violence.

h) The Commissioner shall provide a monthly report to City Council which shall be posted on the CDPH website regarding the number of executed contracts with managed care entities and the status of any contracting process, the level of staffing of psychiatrists at the city mental health centers and the steps taken to ensure adequate psychiatric

staffing, and the activities completed to increase awareness of mental health issues and of services available at the city mental health centers.