

# Framework for Mental Health Equity: Fostering a Trauma- Informed System of Care

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Chicago Board of Health Meeting

December 18, 2019

# Principles

Goal: Coordinated provision of mental health care to every resident who needs it, with a focus on individuals and communities most acutely in need.

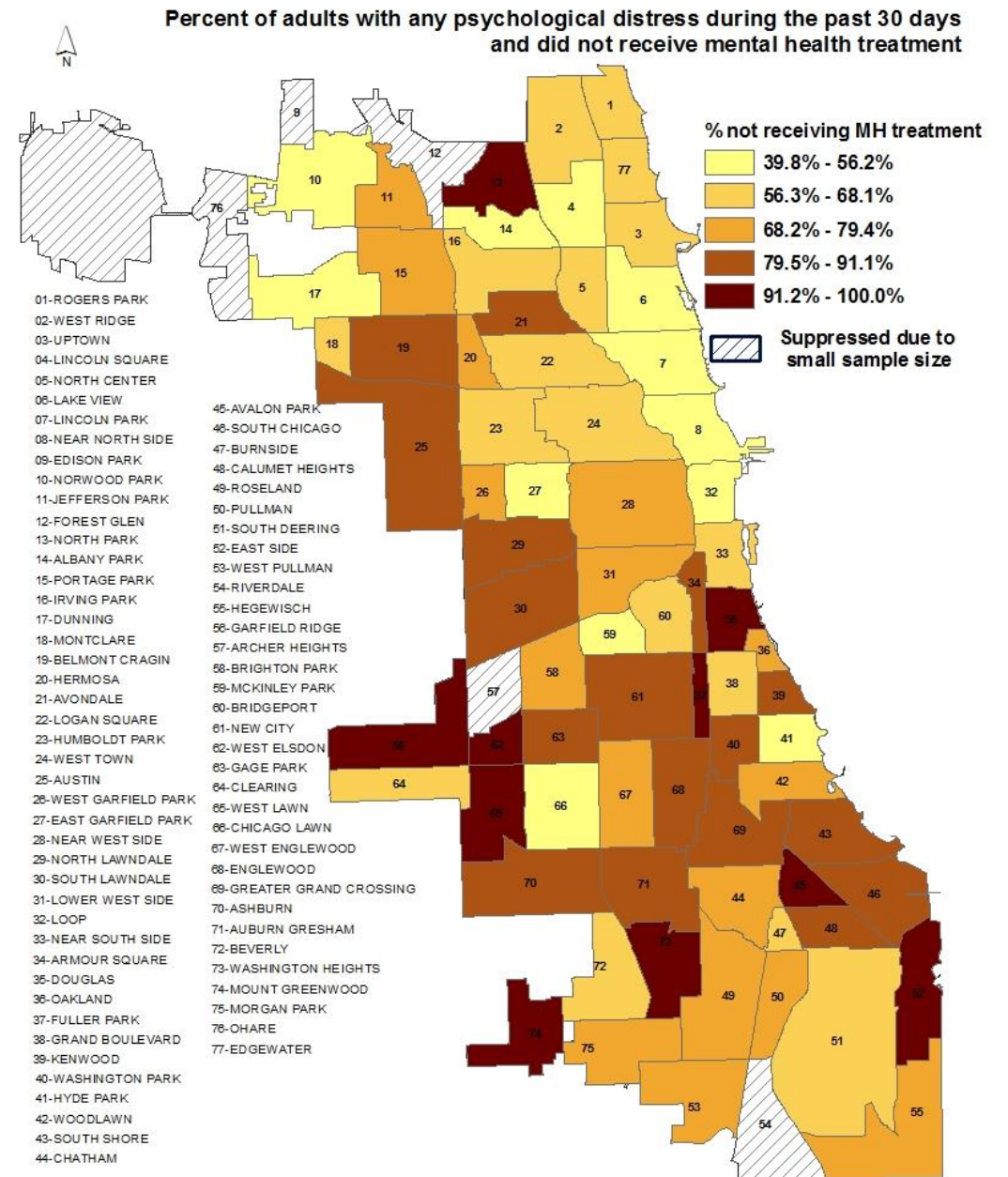
<b>Equity</b> <ul style="list-style-type: none"><li>• Prioritize populations and communities most in need</li></ul>	<b>Community Focus</b> <ul style="list-style-type: none"><li>• Leverage and expand efforts already underway in highest need communities</li><li>• Support community organizations that are deeply connected to the communities they serve</li></ul>
<b>Effectiveness</b> <ul style="list-style-type: none"><li>• High-quality, integrated, trauma-informed care</li><li>• Proven solutions, grounded in evidence</li></ul>	<b>The Right Role</b> <ul style="list-style-type: none"><li>• The City will coordinate players in a complex system</li><li>• Build capacity and provide data to serve all stakeholders and close gaps to enhance equity</li></ul>

