Chicago Council on Mental Health Equity (CCMHE) – Deflection and Diversion Subcommittee

MEETING AGENDA

Date: June 30th, 2021
1:00 – 3:00 p.m.

Zoom link: https://zoom.us/j/3032424110?pwd=dWtiWER4WERWZ2hsekpuQWpicWlEZz09
Meeting ID: 303 242 4110
Passcode: CCMHE2021

I. Welcome and Attendance – attendees are grayed out

Co-Chair	Name	Agency
Co-Chair	Dr. Rashad Saafir	Bobby Wright Comprehensive Behavioral Health Center
Co-Chair	Stephen Brown	U of I Health and Hospitals
Co-Chair	Matt Davison	IL Guardianship & Advocacy
	Dr. Wilnise Jasmin	CDPH
	Fred Friedman	self
	DC Antoinette Ursitti	CPD
	Richard Rowe	Next Steps and CSH
	Rebecca Levin	Cook County Sheriff's Office
	Emily Cole	Cook County State's Attorney
	Dr. Leticia Reyes - Nash	Cook County Health and Hospital System
	Eric Lenzo	Sinai Health Systems
	Joel Johnson	HRDI
	Lori Roper	Cook County Public Defender
	Zoe Russek	Uchicago Urban/Crime Lab
	Amy Spellman/Jason Lerner	Uchicago Urban/Crime Lab
	Esther Sciammarella	Chicago Hispanic Health Coalition
	Nick Roti	HIDTA
	Dr. Sharon Coleman	IDHS - DMH
	Jac Charlier	TASC

	Rasauna Riley-Brown	DFSS
	Veronica Trimble	IDHS
	Felix Rodriguez	IDMH
Attendee	Evan Freund	Community Renewal Society

II. Public Comment – no public comments

Intro
Stephen brown: purpose of today and sequential intercept model and community involvement. Focus on partnerships and how we can work together to form warm hand-offs and appropriate transitions.

Esther: we need to make sure we firm up boundaries of care and engagement so this will work in practice. We need clearly defined geographic insight so our practitioners know what they can utilize. We also need to be mindful of language access for these services and build capacity for the same.

Elliot: Question about alternate response models and update of those pilots.

Dr. Jasmine -- how CDPH operates (not a direct provider at this time) but invested in firming up these partnerships aimed at diverting or deflecting and prioritizing care. Clinics are interested in possibly expanding services. We want to coordinate serves throughout the city as well to make sure if people are diverted, they actually have somewhere to land.

Dr. Coleman – is there an online resource available for us to review these services? It would be helpful if service providers could access an online directory for such information.

Dr. Saafir – we need to create this space, as informed by individuals with lived experience. Shape our care and infrastructure from a perspective with consumers in mind.

Question to the group:
How do we create a space for individuals with lived experience as an attachment to this committee or via focus groups or surveys etc.?

- Richard, Next Steps: I totally agree. It would be helpful to invite folks to this particular group. We could also do focus groups. Their voices would help form and shape the work that we're doing.
- Cate Sanchez: reminder that these meetings are open.
- Maggie Shreve – if we did focus groups, that could be closed (going to double check).
- Sarah Yousef – advocate for compensation for attendance/participation for those community members with lived experience: they are the experts and should be treated with respect and compensated accordingly.

- Maggie Shreve – small stipends usually secure better attendance and participation.
- Elliot: I agree people should be compensated.
- Esther S. – the issue is each community has been doing these types of projects but we need to define the community better before we take further steps.
- Maggie S: I do organization development work with non-profits and have a lot of experience with large group events, such as The World Café, Open Space, Future Search, Simu-Real, etc. It will be interesting to see what method might work best for this group and consumers.
- Dr. Saafir: There hasn't been a systemic review of how our system impacts these individuals' lives. We need to bring their stories into this narrative.
- Dr. Jasmine: Be mindful, end of April, the health department announced an RFP to help create health equity zones across the city through 6 different zones. Priority right now is vaccine uptick. But the broader goal is to secure the local priorities for that specific region.

Steve Brown: we now turn to human centered design about high utilizers with untreated illness and how to come up with representative stories on this issue. What are these individuals missing and how do we get it to them? We want to avoid stereotyping or stigmatizing people. Be thoughtful about creating these user stories.

Esther: reach out to UIC b/c there is an existing resource that is similar to this. Focus group occurred on this and a report was issued.

Elliott: are you also suggesting that we include people with lived experience in this particular effort? SB: Yes. Elliott: so this may work hand in hand with the other focus group effort? Possibly.

SB: is this a worthwhile endeavor?
Dr. Jasmine: How much time between prototype versions will this group or lived experience be able to provide experience?
Elliot: there are parallels with Dr. Saafir's efforts – maybe a subgroup would work better? Any preferences?
Dr. Saafir: In my view, there is clearly going to be overlap. What Steven is trying to hone in one is those individuals who are high utilizers and haven't been connected to care. By comparison: community engagement is much broader.

Esther: yes this is a critical subset of people but also consider those with immigration cases and possible police intervention on these crisis/clinical issues.

Stephen: is the committee OK with this proposed approach re: community engagement/focus groups?

Elliot: this has the potential to support those folks who may be treatment resistance or challenging. With enough robust support, trauma-informed outreach, there may be potential to engage them.

Wrap up and next steps: meetings announcement and reminder that all committee members can attend other committee meetings.