



TNT-Clinical Services Expansion Community Consult



Agenda

1. **Welcome & Introductions** [10 min]
2. **Review meeting norms** [3 min]
3. **Review Investment Framework & Strategies** [5 min]
4. **Your Expertise Matters** Discussion [40 min]
 - Target populations
 - Peer to Peer models
5. **Next steps** [2 min]



Introductions in the Chat

- Your name
- Your pronouns if you would like to share them
- Organizational Affiliation(s)
- **Fun** plan you have for this **weekend** that you are willing to share

Guiding Principles for our Meetings

- Intent vs. Impact
- It's okay to disagree; differences make us stronger
- Step Up, Step Back
- Be Present
- Never Say Never
- Honor confidentiality: what's said here stays here; what's learned here leaves here
- Always feel free to ask questions
- Anything Else?



Mayor Johnson's Vision

How We Deliver a Better, Stronger, Safer Future for Chicago

Vision

A better, stronger, safer future is one where **our youth and our communities** have access to the **tools and resources they need to thrive**.

Mission

In partnership with all Chicagoans and informed by data, we aim to correct systems and practices that have created inequities for too long. We aim to repair past harms that have contributed to purposeful disinvestment and exclusion. We **aim to usher in a new era of inclusive, effective governance** that creates a better, stronger, safer Chicago.

TNT Working Group Ordinance-Overview

	Ordinance Requirements
Working Group Goal	Develop a suggested framework and roadmap for the City to <u>expand mental health clinical services, non-police response</u> for behavioral and mental <u>health crises</u> , and <u>community awareness</u> of available mental health resources
Working Group Deliverable	A report delivered to the Mayor by May 31, 2024 that includes: <ul style="list-style-type: none">• budget expansion;• capital and facility needs;• staffing, recruitment, and retention strategies;• community input;• state and federal legal and regulatory parameters;• and metrics to guide implementation and success.
Working Group Members	Representatives from the Chicago Departments of Public Health; Fire; Assets, Information, and Services; Human Resources; the Mayor’s Office; the Office of Budget and Management; and the Office of Emergency Management and Communications.
Community involvement	Consult at least 10 community members when determining recommendations
Meeting requirements	Meet at least 3 times before May 1, 2024

Working Group Structure



10 required
community
consults

Steering Committee

Members: Chair Rossana Rodriguez-Sanchez, Deputy Mayor Jen Johnson, Deputy Mayor Garien Gatewood, Chief of Policy Umi Grigsby, Deputy Budget Director Jacob Nudelman

MO Staff: Noureen Hashim (Policy), Allie Lichterman (MOCS), Nancy Cao (EDYHS; currently on leave)

Provide senior leadership guidance on direction of Working Group and Subgroups, monitor Working Groups outputs, and join at least one Working Group meeting.

Working Group

Members: CDPH, CFD, AIS, DHR, OBM, OEMC

MO Staff: Noureen Hashim, Policy

Defines scope of final report, review relevant focus topics for subgroups, and plan and review inputs from public meetings. Meet 3 times.

Clinical Services Subgroup

Members: CDPH, AIS, DHR, Community Engagement, EDYHS, OBM

MO Staff: Noureen Hashim, Policy; Nancy Cao, EDYHS, Mariana Osoria, EDYHS

Alternate Response Subgroup

Members: CDPH, CFD, OEMC, AIS, DHR, Community Engagement, MOCS, OBM

MO Staff: Allie Lichterman, MOCS

Supply data and analyses for the report and formulate detailed recommendations. Meet 6 times.



Values Clinical Expansion

Values	How to implement
Accessibility	Transportation, hours, modality physical accessibility, cost, city department utilization
Equity	Staffing, culturally affirming, language access, locations, need
Trauma Informed	Warm touch by people in all aspects of service delivery, community led and designed, wrap around services, MH ecosystem
Community Education	Destigmatize MH care, peer to peer support, marketing, public education
Reduction of Barriers (hiring)	Hire from the community served, expedite hiring, understand the workforce and skills needed, engage with departments to support hiring
Coordinated	Coordination with non-police first responders, data, partner coordination (CBOs, schools, youth services etc.), community health workers, reduce silos



Clinical Services Scope

The TNT Clinical Services subgroup recommends the City of Chicago move forward with **increased access to direct clinical services as well as improve coordination and communication** of those services. The clinical care provided should be **culturally affirming, trauma informed, holistic, and rooted in the needs and experiences of its users, their families, and communities**. Clinical services should be **multifaceted** to include direct 1:1 services, **provided by a clinician as well as alternate supports that could include peer support, health promoters, and the utilization of varying modalities**. The TNT report will provide a vision and plan to increase city-wide clinical services and community engagement so city residents understand and can utilize the resources available.