# Framework Development Process

- Conducted over 50 key **stakeholder structured interviews** representing a demographically and geographically representative group of mental health providers, persons with lived experience, academics, healthcare administrators, community advocates, faith leaders, and government stakeholders.
- Reviewed **local mental health landscape scans** performed by the Chicago Department of Public Health, NAMI, and Collaborative for Community Wellness.
- Reviewed and incorporated portions of the mental health recommendations of the **Lightfoot Health and Human Services Transition Committee**.
- Reviewed and incorporated mental health-related recommendations stemming from the **Consent Decree**.
  - Preliminary focus areas: Coordinated response; Community engagement and awareness; Data collection and evaluation; Diversion and best practices
- Reviewed academic and **community-based research** about Chicago's mental health needs and followed up with in-person conversations with researchers.

# Goal 1: Strengthen Mental Health Safety Net

- We estimate that 9.8% of Chicago's adults—or 211,600 people are currently in mental health treatment in Chicago. **Last year, an estimated 178,000 adults in Chicago reported that they had mental health needs but did not get care.**
- In that same survey, **5% of Chicago adults reported serious psychological distress; 10% of the adults who lived in high hardship communities reported serious psychological distress.**
- **50% of residents reporting serious psychological distress were not receiving treatment.** This includes approximately 55,000 Chicagoans.

