



## Chicago Council on Mental Health Equity (CCMHE) – Mental Health Safety Net Subcommittee

### MEETING AGENDA

Date: May 19th, 2021

11:00 a.m. – 1:00 p.m.

Zoom link: <https://zoom.us/j/3032424110?pwd=dWtiWER4WERWZ2hsekpuQWpicWIEZz09>

Meeting ID: 303 242 4110

Passcode: CCMHE2021

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I. Attendance/Roll call – persons who attended are grayed out

Name	Agency
Matt Richards	CDPH
Mirna Ballestas	Private practice
Dr. Inger Burnett-Zeigler	Northwestern Hospital
Mark Ishaug	Thresholds
Susan Doig	Trilogy
Pastor Chris Harris	Bright Star
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Dan Fulwiler	Esperanza
Denise Fuentes	HHC
Gregg Montalto	Lurie Childrens Hospital
Joel Rubin	NASW
Alderman Roderick Sawyer	6th Ward Alderman
Belinda Stiles	Christian Community Health Center
Dr. Donell Barnett	City Colleges of Chicago
Darci Flynn	Mayor's Office (Recovery Task Force)
Rasauna Riley-Brown	DFSS
Patrick Dombrowski	C4
Marco Jacome	HAS
Dr. Colleen Cicchetti	Lurie Children's Hospital

II. Public Comment – no one signed up, proceeded into meeting

III. Matt – Update on Framework for MH Equity

- Trauma-Informed Centers for Care
  - City invested \$8 million in 32 FQHC'S, Community MHC's and CBO's into communities of highest need (communities that were prioritized on four criteria)
    - *Amount of mental health crisis that occurred*
    - *The percentage of persons uninsured*
    - *Level of trauma or violence exposure*
    - *Hardship index – economic hardship measure*
  - Anticipating in planning for 20,000 persons to be served through this investment this year.
- Team-Based Care Plan
  - The goal is up to 200 patients to receive team-based care this year through the initial CDPH investment of 1.2 million/yr.
  - Over 30 patients so far this year have been enrolled in ACT/CST in tandem with permanent supportive housing through the Expedited Housing Initiative. There are opportunities for increased collaboration around Accelerated Moving Events.
  - Possible future ideas: First-Episode Psychosis Teams, Forensic ACT/CST, SUF Focused-Teams, Teams focused on persons experiencing homelessness (PEH), Youth-Focused Teams, CMHC/FQHC partnerships, Teams that are reimbursed based on outcomes rather than fidelity.
- Primary goal for this meeting is to finalize our workplan through the end of the year; each meeting should have a primary focus that it addresses.

IV. Questions

- **Esther:** How to coordinate social services (sustaining housing using case management) – how to align our housing strategies DFSS/CDPH (will send ideas on this)

- **Harold:** How to bring Medicaid into this mix to provide sustainability
- **Dr. Burnett-Ziegler:** please comment on any efforts around suicide prevention
  - We have a forthcoming Public Health MH Awareness campaign launching this summer 2021, “Branded Mental Health Awareness” campaign that is ongoing
- **Dr. Vessel:** What is data on youth suicide trends especially since COVID
- **Harold:** LGBTQI young people – are there distinctive issues there that we’re attending to that are facing some distinctive challenges

#### V. 2021 Workplan Development

- Committee Core Goals and Tasks
  - every working committee to have an annual workplan
- Ideation, Implementation, Evaluation
  - Partner and consult to identify **new priorities**, projects and initiatives to improve the city’s mental health and wellbeing promotion systems
  - Provide **accountability** related to already implemented initiatives including progress monitoring and reporting, data review, etc.
    - Stay focused on the agreed initiatives - accountability
  - Generate **policy** recommendations addressing core areas of concern like Medicaid payment reform and workforce sustainability
  - **Community Engagement** (digital townhall, survey, etc.)

#### VI. Committee Discussion

- We have outstanding meetings in June, August, September, November and December and need to plan areas of focus for each meeting
- We would like to commit one meeting to the mental health marketing campaign and at least one on child and adolescent mental health promotion across city agencies/departments
- What other priorities do you have for areas of focus for this year?
  - Should we have separate meetings focused each priority
  - Should we have meetings to report on accountability for each priority
- **Debbie:** American rescue plan is giving grant funds, is it in the committee’s view to make recommendations on how to use those funds
- **Dr. Vessel:** I am really concerned with how we get them (African American male factor) to the table? There are always programs/priorities for other groups (i.e. woman & children, women, kids, etc.) but not for the AA male. The AA male is never at the table – can we start and really focus on getting them to the table?
- **Richard:** When you say “returning residents”, do you mean folks with a justice involvement background?

- Matt: I most specifically mean folks who are leaving IDOC or the jail (leaving a prison/jail) not people who have prior justice involvement
  - Richard: just use people with justice involvement as a whole instead of returning residents
- **Dr. Burnett-Zeigler** shared an article regarding black men's mental health
- **Marco:** Could you talk about the integration of the community engagement subcommittee in all of the subcommittees
- Focusing on topics of discussion for the remaining meetings
- **Richard:** I believe that it will be very beneficial to engage and partner with the local CoC Continuum of Care
- Priorities we want to focus on for our remaining meetings
  - MH Marketing
  - Child/Adolescent MH Promotion Across City Agencies/Departments
  - Continuum of Care
  - Interacting and receiving feedback from AA males
    - **Marco:** this should be embraced to all minority communities
    - **Matt:** If there are particular subpopulations that we have concerns about, how do we have conversations that are specific to those concerns
    - **Dr. Burnett-Zeigler:** Planning can be framed around data; if we look at communities with higher risks and create a plan of engagement, this could be one strategy for developing a plan for community engagement
    - **Marco:** Agree with Dr. Burnett-Zeigler -- it's a good direction
    - **Patrick:** I would love to see a service platform like NowPow that would be available to residents without provider involvement to provide referrals along all social determinants of health
- Input from committee - what would you like to see on the agenda for next month
  - **Dr. Burnett-Zeigler:** use small portion of meetings to provide brief updates on work being conducted; high priorities of concerned efforts; our plans for community engagement
  - **Matt:** Subpopulations of residents that have unique/particular needs – CDPH could do a data presentation (all MH data) to show data in terms of identity variables -- age, race, gender, geography, etc.
  - **MO:** will follow up by email to the full committee
  - Crisis intervention