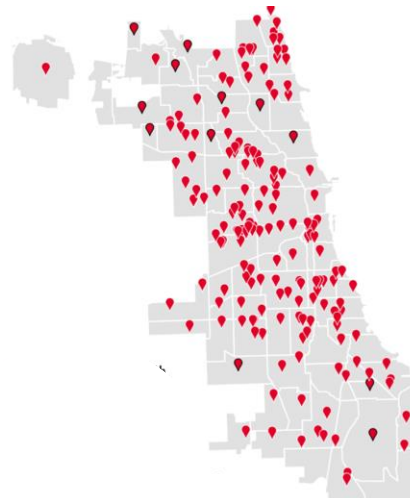
★ A Framework to Guide Public Investments in the Clinical Services Expansion

Leverage Existing Data to Create Inputs

Potential Examples

- Demographics
- Uninsured Rates
- Unemployment
- Education
- Income

Overlay Community Need Indicators with Existing Safety Net MH System

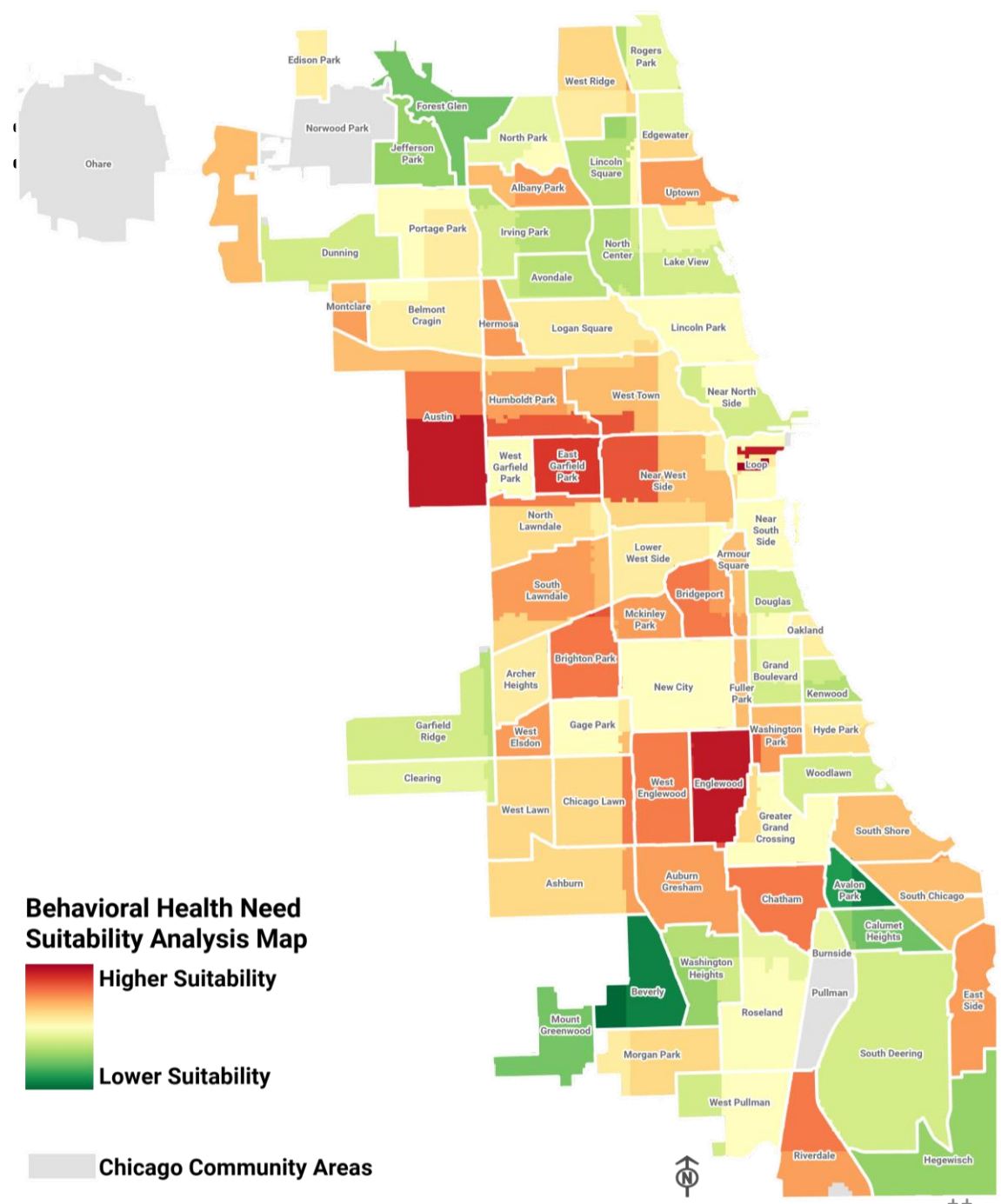


Data and Equity-Informed Suitability Analysis to guide inventory search



