



# **TNT-Clinical Services Expansion Community Consult**



# Agenda

1. **Welcome & Introductions** [15 min]
2. **Review meeting norms** [5 min]
3. **Steps & Where are we today** [5 min]
4. **Investment Framework & Strategies** [10 min]
5. **Your Expertise Matters-Deeper Dig on MH Ecosystem** Discussion [40 min]
6. **Feedback & Next steps** [5 min]



# Introductions

- Your Name
- Your pronouns
- Organizational Affiliation(s)
- Share your expertise within the mental health ecosystem, whether lived or professional.





# 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 <b>suggested framework and roadmap</b> for the City to <u>expand mental health clinical services, non-police response for behavioral and mental health crises</u> , and <u>community awareness</u> of available mental health resources
Working Group Deliverable	A <b>report</b> delivered to the Mayor by <b>May 31, 2024</b> that includes: <ul style="list-style-type: none"> <li>• budget expansion;</li> <li>• capital and facility needs;</li> <li>• staffing, recruitment, and retention strategies;</li> <li>• community input;</li> <li>• state and federal legal and regulatory parameters;</li> <li>• and metrics to guide implementation and success.</li> </ul>
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

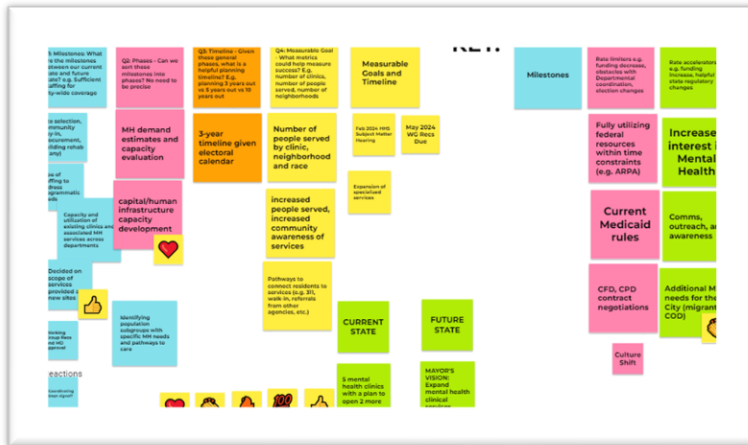
**MO Staff:** Allie Lichterman, MOCS

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

# We Sourced Scope & Milestones via Multiple Mediums



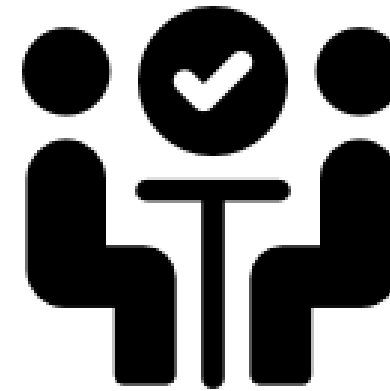
## Jamboard Exercise



## Community Consults

### Office Hours

Clinical Expansion Subgroup Office Hours  
Microsoft Teams Meeting  
Mariana Osoria



### Review Similar Projects

Space Holder for  
SS of CDPH PM  
Tool







# Values Clinical Expansion

<b>Values</b>	<b>Areas to dig into</b>
<b>Accessibility</b>	Transportation, hours, modality physical accessibility, cost, city department utilization
<b>Equity</b>	Staffing, culturally affirming, language access, locations, need
<b>Trauma Informed</b>	Warm touch by people in all aspects of service delivery, community led and designed, wrap around services, MH ecosystem
<b>Community Education</b>	Destigmatize MH care, peer to peer support, marketing, public education
<b>Reduction of Barriers (hiring)</b>	Hire from the community served, expedite hiring, understand the workforce and skills needed, engage with departments to support hiring
<b>Coordinated</b>	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.

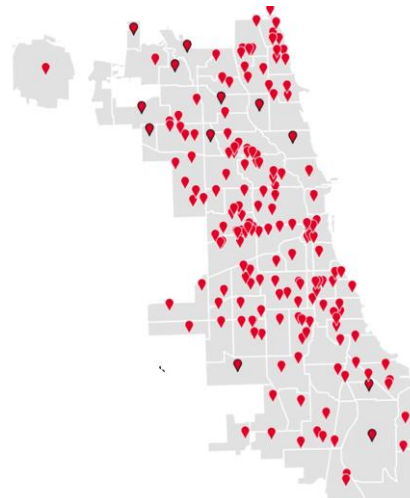
# ★ A Framework to Guide Public Investments in the Clinical Services Expansion

**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**



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



# Your Voice & Expertise

- [Jamboard-Youth](#)
- [Jamboard-MH Ecosystem](#)
- [Jamboard Value Community Education](#)