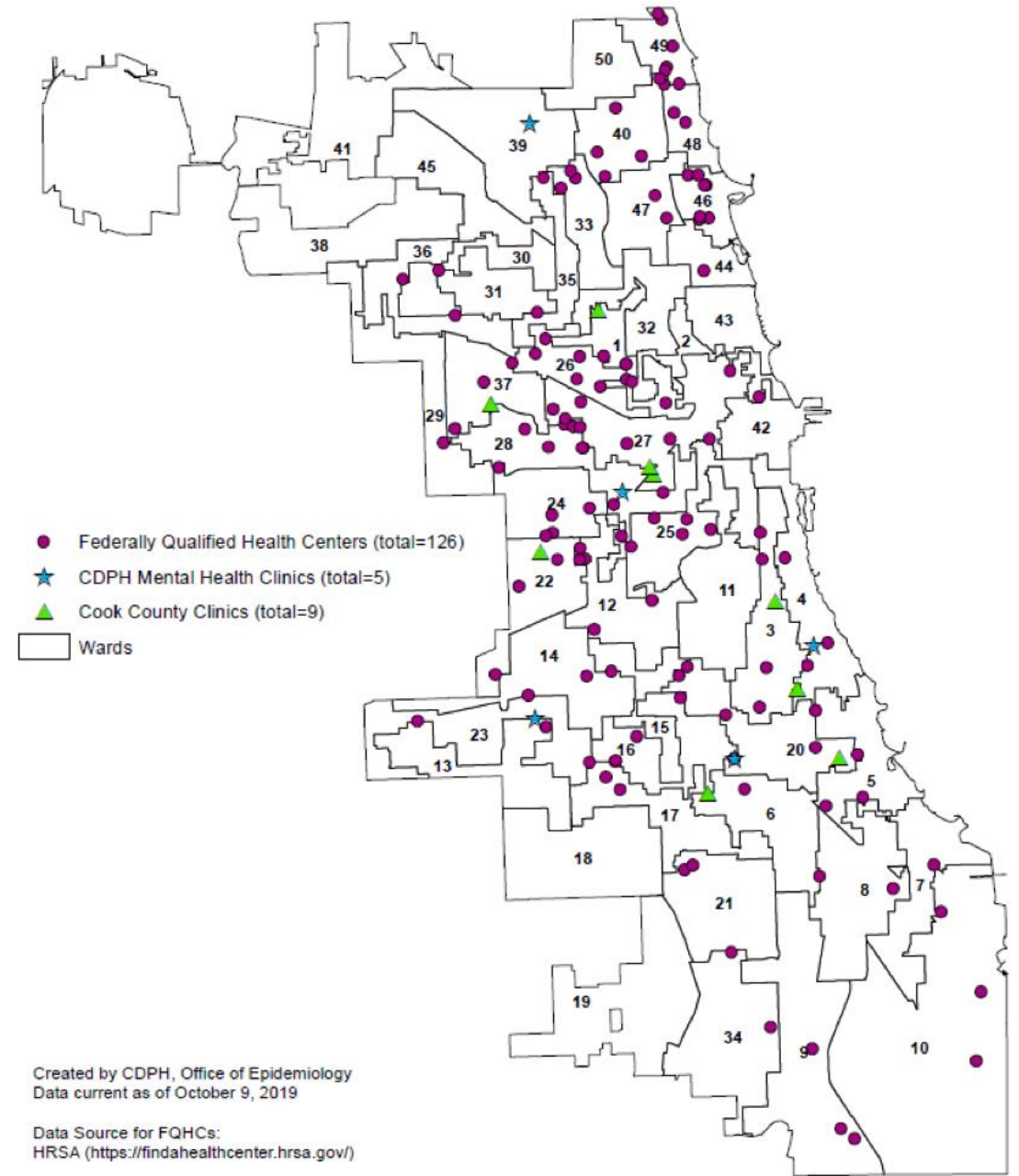


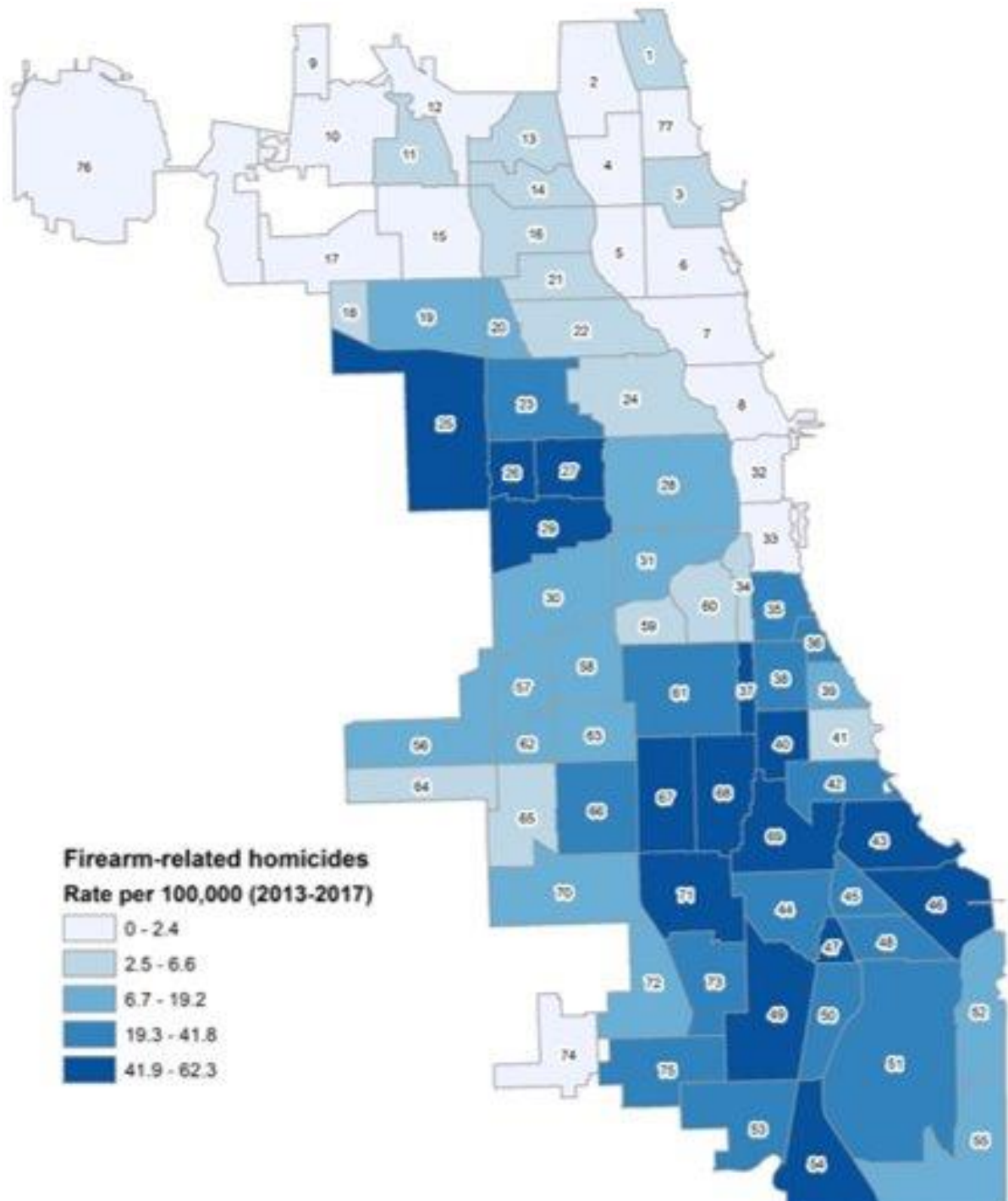
Psychological distress is calculated from Kessler-6 score