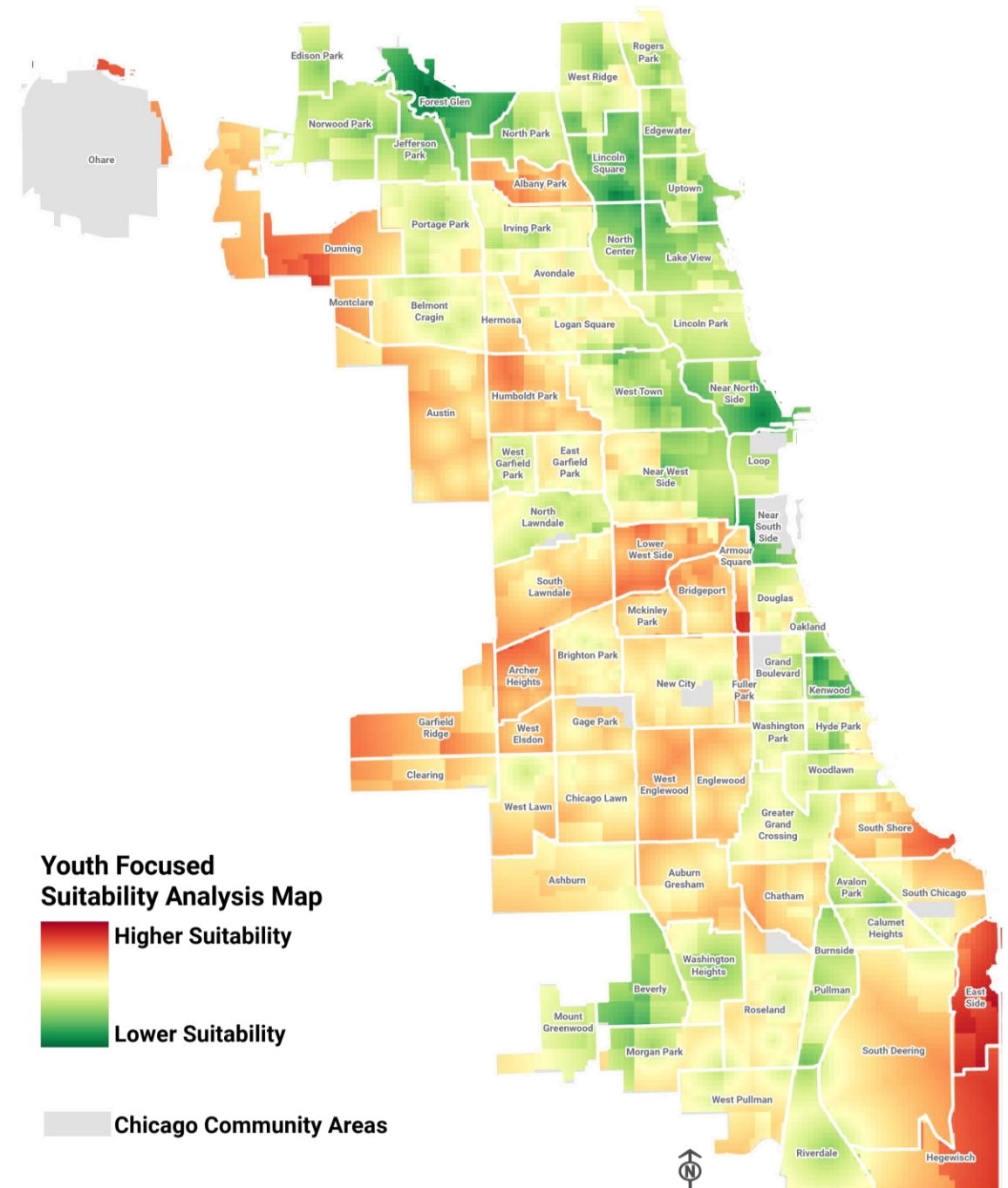
Behavioral Health Needs Inputs

- **Higher Behavioral Health Hospitalization Rate, 2022** (Chicago Health Atlas)
 - Zip code level
- **Higher Unmet Mental Health Treatment Need Among Moderate or Serious Psychological Distress Rate, 2021-2022** (Chicago Health Atlas)
 - Community area level
- **Higher Moderate or Serious Psychological Distress Rate, 2021-2022** (Chicago Health Atlas)
 - Community area level



