

Roadmap to wellness

Reframing the **mental health** conversation for Chicago.

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Executive Summary

Mental Health. While it stands on its own as an issue, it is deeply infused in other key issues our city leaders are facing—housing, violence, education, health care and more. We are encouraged by the important steps our city has taken around mental health and trauma support, but if we want to really advance change, we have to think bigger.

This roadmap to wellness is designed to support you—our incoming leaders and policy makers—with key insights and actionable recommendations for change.

Today, we are a city in crisis. Children, adults, and older adults are living with untreated mental health and substance use conditions and do not have access to treatment they need. Chicago has turned into a large waiting room, where the buck has been passed so frequently, it is hard to tell who is going to “own this problem.”

We have wonderful providers in Chicago doing excellent work. But they do not have the capacity to respond to the growing needs of people who require mental health supports to live a life in recovery. And recovery is more than medical services like therapy and medication; it means a home, purpose, and a supportive community, too.

Leadership in the City of Chicago has a huge role to play in prioritizing mental health for all people who live and work here. And now is the time to make a commitment to bettering our city and healing our community. It starts with strong leadership establishing an open dialogue with providers, patients and people setting clear roles and expectations of the players in our mental health system and being transparent around mental health funding. And it requires the city to play its best role: coordinator and funder of services.

This document explores the concrete ways new city leadership can advance a vision of a strong mental health system. The details are important and our city is filled with experts who have tirelessly worked in this system for decades. We look forward to sharing our vision with you—and helping to achieve this in the days, weeks, and months ahead.

Recommendations Snapshot:

- Demonstrate commitment to improving the mental health system by funding a swell of staff in the Chicago Department of Public Health and the Mayor’s Office with expertise in the behavioral health system and community engagement.
- Invest in efforts to expand co-located primary care and mental health services.
- Invest in public employees experiencing high levels of stress by bolstering the city Employee Assistance Program and negotiating with health insurers.
- Educate first responders and other front-line staff within the city about programs that help divert children from system involvement.
- Equip City Colleges to support students experiencing homelessness through training and coordinating resources.
- Increase investment to expand syringe exchange services and naloxone distribution directly to individuals who use drugs.
- Invest in community and home-based programs aimed at older adults.

Roadmap to wellness: Let's get started.

Mental health is an issue deeply infused in other key issues our city leaders are facing—housing, urban development, employment, violence, education, human rights, health care and more.

In the last few years, the conversation about mental health has shifted. And we are so encouraged. Chicago has discussed at length the importance of mental health and trauma support, advanced training, and stigma reduction for mental health. These are important steps, but if we want to really advance change, we have to think bigger.

This roadmap to wellness is designed to support you—our incoming leaders and policy makers—with key insights and actionable recommendations for change.

How do we define mental health?

The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Achieving an optimum state of mental health is something we all want—for ourselves, our family and our community. To achieve this, we need to reframe how we prioritize mental health.

We must work together to make sure that mental health care is seen as primary health care. Our mental wellness impacts every aspect of our lives and is influenced by every relationship, environment and role we play.

Where we are: A city in crisis

Chicago's mental health system severely lacks the capacity to meet the mental health needs in our city. There is a crisis-level shortage of mental health professionals¹, a significant shortage of inpatient psychiatric beds, and a famine of funding² for community services.

According to City of Chicago estimates, a mere 50% of adults experiencing severe psychological distress received any form of treatment in 2017.³ Ten percent of Illinois' adults experience severe psychological distress.⁴ These abysmal rates of treatment are symptoms of larger issues in our mental health system.

1 <http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFind.aspx>

2 <https://namichicago.org/wp-content/uploads/2018/01/NAMIWhitePaperNAMIChicagoMay2015.pdf>

3 <https://www.chicagohealthatlas.org/indicators/behavioral-health-treatment>

4 <https://healthpolicy.usc.edu/wp-content/uploads/2018/07/IL-Facts-and-Figures.pdf>

The emergency response system has become a main entrance to mental health care for many Chicagoans.

Due to the system's lack of capacity, people experiencing symptoms of serious mental illness are often forced to rely on 911 emergency responders, hospital emergency departments, and the criminal justice system—just to get access to care. This is not only traumatizing for those who need help—it's completely ineffective and exceedingly expensive.

Police officers are not mental health professionals. And using jails as mental health facilities only further stigmatizes, criminalizes and marginalizes those who need help.

Chicago needs leadership that is ready to make transformative changes in our mental health system.

National Alliance on Mental Illness (NAMI) Chicago and other mental health leaders created this roadmap to wellness to lay out our vision for a vibrant, well city. We can get there, but it will take commitment and work, and we are here to help.

It's time to stand up and say that the days of "passing the buck" are over. Today, it's time for a change—it's time for brave and decisive leadership on this issue.

