TNT Working Group: Clinical Services Expansion Subgroup

Meeting 2: 1/9/2024

1/25/2024

Agenda

1. **Introductions & review meeting norms** [5 min]

2. **Timeline** of the Clinical Services Expansion Subgroup [5 min]

3. **Check in & Update from Last Meeting** [5 min]

4. **Deeper Dig on Scope**: Discussion [40 min]

5. **Feedback & Next steps:** action items and meeting dates [5 min]

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

- Any new additions since our last meeting?

Goals for this meeting

- Clarify where we are now.

- Determine what thought/thinking is still missing and where do we gather that?
  - Data
  - People
  - Challenges

- Expand and further define Clinical Services Expansion scope
  - Budget
  - Geography
  - Capital/Facilities
  - Staffing

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</u> **mental health clinical services,** **non-police response** <u>for behavioral and mental health crises</u>, and **community awareness** of available mental health resources
Working Group Deliverable	A **report** delivered to the Mayor by **May 31, 2024** that includes: • 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

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.

10 required community consults

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.

Clinic Expansion Subgroup [DRAFT] Timeline

CE Subgroup

December 2023
CE Subgroup Meeting 1
Clarity on subgroup role and scope recommendation for steering

January 9, 2024
CE Subgroup
Meeting 3
In Person
Dig in on barriers: TBD

February 13, 2024
CE Subgroup
Meeting 4
Dig in on barriers: TBD
*Likely with community

March 12, 2024
CE Subgroup
Meeting 5
In Person
Dig in on barriers: TBD
*Likely with community

April 9, 2024
CE Subgroup
Meeting 6
In person
Review outline for report

May 14, 2024
CE Subgroup
Meeting 7
In Person
Finalize report & celebration!

Outside the Subgroup

December 2023
Meeting with Coalition & Community Consults
Conversation re: scope of report

December 2023
Steering
Committee
Review, edit, and approve scope and goal recommendations for subgroups and working group

January 2024
Community
Meeting
Open to the public, run by MOCE

February 2024
Health
Committee
Hearing
Public hearing with a mid-reporting period update

March 2024
Community
Meeting
Open to the public, run by MOCE

*Collaborative for Community Wellness is organizing 6 listening sessions around the City – will provide dates/times as available

*Potential for an additional subgroup meeting in late February if needed

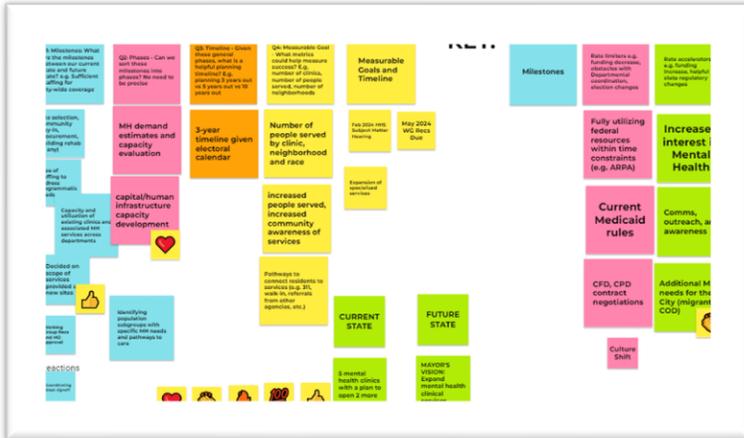# We Sourced Scope & Milestones via Multiple Mediums

Jamboard Exercise

Office Hours

Clinical Expansion Subgroup Office Hours
Microsoft Teams Meeting
Mariana Osoria

Community Consults
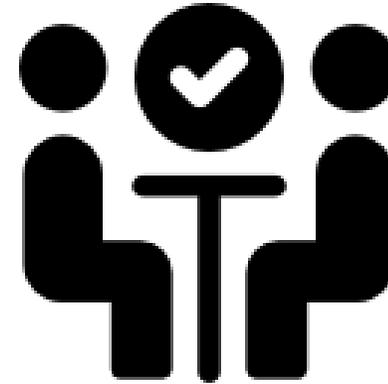
Review Similar Project Plans

