



Treatment Not Trauma Community Conversation

April 11, 2024

5/1/2024



Welcome Address

Noureen Hashim-Jiwani

Director of GBV and Health, Mayor's Office Policy



Remarks

Alderwoman Rossana Rodriguez-Sanchez

33rd Ward



Mayor Brandon Johnson



Agenda: 90 min

- 1. Welcome Address – Noureen Hashim-Jiwani, Director of GBV and Health Policy**
- 2. Remarks – Alderwoman Rossana Rodriguez-Sanchez**
- 3. Remarks – Mayor Brandon Johnson**
- 4. Presentation: Update from TNT Steering and Working Group**
- 5. Breakout Groups**
- 6. Wrap Up**

Guiding Principles and Rules for our Meeting

- Be respectful towards the person that is speaking.
- This is a space for discussion. It's okay to disagree.
- If you have something to say, please ensure your small group facilitator is flagged.
- The presentations and discussions today are confidential to this space.
- You can submit additional questions or comments using the QR code on the sheet handed to you as you came in.



Steering Committee

- Chair Ald. Rossana Rodriguez-Sanchez
- Deputy Mayor of Education, Youth, and Human Services, Jen Johnson
- Deputy Mayor of Community Safety, Garien Gatewood
- Chief of Policy Umi Grigsby
- Deputy Budget Director Jacob Nudelman



TNT Working Group Overview



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.

Overview of the TNT Working Group Ordinance

	Ordinance Requirements
Working Group Goal	Develop a suggested framework and roadmap for the City to <u>expand mental health clinical services, non-police response for behavioral and mental health crises, and 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

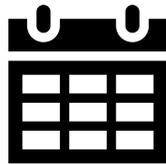
★ Report recommendations come from a variety of sources.

Jamboard Exercises



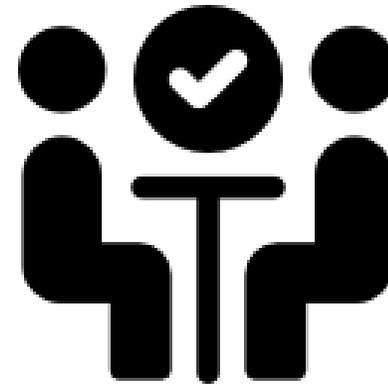
Subgroup
Community Consults
Clinicians
Users

Office Hours



Subgroup Office Hours
Microsoft Teams meeting

Community Consults



Small group
Large group
Survey

Documentation & Data Review



White Paper
Data
Reports, etc.





Clinical Services Expansion



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 for increased city-wide clinical services and community engagement so city residents understand and can utilize the resources available.

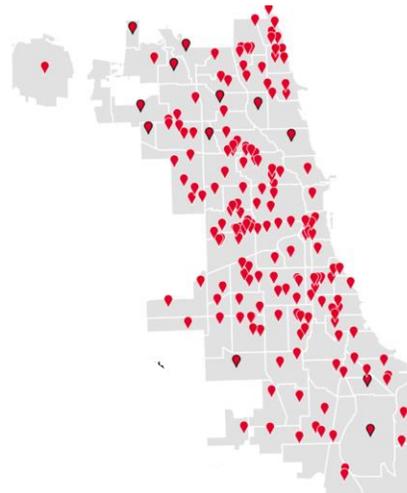
A Framework to Guide Public Investments in the Clinical Services Expansion

Leverage Existing Data to Create Inputs

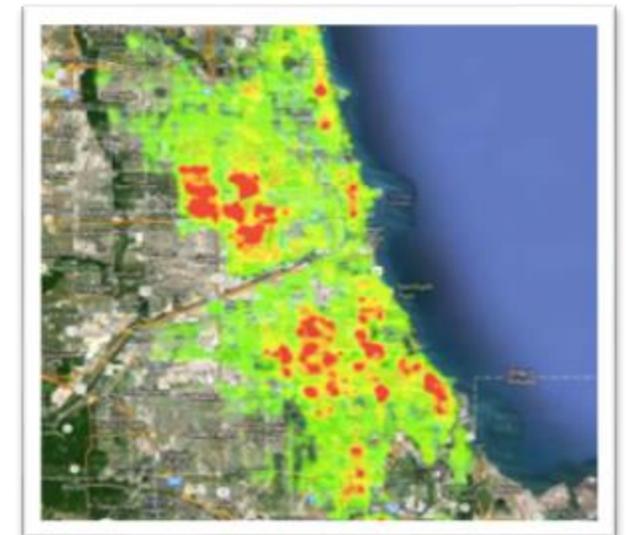
Potential Examples

- Demographics
- Uninsured Rates
- Unemployment
- Education
- Income

Overlay Community Need Indicators with Existing Safety Net MH System

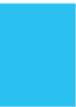


Data and Equity-Informed Suitability Analysis to guide inventory search



Note: For illustrative purposes only

Pre-Decisional: For Discussion Purposes Only



Different Strategies for Increasing 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



Value	What this value looks like
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



Next steps to support clinical expansion



Utilize and Overlay maps to identify greatest need



Determine phased timelines for identified strategies



Robust hiring plan, recruitment, retention & pipeline



Ongoing engagement-workgroup/community





Non-Police Alternate Crisis Response



Non-Police Behavioral Health Crisis Response Scope

The Treatment Not Trauma working group recommends the City of Chicago build out **permanent alternate response services to meet behavioral health needs**. The care provided should be **trauma informed, holistic, and rooted in the needs and experiences of its users, their families, and communities**. This report provides both a vision for city-wide alternate response as well as detailed recommendations for how the City can move towards this goal over the **next 3 years**.