We must strive to create a healthy community, instead of treating a sick community. We must abandon the tired medical-based model that's rooted in illness, in favor of one that focuses on wellness throughout our lifetime. The following pages are designed to help us chart a course to get there.

Where we can go together

As a leader in this amazing city, there are concrete steps you can take to address our mental health system challenges. Demonstrate your commitment to real, sustainable mental health improvements by:

Funding a swell of staff so desperately needed.

Adding expert stakeholders in behavioral health and community engagement to the Chicago Department of Public Health and the Mayor's Office would make a tremendous difference. The right knowledge and voices in leadership can:

- **Establish open dialogue with the community about mental health.**

This is critical for setting expectations around the roles of city government, providers, patients and other stakeholders in the mental health system. Launching discussions about how to work collaboratively and strategically to fund gaps in the system—through public and private sources—will strengthen the system.

- **Contribute to the development and implementation of innovative solutions.**

The programs, services and shifts in perspective that we outline throughout this roadmap need champions. And it has to start at the top.

Actively working to regain trust in the community.

To say our city's mental health system challenges are significant is a tremendous understatement. Trust needs to be rebuilt between the community and our leadership—it's the only way we can move forward. By aligning with partners in mental health, you can gain a more complete understanding of the system and:

- **Show that mental health is a priority in all areas of city government.**

Consider that there is currently just a single clinical therapist on staff in the city's Department of Human Resources, serving as support for the Employee Assistance Program (EAP). That speaks volumes. Many opportunities like this exist, outside of funding clinical services, to prioritize mental health.

- **Provide transparency in the city's budget related to mental health funding.**

Mental health services are integrated across city agencies, so a comprehensive understanding around funding of related activities is needed to gauge the impact of programs and potential cost-savings based on prioritized investments.

Expanding capacity: What does that look like?

There are so many incredible providers across the city of Chicago already doing amazing work. There's no shortage of passion. They just don't have enough resources, people and support to adequately address the need. You can help change that.

- **Invest in the helpers.**

It's not lost on us that many public employees responsible for recommendations in this roadmap may also be experiencing high levels of stress, fatigue, and trauma. It is imperative that supports are in place for city workers who are responsible for bolstering the wellbeing of the community. Teachers, first responders, and many others are the foundation for the safety net in Chicago. Their needs must not be ignored.

For example, employees at the Chicago Transit Authority (CTA) often interface with individuals living with mental health or substance use challenges, some of whom are symptomatic and some are not. With high rates of suicide by train occurring at CTA stations, we must make sure these employees have access to long-term processing and mental health support. **To do so, the city must:**

- Ensure employees have access to services they need through health insurance that adequately covers mental health and substance use treatment.

- Significantly enhance support services offered to public employees through Employee Assistance Programs by ensuring they are adequately staffed, trained, and have the resources to support the workforce.
- Develop a comprehensive plan for addressing the mental health needs of city employees that includes linkage to resources and support, postvention planning, and ongoing evaluation.

- **Fill gaps in the mental health workforce.**

There is a very real psychiatrist shortage in Illinois and throughout the country. We must maximize the entire mental health professional field to meet the city's growing needs. One of the challenges in the use of telehealth is that technology can be expensive and is often not reimbursed for development. While the city does not control reimbursement for telehealth, it can invest in technology that supports providers using telepsych and provide start-up funding to help expand its use in Chicago.

- **Incorporate diverse voices and needs in developing mental health services and programs.**

Across Chicago there are neighborhoods that bring different strengths and have different needs. Our system's response for addressing mental health needs must take into account the unique opportunities and challenges that exist in various communities.

City leaders and agencies should support planning and implementation efforts that center on understanding an individual's community and how that plays into their mental health treatment. It is incumbent upon city leaders to bring in the voices of residents to support a culture of understanding. The community can help shape new initiatives and support what 'onboarding' should look like for individuals serving these communities.

- **Invest in data integration for city case management services.**

Many individuals and families in Chicago touch multiple systems of treatment and support. It is often difficult to assess needs without a full picture of programs they may be eligible for or are already engaged. Integrated data sharing among city agencies would promote effective use of resources and allow for streamlined case management.

- **Expand efforts to co-locate primary care and mental health services.**

The city has done a great job exploring and investing in co-location, in which mental health services are provided in the *same space as primary care services*. We need significantly more investment and opportunities for prescribers to have face time with those that need mental health support and medication.

- **Fund the start-up of peer support programs within schools, provider agencies and community organizations.**

For decades, peer support models have been used across the country in mental health and substance use treatment to promote recovery. Peers self-identify with individuals they are working with, and through that perspective can provide empathy and support in a non-judgmental way.

Utilizing peer support has been shown to lower the cost of mental health services through reductions in hospitalization rates and inpatient stays. Quality of life is improved, engagement of services increases, and self-management becomes more regulated.⁵ The city can invest in funding the launch of peer support programs as well as in training peers who speak languages other than English to enhance accessibility to these and other mental health services.