Source: Healthy Chicago Survey, 2016-2018  
Cut-offs based on Jenks Natural Breaks

## Goal 1 Investments: 5.4m to Expand and Strengthen the MH Safety Net

- Support and coordinate a network of 5 CDPH MH clinics and 15 FQHC (Federally Qualified Health Centers) and CMHC (Community Mental Health Centers) in high-priority community areas. At least five centers will offer specialized child/adolescent MH services.
- Focus on expansion of mental health services that are accessible to residents regardless of ability to pay or insurance status.
- Support integration of primary care and behavioral healthcare services.





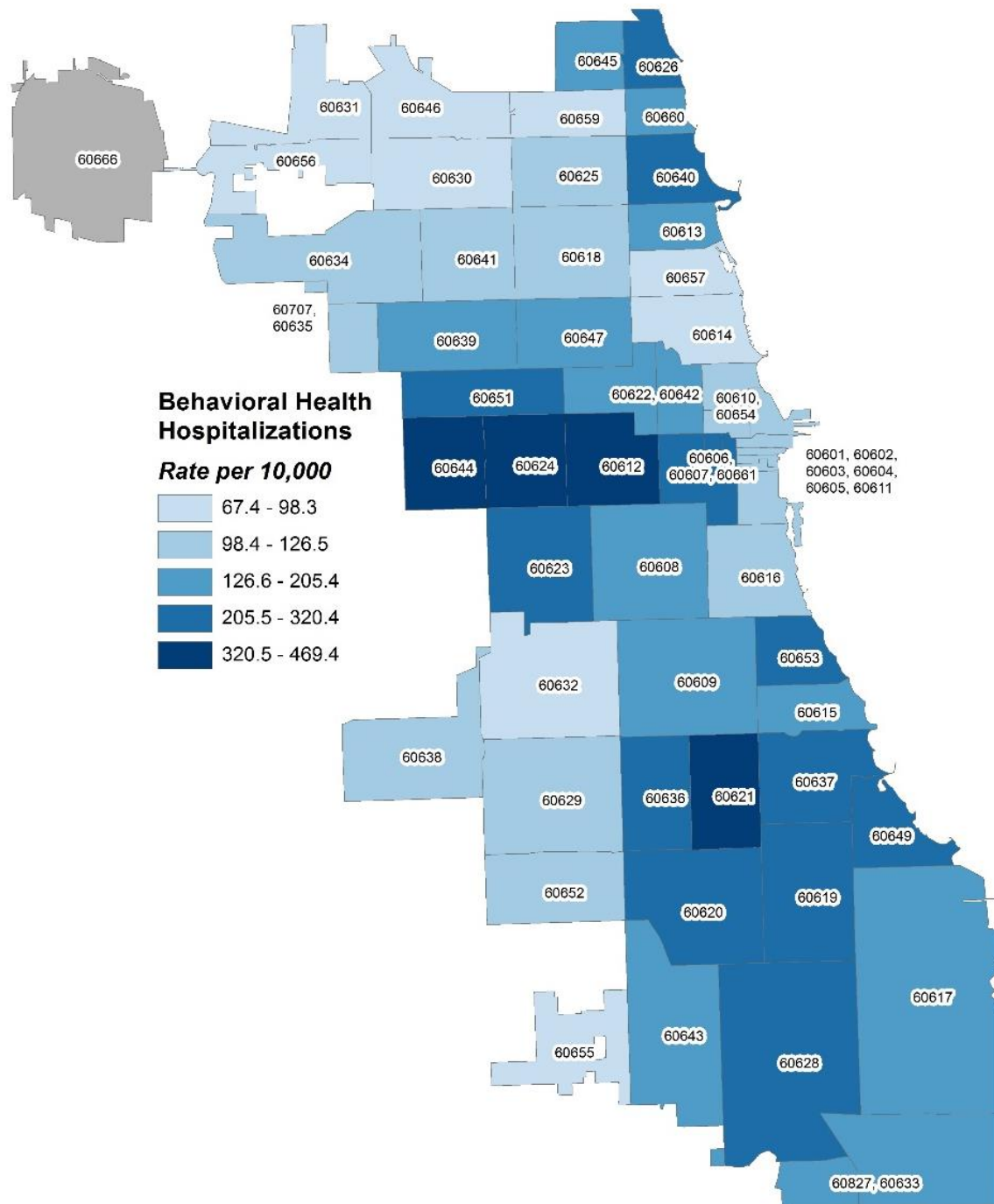
## Goal 2: Trauma-Informed Response to Violence Prevention