Space Holder for SS of CDPH PM Tool

Values	Input from community consult session	Input from Clinical Services Expansion Subgroup
Accessibility	▪ Accessible via public transportation and provide transportation assistance. ▪ 24-hour services and in person and remote options ▪ Physically accessible ▪ No cost services	▪ Partner with city departments for sites (CPL, Parks, Aviation, DFSS, CPS) ▪ Parking access, public transport access (Ventra cards, other)
Equity	▪ Diverse staffing ▪ Culturally responsive outreach ▪ Multilingual ▪ Staff should reflect the community served ▪ Identify communities where services are least present and services were reduced	▪ Anti-racism ▪ Staff should reflect the community served ▪ Identify outpatient service deserts
Trauma Informed	▪ Warm touch by people, including greeters and phone response ▪ Community designed and led centers with wrap around services	▪ Engage in the MH Ecosystem ▪ Various levels of care-wellness focused
Community education	▪ Destigmatize MH care ▪ Peer to peer support	▪ Robust marketing ▪ Public education on mental health ▪ Engage with providers on how to communicate effectively
Reduction of Barriers (hiring)	▪ Hire from the community served ▪ Expedite hiring	▪ Engage in communication around workforce with providers. (e.g., burnout, skill set, competition) ▪ Reduce siloed systems that impact, hiring (and timeline), spending, procurement
Coordinated	▪ Coordination with non-police first responders ▪ Improve data systems and data understanding ▪ Coordinate with schools and youth services ▪ Coordinate with community care workers	▪ Non-police responding agencies ▪ How to integrate when police must be involved ▪ Reduce siloes by coordinating with city departments as well as mental health ecosystem ▪ Improve internal processes to support program delivery

Values

Metrics for Success

Goal	Input from community consults session	Input from Clinical Services Subgroup
Open two additional clinics and plan for expansion beyond 2024	▪ Determine current scope and use ▪ Develop 24-hour triage center ▪ Establish substance abuse treatment (sobering centers) ▪ Utilize evidence and data	▪ Begin site selection, engagement of community and other city processes (procurement, AIS, other) ▪ Determine scope of services provision at new sites.

Secure staffing
  ○ Create positions for staffing needs
  ○ Identify procedures for expedited hiring where possible
	▪ Identify procedures to hire from the community, people with lived experience and non-clinical staff.
	▪ Capacity should mirror patient need.
	▪ Create positions to support community care (peer support/health promotors/violence interrupters)
	▪ Ensure bilingual and bicultural
		▪ Identify staffing skill set, credentials, exp, etc.
		▪ Identify procedures and barriers to hiring

Increase the number of people served	▪ Ensure staffing meets need ▪ Ensure that there are pathways to connecting people to service. ▪ Measure return users	▪ Determine current capacity of clinics ▪ Determine population subgroups and MH needs ▪ By clinic ▪ By community area ▪ By racial/ethnic categories ▪ Other status (new arrivals)
Develop a robust marketing and outreach plan	▪ Outreach is key-ensure sufficient budget and culturally affirming ▪ Be creative	▪ Identify pathways to connect residents to services

Draft Scope [*pending steering committee approval*]

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 promotors, and the utilization of varying modalities**. This report provides a vision for increased city-wide clinical services and community engagement so city residents understand and can utilize the resources available.

Preliminary Timeline (current-2027)*

3-year timeline selected, given electoral calendar

Fields Specified by TNT Ordinance

|	Q1 (Jan-Mar)	Q2 (Apr-Jun)
Define Scope	Determine type of services offered + populations most in need	
Budget + Revenue Sources	Gain clarification from OBM if ARPA positions can be extended to '26	Draft budget to OBM Explore funding from fed, state, and Medicaid reimbursement
Geographic Expansion	Site review for 2 clinics in 2024	Analysis + recommendations for 3 remaining sites
Capital + Facility Needs	Index types of expenses at existing clinics	Assess site upgrades/rehab needed
Staffing, Recruitment + Retention	Determine type of staff needed for new sites Gain clearance to utilize Agile platform	Devise marketing strategy Secure 2nd recruiter from DHR Develop professional trajectory plan
Community Input	CCW Listening sessions, invite to subgroup	Mutual Reporting
Policy Compliance	Conduct scan of existing + potential '24 policy	Monitor policy in pipeline + scope-in as needed
Metrics to Guide Implementation	Create metrics that guide TNT program development	

Deepening Discussion:
Digging into Parameters & Scope

Parameters set by the Mayor and City Council
- *Focused on increased access to and community awareness of clinical services*
- *Reduce barriers to access*
- *Building towards city-wide*
- *Report includes budget, capital and facility needs, staffing, metrics for success*
- *Takes into account community input and regulatory parameters*

Jamboard
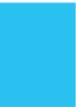
Feedback: What do YOU need to contribute to this group and ensure we are a success?

Jamboard

- What elements of this meeting did you find helpful?
- What elements of this meeting could have been improved and how?
- What tools/resources/information do you need to best contribute to this subgroup?

- Open office hours
  - Thursday 2/8
  - 10:00-11:30 AM

★ Next Steps

- Continue to collect and synthesize scope recommendations from alternate response subgroup and community consults

- Sharing all feedback with steering committee (Ald. Rossana Rodriguez-Sanchez, DM Jen Johnson, DM Garien Gatewood, Deputy Budget Director Jacob Nudelman

- **Next Clinical Subgroup Meeting: Tuesday 2/13/2024**
  - **Engage Community Consults in February or March**
  - **Calendar invites have been sent**