- **Increase access to mental health services by prioritizing capacity building along public transportation routes and investing in community agencies that are multilingual.**

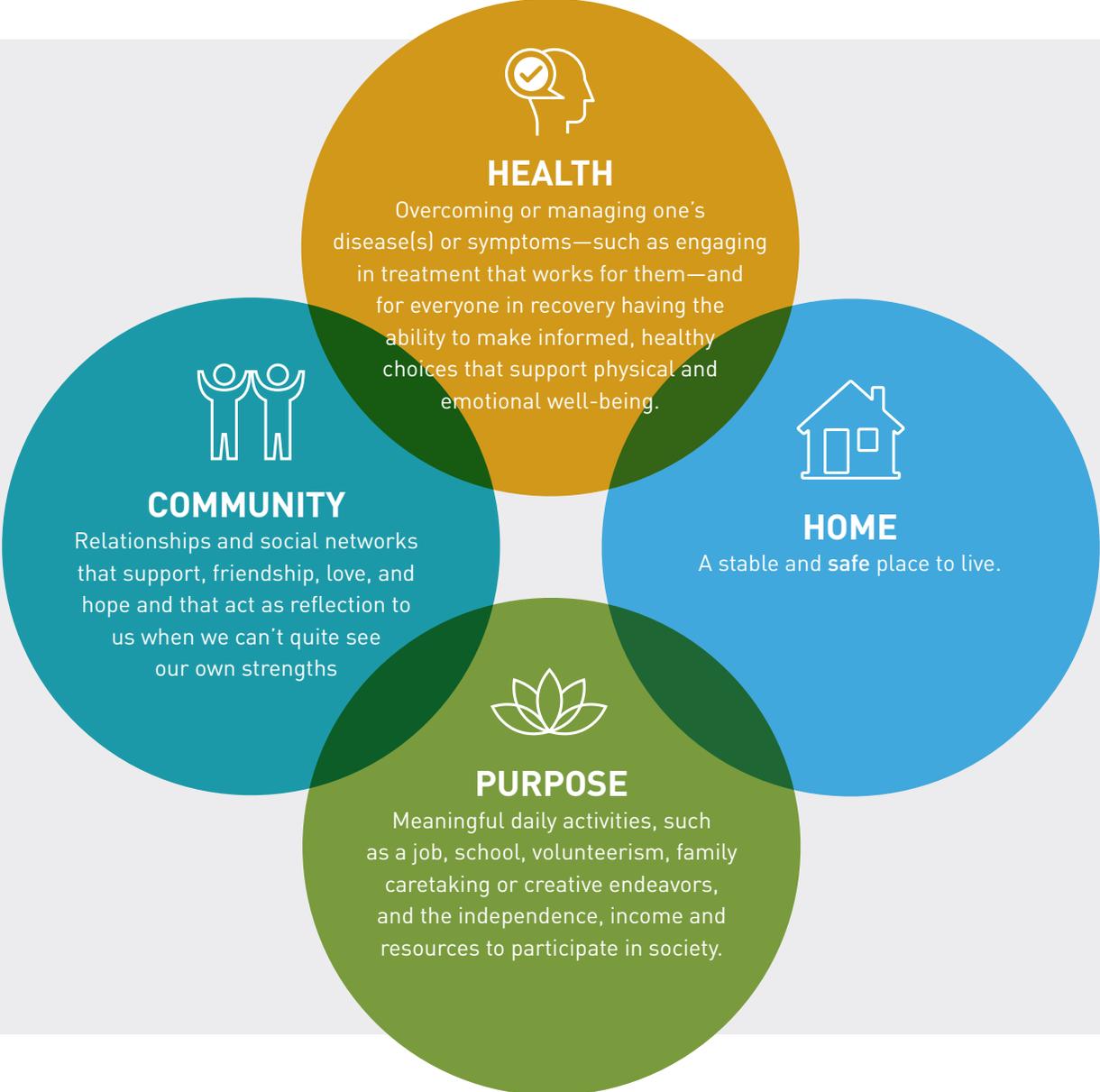
Two common challenges to accessing mental health services are transportation and language access. The city can assist in addressing these issues by prioritizing gap funding for capacity to agencies accessible by public transportation and by funding multilingual agencies or funding interpretation services within community-based mental health agencies.

- **Fund training for social service staff on mental health resources and trauma-informed practices.**

Many social service staff, such as shelter and housing providers, have minimal resources to train their staff on mental health, psychosocial activities, or trauma-informed practice, although they are working with highly vulnerable populations.

⁵ Mental Health America. (2018). Evidence for Peer Support. Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

What are the foundations of mental wellness?



Based on the Substance Abuse and Mental Health Services Administration working definition of recovery.