- Violent crime disproportionately affects residents living in high hardship communities. Homicides account for 2.2 years of the 8.8 year life expectancy gap between black and white Chicagoans.
- Chicago needs a rapid, coordinated, and Comprehensive trauma-informed response for victims, families, and communities impacted by shootings and homicides.
- Integrate victim support services such as trauma-informed response, MH first aid, and linkage to longer-term mental health supports into the street outreach/violence prevention infrastructure.

# Goal 2 Investments: 1.1m to Integrate MH Services into Violence Prevention

- Integrate victim services into street outreach or other violence prevention programming to ensure that trauma-informed victim support is explicitly offered and coordinated with traditional VP programming in communities highly impacted by violence.
- Work with all partners to further coordinate post-homicide mental health response across city.
- Fund community-focused trauma-informed training and community level social emotional learning in communities most impacted by violence.

## Goal 3: Mental Health Crisis Prevention and Response



- Over 60,000 people per year are hospitalized in Chicago for behavioral health related conditions (2017 data, left, by zip code). This is nearly twice as many persons as are hospitalized for heart disease.
- Highest hospitalization rates are in high hardship communities on Chicago's South and West sides.
- Hospitalizations can be traumatic for patients, overcrowd emergency departments, and require costly deployment of first responder services.



# Goal 3 Investments: 1.2m for Crisis Prevention and Response Services

- **Crisis Prevention Teams:** Fund community-based outreach or treatment teams to work with patients with complex MH needs to reduce the incidence of mental health hospitalizations and crises (ACT, CST, hybrid/emerging models) and improve quality of life for patients.
- **Crisis Response Services:** Enhance and improve coordination of mental health crisis response services (e.g. triage centers/stabilization units, psychiatric urgent care, mobile crisis response teams) to reduce utilization of emergency responder services, improve connection to community-based care that addresses underlying needs, and prevent future crises.
- **Improved coordination and data sharing to better serve patients with complex and co-occurring behavioral health conditions**

