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

MEETING AGENDA

Date: June 16th, 2021
11:00 a.m. – 1:00 p.m.

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

I. Welcome and Attendance (member who attended are shaded gray)

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
Dan Fulwiler	Esperanza
Denise Fuentes	HHC
Gregg Montalto	Lurie Children's Hospital
Joel Rubin	NASW
Ald. Roderick Sawyer / Belinda Cadiz	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
Maggie Shreve	Community Renewal Society

II. Public Comment - No requests for community members to speak

III. Brief overview of CIAC recommendations from 2019 and current status

Review of the 2019 CIAC recommendations that are relevant to this committee, provided by Matt Richards:

1.1– this recommendation is the basis for all the pilots we are doing this summer- teams of community paramedic, mental health professional, CIT officer starting in Auburn Gresham/Chatham and Lake View this summer, teams without the CIT officer starting in the fall

- Typically there isn't longitudinal follow up to crisis response, since police are the first responders
- Now that we are integrating healthcare responders into first response for crises with a behavioral health component, we are planning for out teams to do immediate follow-up for patients with the goal of transitioning their long-term care back to community providers.
- In order to do a police direct drop-off at a living room, need IDPH approval

1.3- CESSA legislation just passed at State level is calling for the creation of this sort of advisory body at each EMS region level.

1.4- also related to recommendation 4.3. CDPH is releasing a training RFP very shortly. Will disseminate that funding opportunity to all of you- approximately 1 million will be awarded.

2.4- when a person comes into contact with the 911 system, what is the systematic strategy for providing care coordination to that person?

- Now that we are integrating healthcare responders into first response for crises with a behavioral health component, we are planning for out teams to do immediate follow-up for patients with the goal of transitioning their long-term care back to community providers.

2.5- CDPH has been working closely with DFSS to more strategically collaborate around pairing housing with mental health resources.

- Right now, the team-based care that CDPH funds (ACT and CST) are starting to be embedded into accelerated moving events (housing providers and ACT/CST teams go to shelters and residents are screened/apply/matched with housing in a condensed time frame, are also screened for mental health needs at that time).
- So far this year, we have integrated mental health teams into 2-3 accelerated moving events and have placed about 30 folks. We want to do more of these events.
- There is also an opportunity to think creatively about stabilization housing- know that our highest utilizers have a lot of different needs, and there is not one setting that

addresses all of them, If a person isn't housed, it can be hard to get them all their needs as they move through the crisis system

3.3- intention was to promote care continuity. The challenge on this one are legal: we don't have citywide electronic medical record.

3.4- this is happening now- lots of smart911 ads on the train.

- Any ideas about ways to encourage folks to complete a smart911 profile would be great.
- Smart911 gives people the chance to complete a profile for themselves so that if 911 needs to support them, we have more info on their BH needs in that crisis moment.
- Information that comes up is only on the screen for the dispatcher for a short amount of time- it automatically comes up with the call, goes away when call is closed out.
- Website: https://www.smart911.com/

4.1- we would like each subcommittee to be doing ongoing community feedback throughout the year.

- What is our mechanism for summarizing that data/issuing a report? How do we take the community feedback, consolidate it, and make it available for all residents, allow them to comment on it?

4.2- the PR campaign will likely roll out next month (July or Aug 2021). Will start to see this on billboards, bus stops, print marketing- will be ongoing campaign.

4.3- mentioned above. Training RFP released shortly. Over the past year we have seen increases in suicide risk among youth and older adults with increases noted among young men of color

Other topics of discussion:

Suicide prevention- in CIAC recs there was nothing specifically about suicide prevention, because the recs at that time were not really prevention focused.

- This is a high priority
- CDPH has some funds allocated for it for this year through COVID CARES- part will likely be invested in community-based crisis access points that are alternatives to EDs
- Specific ideas around a citywide suicide prevention program would be very helpful
- Over the past year, we have seen increases in youth and older adults with increases noted among young men of color.
    - Big priority of CPS framework- they are already doing some of this
    - CDPH recognizes that this is a priority area

Connection to full set of CIAC recommendations:

- Many of the 33 recs are very specifically about city processes for responding to someone in crisis (OEMC operations, call dispatch, city protocol…) – crisis response committee is discussing these
- Also a diversion/deflection committee- a series of the recommendations are about the city developing a conceptual model of diversion/deflection
- Intention for our committee is to focus on community-based mental health services, although we recognize that there are a lot of interactions between the committees/recommendations more broadly

Housing connections/Stable housing for vulnerable populations

- When you call 311, it takes 8-12 hours to get someone to a homeless shelter, need a cell phone, transport can be a big problem if someone is in a wheelchair/reluctant to engage or answer questions about needs
- When people are evicted from shelters/nursing homes/supportive housing, need a better way to support them through this process, connect to stable housing

Workforce issues around team-based care

- There are some structural impediments to funding team-based care
- Advocacy occurring at the state level to improve state regulations and rules around staffing these teams
- If CDPH can use 911 data to help CMHCs find highest-acute patients that cycle through the crisis system, this could be helpful

ACT vs. CST distinction

- Assertive Community Treatment (ACT)- 6 core team members, one is a full-time nurse that does outreach, and a psychiatrist (10 hours of psychiatry/week dedicated to the team). Employment support, substance use disorder treatment, team leader that is licensed master's level clinician, peer worker – generally offered 7 days/week
- Community Support Team (CST)- team leader, peer, client chooses own psychiatrist, no nurse on team – offered 5 days/week

IV. Discussion of 2022 Budget Priorities

Priorities identified:

- Suicide prevention
    - Training within schools to increase identification of people at higher risk for suicide
    - Wraparound services that extend beyond school-based care
    - Understand the unique needs for specific populations- esp. young Black men that are at increased risk which has increased over the past year.
- Need for capacity within community-based settings to be able to receive warm handoffs from first responders

- Temporary housing for people in housing transition and those with special needs (disability and addiction)
- Ongoing support for permanent supportive housing
- Special funding for mental health for youth up to age 30
    - Sometimes people are hesitant to enter into services at CMHCs, thinking that the services are not meant for them
    - Especially related to suicide prevention, young Black men as the rate has increased from last year in suicide risk
- Enormous unmet need for mental health in schools, particularly post-COVID
- Transportation for people who are using 311 or 988 – people who are trained to do this work, it must be timely, accessible transport
- Family-focused services- wrap-around services for the whole family
- Fund integrated teams to reduce fragmentation and contact with many different people at different touch points
- More system-level continuum of care coordination
- Go out to community events hosted by the city in order to engage with community members outside of crisis so that they feel comfortable and safe working with providers/crisis care teams in crisis situations
- SUD and mental health are still silo-ed, and also need to better coordinate with primary care as well

Upcoming Events:

Saturday 6/19 – Juneteenth Fathers and Freedom Festival at Harmony Church (Mallard and Ogden) from 11am-3pm,

- Will be resources for the community, everyone is welcome

V. Next Steps

a. Matt Richards will send the full recommendations report and map of full recs to everybody
b. Kate Sanchez may reach out to the group to facilitate connections between city community events and community mental health providers