Innovation across the lifespan

The following pages provide a brief overview of various life stages, along with suggested action items and innovations that are possible for our city. While the continuum of care doesn't stop and start as we age, it's important to consider all Chicagoans and the special factors that impact wellness from childhood through our senior years.



Mental wellness for children

Fifty percent of all mental illness begins by age 14 and a significant portion of urban students may be experiencing or exposed to trauma, which can be followed by mental health conditions. Programs and providers working with children must be culturally aware and sensitive to the unique needs of children. A cookie-cutter approach simply won't cut it when it comes to mental health services.

What does mental wellness look like for children?

As children, some of us have more protective factors such as a strong community network and access to resources. Some of us are naturally more resourceful and resilient. Others of us are provided less of these things. Regardless of natural state or status, one of the most critical things is building relationship between caring adults and kids to help them develop positive internal capacities such as empathy and self-regulation, while helping them develop strategies to work through feelings of depression, anxiety and stress at all points in their lives.

Children are more likely to be mentally healthy when they experience life in relation to people who care about them and provide for their needs. Especially in the early years, family and parents serve as the crucial context for early development. Child mirror what they see and hear. They have real feelings and need the support of their parents to feel safe, nurtured and encouraged. Parents can support their children's mental health by taking their concerns seriously, by sharing the joy of play and by modeling self-regulation, self-respect and self-compassion tossed with liberal doses of love and caring boundaries.

What does mental health leadership look like for Chicago children?



Provide funding for school-based assessments for implementing social emotional learning and trauma-informed models.

This is an opportunity to envision schools as communities for academic and social emotional development. Schools are often the first and the most important non-familial context for development, an introduction to more formal learning and to social experiences with peers and adults outside the family. We must move beyond the social emotional learning curriculum to advocate for more holistic, trauma-informed instruction. Each school is unique in its needs. And developing a funded assessment and planning process would allow schools to consider their most pressing challenges.

Fund gaps in resources for assessment and services based on mandatory mental health screenings.

Mental health screenings are law in Illinois, but we must back up screenings by building resources, such as formal assessments, testing, and services, that are required when there is indication of a mental health condition for a child.

Develop and fund crisis response teams.

Coordinated planning is needed for response to traumatic events that impact students across the city. Using a crisis planning process, certified annually by CPS, each school in the district would identify on-ground support that can mobilize quickly after a traumatic event. Specifically, a team of teachers, staff and administrators within a school form designated crisis teams. These teams can be trained in psychological first aid and can assist with intervention and postvention protocol that will support the entire community. Additionally, these teams should be flexible enough to address issues before they become a crisis—such as changes in school or community environment that might be impacting student mental health.



Expand the Students in Transitional Living Situations (STLS) program in Chicago schools.

In 2016, Chicago Coalition for the Homeless estimated that there were 8,860 families with children experiencing homelessness in Chicago representing over 35,000 people. Homelessness impacts children and youth uniquely, with adverse effects including hunger, poor physical and mental health, and missed educational opportunities.

The American Psychological Association reports that half of school age children experiencing homelessness have problems with depression and anxiety and one in five preschoolers experiencing homelessness have emotional problems that require professional care.⁶ Schools can be a great first line of defense in identifying and addressing homelessness in families, but school professionals often don't understand the housing system and are overwhelmed by the challenge. The STLS program currently requires every school to have one designated STLS liaison, but these liaisons need more training, and are often overburdened with other roles they play in the school. Internal resources at the District level, such as a helpline or specialized assistance for families having difficulties with housing, are necessary to support this program.

Continue to invest in housing placements designated for families, paired with supportive services that support the entire family, not just heads of household.

Programs such as the Housing Homeless Families program, which created 100 new permanent supportive housing placements designated specifically for families, including support services to help kids succeed, should be strengthened.⁷

⁶ <https://www.apa.org/pi/families/poverty.aspx>

⁷ https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2017/april/Housing100_HomelessFamilies.html



PURPOSE

Enhance after-school programs and other programs that enhance children’s sense of engagement in the school or community.

Having a sense of purpose gives children the ability to deal with everyday stress, but it also gives them the ability to engage in a meaningful life. One that allows them to pay attention at school and be free from stressors and distractions.

Develop a city-wide vision for implementing an equity lens around student achievement.

Educators and city leaders must incorporate a growing body of research about the links between the sensitive issues of race, ethnicity and culture and the broader issues of equity, social justice and diversity in our community and nation. This means we must carefully examine existing assumptions about root causes of underachievement of students from low-income and racially or ethnically diverse backgrounds and work to develop more strengths-based approaches that help children fulfill their potential.



COMMUNITY

Equip educators before and during their time in the classroom through mental health training requirements.

Unmet needs do not simply go away on their own, making it essential for students and teachers who are experiencing the effects of trauma and mental illness to be equipped with the tools they need to be successful.

Schools within Chicago must develop practices that match teachers' expectation with children's actual capabilities to help students grow and prosper.