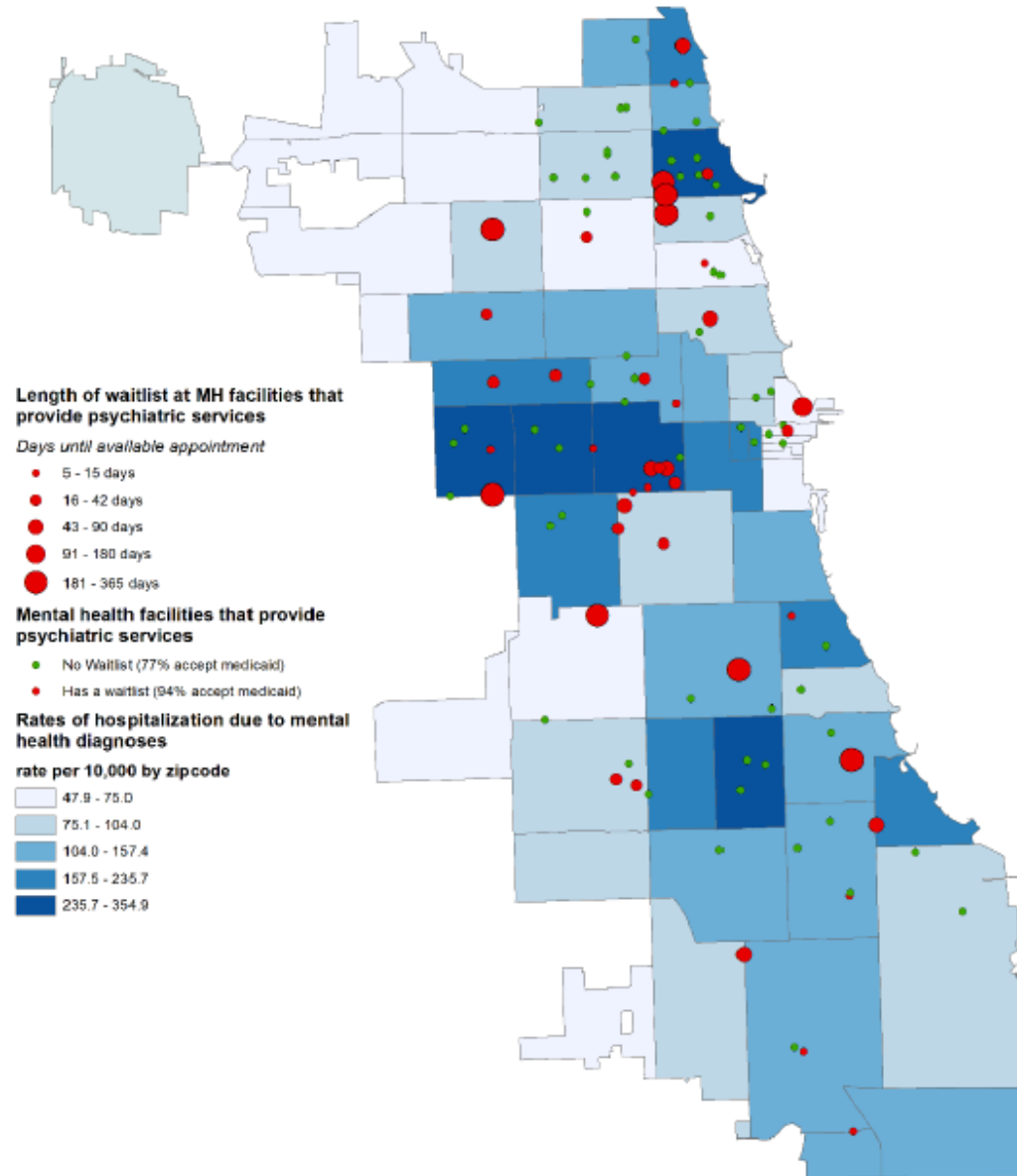
# Goal 4: Coordinate Safety-Net Mental Health System

An estimated 178,000 Chicago adults reported needing mental health resources in the previous year but not getting them.

## Why not?

- 37% said they couldn't afford services
- 35% said they didn't know where to find services
- 29% said they didn't think their insurance would cover their needs
- 21% cited the stigma of seeking care\*
- Only 2% cited waitlists or lack of services as a barrier. Our larger issue is that people do not know how to access available low- and no-cost MH care.
- Clinics self-report a wide range of psychiatry wait lists (data at right). Often a public clinic with a long wait for psychiatry may be located near clinics that self-report NO psychiatry waitlist. Without coordination there is limited awareness of available nearby resources.

Facilities providing psychiatric services by waitlist time and hospitalization rates due to mental health diagnoses



# Goal 4 Investments: 1.6m for Mental Health System Coordination

- **Stronger Data**

Partner with external evaluators to conduct assessments of the city's current "safety net" mental health system for children and adults, describing the current accessibility of a full continuum of mental health services across all Chicago neighborhoods.

Produce regular public reports on local mental health data to identify trends in mental health services, service utilization patterns, guide city planning.

- **Marketing/Education Campaigns**

Launch multi-tiered MH education campaigns that combat MH stigma, advertise local MH resources/assets, promote 311-Helpline, and provide effective public mental health messaging about child and adult MH.

- **311-MH Link (or 311+)**

CDPH piloted an initiative enabling 311 to link residents to a dedicated mental health helpline to find local services.

In time, build this capacity—longer hours of operation, more up-to-date service information for operators, and better communication to the public.

Designate mental health as the first social service to be available on 311+ data platform.