Youth-Focused: Inputs

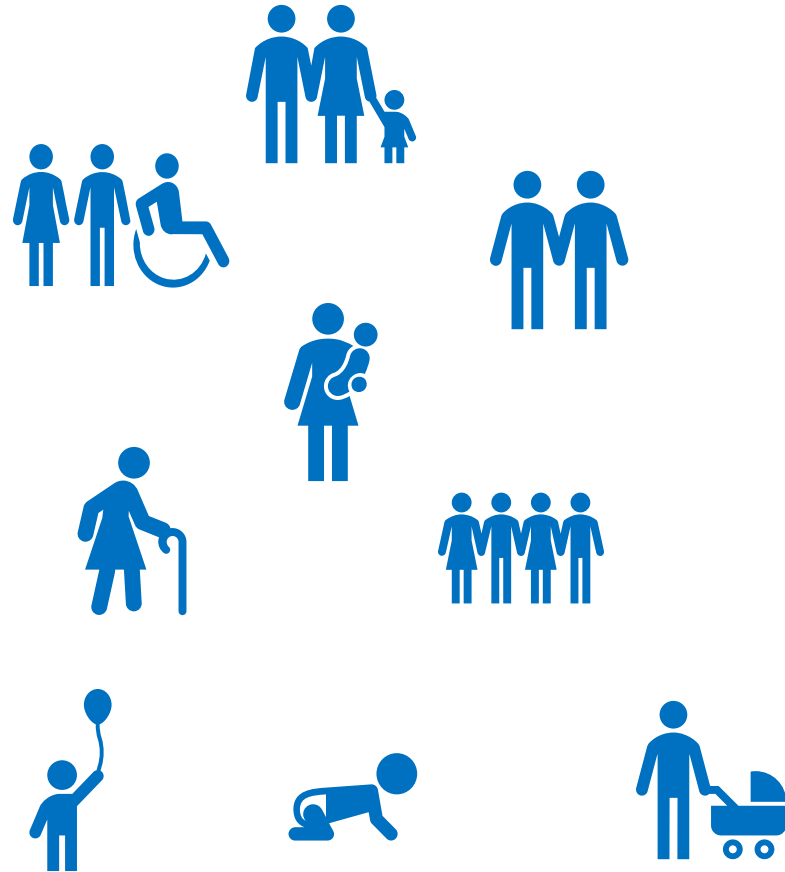
- **Greater distance from service providers**
 - Youth serving safety net providers
 - CDPH Mental Health Clinics
 - Cook County Health Centers
 - Encompassing Center
 - Living Rooms
- **Lower Child Opportunity Index 3.0, 2022** (Chicago Health Atlas)
 - Composite index that captures neighborhood resources & conditions that matter for children's healthy development. Includes 29 indicators in 3 domains: education, health & environment, and social & economic.
 - Census tract level
- **Higher Prevalence of Households With at Least 1 Child and Unmet Mental Health Needs, 2023** (Healthy Chicago Survey)
 - Community area level



Strategies for Clinical Services Expansion

1. Layer MH services into existing CDPH clinics that don't currently offer MH services
2. Co-location with other city services e.g., DFSS, CPS, CPL, etc.
3. Explore partnerships with County/State
4. Explore new MH clinics in the neighborhoods with the highest unmet needs
5. Reopen previously closed MH Clinics

★ Your Voice & Expertise



Key Populations

- Who are key populations to be served by mental health clinical expansion?
- Can we serve everyone all at once? Are there groups/people that should be prioritized?
- How do we prioritize who to serve within the phases of expansion?

★ Your Voice & Expertise



Peer to Peer Support

- What do we mean by peer to peer? What are the characteristics that are important?
- Where does this model work?
- What are successful models to explore further?
- Who is already doing this work well?

Staying Engaged

- **What are ways that we should ensure you stay engaged?**
- **Are there places where it more critical than others that community voice be included?**
- **What can we do to ensure that we gather the hardest to connect with community members?**