When we look at a child, we often expect him or her to behave in a way that is considered "appropriate" for their age. It's important to understand, however, that children develop differently: their intellectual capacity might be ahead of their grade or age while the same child's social emotional capacities might be behind that of their peers. For example, a teacher being able to understand that their high-school-aged student is functioning at an elementary age emotional level will allow them to tailor intervention for that student. Our teachers need help understanding and responding to the developmental abilities and needs of individual children.

Incentivize schools and school districts to prioritize relationships.

By partnering with community-based organizations, schools within Chicago can bring counseling resources to schools, which include trauma-informed perspectives, coaching, training and support for teachers. Using an outside provider can help ensure the clinical staff remains focused on providing mental health services to students, as well as build trust with families who may be reluctant to disclose family matters to school administrators.

Educate first responders and other front-line staff within the city about programs that help divert youth from system involvement.

Teachers, law enforcement, and other first responders must better understand the programs already available to youth, such as the Comprehensive Community Based Youth Services (CCBYS) program. CCBYS providers utilize crisis stabilization and intervention services to increase family reunification, preserve and stabilize families, and to divert or minimize involvement in the child welfare and/or juvenile justice systems.

PROGRAMS GETTING IT RIGHT

NYC Crisis Team

New York City's Department of Education is an excellent example of Crisis Response and Recovery Protocols for schools. Each school is responsible for establishing a clear vision regarding crisis response within the school community. They designate and train crisis intervention team members as to their roles in setting distinct procedures, expectations, parent support mechanisms, evaluations of crisis response plans, and plan for a school-wide professional development plan. The Crisis Team leader calls meetings, oversees team functions, and coordinates resources, evaluations and staff support. The rest of the Crisis Intervention Team is made up of a Staff Notification Coordinator, Communication Coordinator, Media Coordinator, Crowd Management Coordinator, Parent Coordinator and Counseling Coordinator. Working together, they support each school in the district in establishing an effective Crisis Intervention Plan, and ensure that each school's plan is shared with the entire school community. A tool known as the crisis response checklist has been extremely effective. It starts with confirming facts about the crisis and ends with ends with caring for the Crisis Team itself.

Some questions to consider when coming up with your own Crisis Intervention Plan:

- How many team members should be called in?
- Who is in control?
- Are we building capacity in our school communities?
- Is there a school plan for funeral services? (Consider the number of staff attending/ school coverage/age of students and parents wishes)
- Are the children's voices being heard?
- How is the school community being brought back to normalcy?

PROGRAMS GETTING IT RIGHT

Connect to Kindergarten (C2K)

Positive relationships between children and their kindergarten teachers are predictors of social, emotional and academic success throughout elementary school. C2K is a strengths-based program that helps children make successful transitions to kindergarten and to enhance their long-term outcomes through a combination of consultation and training to kindergarten teachers, social-emotional classroom lessons for students, and support and guidance to families. C2K is run by the Juvenile Protection Agency (JPA) in Chicago.

- C2K currently operates in 10 schools on the south and west sides of Chicago impacting the lives of more than 1,400 students.
- Staffed by licensed mental health professionals who meet weekly with teachers to help them enhance their understanding of the social and emotional needs of all the students in their classroom.
- Specialized C2K Child Support Plans are created to address the needs of children with significant emotional and behavioral problems and help them improve their well-being.
- C2K parent groups promote healthy parent-child relationships and opportunities for parents to connect with one another and to engage in the school community.

Mental wellness in young adulthood

Mental health conditions such as depression or anxiety affect over 2.5 million people across Illinois, including more than 850,000 children and young adults under the age of 25. These conditions are more common than breast cancer or diabetes. Because 75% of mental health conditions manifest before the age of 24, treatment specifically designed for youth and young adults can have an incredible impact.

What does mental health leadership look like for Chicago's young adults?

Young people experience mental health conditions in some significantly different ways than older adults. It's critical that we stop treating them the same.



Invest in start-up funding for specialized treatment that is designed to meet the person where they are.

The city and its young people can benefit by creating culturally appropriate care and team-based treatment models designed for adolescents and young adults with mental health needs. For example, many providers have developed First Episode Psychosis programs throughout Chicago that utilize the evidence-based model called Coordinated Specialty Care to support young people after a first experience with psychosis. However, specialized treatment focused specifically on youth must grow from addressing psychosis to addressing many other mental health conditions. The city can invest in broadening these treatment models, not currently covered by insurance, and coordinating service availability across the city.

 **HOME**

Continue to invest in drop-in centers and overnight shelters for youth experiencing homelessness at the same or increased levels.

A 2014 study of youth experiencing homelessness age 18-24 demonstrated that the likelihood of this group having at least one psychiatric disorder may be up to 4 times the national prevalence for youth of the same age group.⁸ It's crucial to have housing placements available that are designed for youth specifically. Youth are developmentally different than older adults, have different social structures, qualify for different support services and often have different reasons for homelessness. Drop-in centers and overnight shelters provide an important safety-net for this population.