PEOPLE'S PLAN FOR COMMUNITY SAFETY

It's the people that make Chicago a place we are proud to call home. And it's the people of this city who can help us build a better, stronger, safer Chicago.

The People's Plan for Community Safety is a community-led initiative that unites Chicagoans from all walks of life to address historic disinvestment, work toward healing our communities and make all of Chicago safe for everyone. This work harnesses the full force of government, community organizations, businesses, philanthropy, and more to solve a decades-long problem in a new way.



**Values Non-Police
Response**



Values	What does this look like?
Quality Care	Trauma informed and healing centered, culturally affirming, accessible to people with disabilities, consistent quality and improvement
Community Engagement	Utilize existing community resources, public accountability
Permanence	A system that has a permanent and long-lasting presence in the community as well as trust and buy-in from residents
Alternate Response teams as part of the public first responder ecosystem	Creating and building on systems that give community members a pathway to seek public behavioral health crisis support

★ 2024: CARE Program Overview

Pre-response

- Decision support for 911 call takers and dispatchers
- 911 staff training
- Resolve issues over the phone

Response

- Alternate Response
- Multidisciplinary Response (phase out in process)
- Opioid Response

Post-response

- Follow-up after initial contact to provide linkage to community-based services



★ 2024: CARE Expansion

- Mayor Johnson's policy choices for CARE in 2024
 - Consolidate CARE under Chicago Department of Public Health
 - Roll off co-responder model
 - Work towards expanding programmatic hours and geographic reach



★ 2025 & Beyond: Steering Committee Guidance



Invest in a workforce of behavioral health professionals to triage 911 behavioral health calls



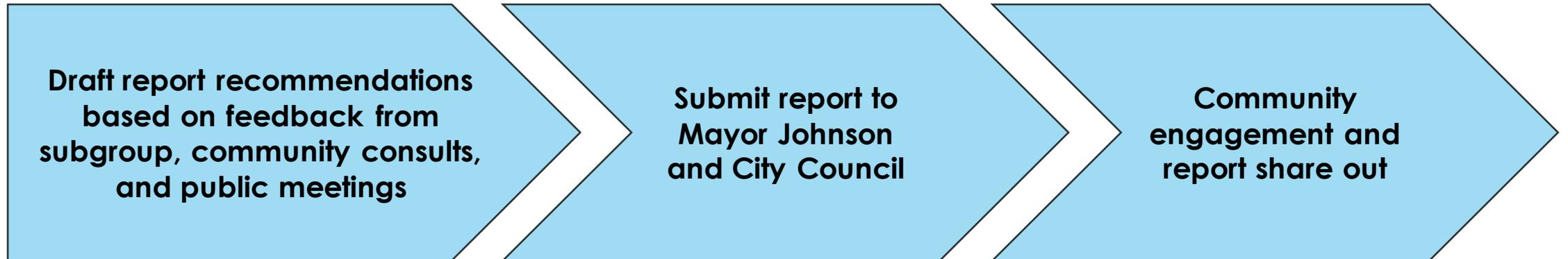
Work towards stronger operational ties between 911 and 988



Focus on reaching as many calls with non-police, alternate response teams as state regulation will allow



Next Steps





Questions for Community

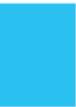
Identifying Population Subgroups with Specific Mental Health Needs

- How can we better identify and understand the different mental health needs among subgroups in our community?
- What outreach initiatives have you seen be effective or ineffective in addressing these specific needs?

Community Interest

- How have you noticed the interest in mental health services change within the community?
- What can the City and community partners do to sustain and further increase community interest and awareness of mental health issues?





Questions for Community

Public Education, Communications and Marketing

- In what ways can we make marketing more robust and inclusive to ensure that all Chicagoans are aware of the available mental health services?
- What has been effective in our communication and outreach efforts so far?
- How can we improve the city's outreach strategies to better educate and engage the community about mental health services?
- What are your thoughts on the current methods we use to inform the community about mental health services, and how can we improve?



Preguntas para la Comunidad



Identificación de subgrupos de población con necesidades específicas de salud mental.

¿Cómo podemos identificar y comprender mejor las diferentes necesidades de salud mental entre los subgrupos de nuestra comunidad?

¿Qué iniciativas de extensión ha visto que son efectivas o ineficaces para abordar estas necesidades específicas?

Interés comunitario

¿Cómo ha notado el cambio en el interés por los servicios de salud mental dentro de la comunidad?

¿Qué puede hacer la ciudad y los socios comunitarios para mantener y aumentar aún más el interés y la conciencia de la comunidad sobre los problemas de salud mental?



Preguntas para la Comunidad



Educación Pública,
Comunicaciones y Marketing

¿De qué manera podemos hacer que el marketing sea más sólido e inclusivo para garantizar que todos los habitantes de Chicago conozcan los servicios de salud mental disponibles?

¿Qué ha sido efectivo en nuestros esfuerzos de comunicación y divulgación hasta ahora?

¿Cómo podemos mejorar el alcance comunitario de la ciudad para educar e involucrar mejor a la comunidad sobre los servicios de salud mental?

¿Qué piensa sobre los métodos actuales que utilizamos para informar a la comunidad sobre los servicios de salud mental y cómo podemos mejorar?





Opportunities For Engagement

- Visit the Treatment Not Trauma Microsite
- <https://www.chicago.gov/city/en/sites/treatment-not-trauma/home.html>



Website and Email

- <https://www.chicago.gov/city/en/sites/treatment-not-trauma/home.html>
- Reach out to us:
- Communityengagement@cityofchicago.org



  **Join the Virtual Breakout Room on Zoom**

bit.ly/411TNT