Increase investment in longer-term housing placements for young people and support services.

Currently the beds designated for youth in transitional housing, interim and permanent supportive housing are just not sufficient. There is also minimal funding available for mental health and substance use treatment in the current youth shelters and housing placements. These services need to be brought into shelters and into housing placements so young people can access services in a place that feels safe to them, with trusted staff.

Equip City Colleges to support students experiencing homelessness through training and coordinating resources.

City Colleges see an incredible number of students experiencing homelessness, and the wellness center of each school should be better equipped to support students with housing challenges. Training of City College support staff in understanding the housing system and resources available to support students would help assist in better coordination.

⁸ <http://s6624.pcdn.co/wp-content/uploads/2018/07/2018-Fact-Sheet.pdf>



PURPOSE

Expand funding for essential services not covered under typical billing practices such as mentors, job placement and coaching, and recreational and social opportunities.

Health can be impacted by a multitude of factors, including economic and social conditions. Addressing these and other social determinants of health can prevent or mitigate chronic health conditions such as mental illnesses, reducing health spending by up to 34%, based on one estimate. The city has recognized the role social determinants play in the health of our communities and can expand funding for programs that help address this issue.



COMMUNITY

Continue to engage in diversion efforts and identify opportunities to expand triage centers and living room models.

A jail cell is never a good alternative to treatment, yet thousands of people with untreated mental health conditions are in jails and prisons across Illinois, costing taxpayers an estimated \$901 million per year.

Additionally, young people living with mental health conditions who enter the jail and prison systems end up with symptoms that worsen and are associated with worse mental health outcomes in adulthood, along with an increased risk for suicide. There are many diversion efforts going on in the city and county to date, and the city can continue to elevate their role in these discussions. The city has also invested in the triage center model—as an alternative to arrest of individuals experiencing mental health emergencies—and can expand on the model by investing in this resource in other communities.

PROGRAMS GETTING IT RIGHT

Coordinated Specialized Care

Evidence-based models for early intervention with youth experiencing a first episode of psychosis follow an approach called Coordinated Specialty Care (CSC). Many providers in Chicago are currently utilizing this model for psychosis. This recovery-oriented approach focuses on collaboration between the provider team and patient and includes multiple components:

- Individual psychotherapy
- Family education and support
- Case management
- Supported employment and education
- Medication
- Community outreach, engagement, and education

More information on this model is available at:

www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml

Mental wellness throughout adulthood

A comprehensive mental health system for adults must include the ability to coordinate services in a smooth manner and refer individuals to specialists throughout the health system. Mental health care must be more robust and accessible in each community and include access to outreach and support services for individuals with acute and complex conditions.

What does mental health leadership look like for Chicago adults?



Fund mental health treatment providers providing safety-net service to fill gaps in access to care.

Mental health emergencies can be avoided in a majority of cases with access to proactive and preventative care, but appropriate treatment is often out of reach. Insurance coverage may limit access to treatment and providers may be unavailable or out of reach. When people do not have insurance coverage, they often find themselves seeking outpatient treatment in a safety net option. Supporting affordable community-based treatment must be a priority and will involve investment across a wide array of treatment providers. The city must encourage state law and policy-makers to increase Medicaid and other necessary state investments in the mental health system to address these access issues.

Increase investment to expand syringe exchange services and naloxone distribution directly to individuals who use drugs.

In stark contrast with the national narrative, the local opioid epidemic illustrates systemic inequities in overdose survival, with the highest rates of fatal overdose among older people of color in communities that also face poverty and have less access to services.

Another notable contrast is the Chicago epidemic is highest among those who inject heroin, which often contains contaminants including fentanyl—an opioid with an extremely high risk of fatal overdose. People who inject drugs (PWID) are at risk for other harms, including the transmission of viral or bacterial illnesses if they share or re-use injection equipment. Chicago has low-threshold, evidence-based services designed to engage PWID and improve health outcomes. Specifically, needle exchange programs have been proven to reduce HIV and Hepatitis infections while increasing referrals to treatment. Overdose education with naloxone distribution has been associated with a dramatic reduction in needless overdose death. Such programs need to center on direct distribution to individuals who use drugs and those best equipped to respond in the event of an overdose. Currently these programs suffer from funding constraints and rising costs associated with naloxone.

Establish safe injection sites in Chicago.

When PWID are homeless or have unstable housing, or do not have a safe space to inject, they face additional harms and vulnerability to fatal overdose. Globally, safer consumption spaces have served to mitigate these barriers—such spaces are designed for individuals to consume pre-obtained drugs under sterile conditions and are monitored for overdose after use. To date, there has never been a fatal overdose in any safer consumption room globally. Research studies have demonstrated that safer consumption spaces reduce a variety of harmful practices and outcomes, including: HIV and HCV infection, fatal overdose, public injection, hospitalizations, petty crime and drug-related violence. More importantly, they increase connections to treatment, reduce stigma, and engage a community that is critically isolated from needed support.

 **HOME**

Further invest in supportive housing opportunities.

Permanent Supportive Housing (PSH) is an evidence-based model that combines affordable housing assistance with health care, treatment and employment services. Currently, placements are scarce in Chicago and waiting lists are long. City leadership must work with public and private housing providers, social service providers and the State of Illinois to create abundant supportive housing opportunities for individuals and families who are able to live independently, but still need flexible supports and services designed to meet their needs.

Prioritize the availability of high quality, affordable housing for residents of all backgrounds and mental health status.

Affordable housing is limited in Cook County. More than 80% of households that earn below 50% of area median income (AMI) are rent-burdened, meaning they pay more than 30 percent of their income towards rent. This rent burden leaves minimal financial resources to dedicate to mental and primary health care, and adds stress into a household, which can be a trigger for mental health conditions.

 **PURPOSE**

Incentivize mental health and social service providers to hire peer support specialists.

As noted previously, access to peer support providers can be beneficial to any individual living with a mental health or substance use condition. But expanding access to these work opportunities can help adults thrive in their recovery by providing meaningful work opportunities. Although many providers utilize peer support workers, supporting new employers in establishing programs and developing the right roles and supports for peers requires funding and advocacy.



COMMUNITY

Invest in a central intake system as an alternative to first responder involvement during mental health emergencies.

A comprehensive central intake phone line that sits within the Office of Emergency Management and Communication (OEMC) would help as the city seeks a more collaborative approach between first responders and the mental health community. The goal is to create better coordinated support for the right level of emergency response that's not limited to mental health focused services, but inclusive of all four foundations of mental wellness.

Invest in alternatives to first responder transport in case of mental health emergencies.

Our current system relies heavily on first responders to transport individuals to hospitals during a mental health emergency. Providing individuals with an alternative safe transport option would result in less trauma for the individuals involved, and would also result in tremendous cost savings to the city. For example, St. Louis provides transportation to emergency departments via taxi if needed. Additionally, Minnesota has developed a program where non-emergency medical transports occur in unmarked, secure cars, and is funded through Medicaid reimbursement. The city of Chicago could invest in the start-up of a program, and advocate at the state level for establishing reimbursement for this service.

Fund outreach and engagement services.

The city must continue to recognize the importance of outreach and engagement work and help fill gaps in funding for these services for hard to reach and hard to engage populations. Often, a critical component of connecting individuals to treatment is a strong relationship with a provider, that begins with time spent building trust before the individual ever begins clinical services. While these services do exist in the community, much of this work is self-funded by providers with very limited capacity, making it challenging to sustain the needed engagement efforts in the community or through funding from the city's Department of Family and Support Services (DFSS). DFSS can expand these efforts from primarily homeless and street outreach to also include proactive outreach and engagement to individuals who have struggled to engage in mental health or substance use services.

PROGRAMS GETTING IT RIGHT

Relay NYC

An example of a program utilizing peer supports in an innovative way is the New York City based Relay NYC program, a hospital-based support system for nonfatal opioid overdoses. Relay funds trained peer workers to provide 24/7 on-call support to patients in participating emergency departments. Offering overdose risk-reduction counseling, opioid overdose rescue training, naloxone distribution, navigation-to-harm reduction, drug treatment and other services are primarily peer led, which is what makes it so effective.

“Relay was conceived as a way to fill what we saw as a gap and a missed opportunity to reduce opioid overdose deaths in the city through a harm-reduction approach that meets these folks where they are at, supports them, and links them to appropriate care.”

- Dr. Hillary Kunins, NYC Health Department, Assistant Commissioner of the Bureau of Alcohol and Drug Use Prevention, Care and Treatment

Mental wellness in the older years

Every eight seconds someone in the U.S. turns 65. The aging process is expected, but depression and severe cognitive decline are signs that an older adult may need more support.

What does mental wellness look like for older adults?

Let's start by understanding how aging and mental health intersect. For older adults, mental wellness means being able to pursue meaningful activities and relationships. However, this is often a time of loss and changes in family dynamics and capabilities. As a result, depression, post-traumatic stress disorder (PTSD), adjusting to new life situations or diagnoses, anxiety, lethargy, and loss of interest may occur and are sometimes difficult to separate from the normal aging process.

Quality of life while aging also has a lot to do with socioeconomic factors, race/ethnicity, genetics, gender and social connections. The right balance includes independent living with community connections and access to care. All are important aspects to keep in mind when developing and implementing programs to support the well-being and mental health of older adults.

What does mental health leadership look like for older adults?



Focus targeted funding on programs that serve high need older adult populations.

Inpatient geriatrics units see many patients with dementia and depressive disorders. Late onset psychotic disorders, often triggered by major depression, are seen as well but can be difficult to treat. When older individuals don't have insight into their illness, or new symptoms such as paranoia emerge, family dynamics are often strained. Programs that treat high needs older adults can include inpatient geriatrics units and outpatient programs—such as Intensive Outpatient Programs (IOP) or Partial Hospitalization Programs (PHP)—that focus on older adults.

Advocate for integrating systematic screenings and services into routine care.

Because seniors may see other non-mental health providers, integrating screenings into these visits provides an important opportunity to identify any mental health needs that arise. Existing places that already touch older adults such as the Chicago Housing Authority and City of Chicago senior centers, as well as Cook County health clinics are a great place to start. This integration will also help nurture better coordination and communication between health and behavioral health care providers, which is a win for all of us. We can also demonstrate a commitment to our older population by looking to improve Medicaid reimbursements for mental health services.

Invest in the start-up or expansion of palliative care programs.

One of the biggest issues facing seniors is palliative care, an interdisciplinary approach to specialized medical and nursing care for people whose life is limited by illness. The goal is to improve quality of life by providing relief from symptoms, pain, physical stress and mental stress at any stage of illness. Medication dosages and treatment options will need to be re-assessed throughout the lifespan, especially when other diseases may enter the picture and complicate recovery.

Promote substance use treatment programs aimed at older adults.

Older adults also suffer from a variety of pain syndromes, which are often treated with highly addictive opioids. Addiction to pain medication or alternatives brings out feelings of shame and embarrassment. Better access to pain management without opioids is greatly needed. Addiction programs must be designed to meet the needs of older adults, including alcohol and other substance use that can also take hold as we age. The city can promote better coordination between mental health and substance use treatment to address these challenges.

Incentivize universities and city colleges to promote job creation in geriatric and health psychology.

One issue facing mental wellness for older adults is the lack of psychiatrists, psychologists, and social workers specializing in geriatric care. This is in part due to future health professionals, such as medical residents, not selecting geriatric fellowships or other training opportunities. By promoting and supporting such training at universities in Chicago and through health programs at the City Colleges, we can help ensure that more practitioners will be prepared to serve a growing population of older adults in need.

HOME

Expand opportunities for older adults to age in place.

The ability to live in one's home throughout the aging process provides the opportunity for stability in the community and contributes to independence, all impacting mental wellness. But there are a number of factors that impact whether an older adult can age in place, such as home modifications, assistance with personal care, maintenance of the home, transportation, and money management. Making aging in place attainable for more older adults, with the necessary supports that allows for independence, can contribute to ongoing mental and physical health.⁹ The City of Chicago's Department of Family and Support Services (DFSS) Senior Services program provides a range of services that allow older adults to remain independent. The city must continue and expand investment in these areas as a specific strategy to addressing the mental wellness of older adults.

PURPOSE

Invest in community and home-based programs.

Understanding the impact of social interactions is an important aspect of care. As with other age groups, older adults benefit greatly from social programs. There is a need for reliable referral sources for safe and engaging activities geared towards this age group, including psychosocial programming.

⁹ <https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html>



COMMUNITY

Invest in respite programs to improve the mental health of caregivers.

We all hope to be cared for in our later years. Caregivers of older adults need care as well. The act of caregiving often results in trauma and stress. Many caregivers quit or minimize their jobs to care for a senior parent. The loss of income and contribution to the workforce can be a difficult transition despite the satisfaction of caring for a loved one. It has a serious impact on our economy as well. As a city, we need to prioritize respite programs that take care of those of us who take care of others.

PROGRAMS GETTING IT RIGHT

PEARLS

The Program to Encourage Active, Rewarding Lives (PEARLS) is a national evidence-based program for late-life depression. PEARLS brings high quality mental health care into community-based settings that reach vulnerable older adults.

During six to eight sessions that take place in the client's home and focus on brief behavioral techniques, PEARLS counselors empower individuals to take action and make lasting changes so they can lead more active and rewarding lives. In 2018, through Rush University Medical Center's federally-funded Geriatric Workforce Enhancement Program, several community-based and housing agencies in Chicagoland were trained to offer PEARLS to older adults.

Learn more at <https://depts.washington.edu/hprc/evidence-based-programs/pearls-program/>

Message for our partners:

This is not it. There are many more ideas and voices needed to advance to this conversation. We hope the open dialogue is the starting point for stakeholders to share insights and develop innovations together.

Message for city leadership:

We need your help to move the system forward. To meet changing needs, the mental health system needs central coordination. This system will only change with strong city leadership. With your leadership, and our continued support, we can reduce stigma and fully integrate mental health and wellness into the daily lives of all Chicagoans at every stage in life.

Call us. We're here to help you make a difference.

Jen McGowan-Tomke, MPH

Associate Director, NAMI Chicago

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