WINNEBAGO MENTAL HEALTH BOARD AGENDA

DATE: Wednesday August 5, 2020

Time: 2:00 PM

Location: Virtual, Zoom

Members: Mary Ann Abate President, Richard Kunnert Vice President, Rev. Dr. K. Edward Copeland Treasurer, Danielle Angileri Secretary, Dr. Bill Gorski, Dr. Terry Giardini, Dr. Julie Morris, Tim Nabors, Linda Sandquist

Advisory Members: Wendy Larson Bennett, Jay Ware

Agenda:

I. Call to Order: Called by Mary Ann Abate, President, at 2:00PM

II. Roll call

   a. Board members present: Richard Kunnert Vice President, Dr. Rev. Edward Copeland Treasurer, Danielle Angileri Secretary, Dr. Bill Gorski, Dr. Terry Giardini, Dr. Julie Morris, Tim Nabors, Linda Sandquist

   b. Advisory members present: Wendy Larson Bennett, Jay Ware

   c. Coordinator: Jason Holcomb

   d. Others present: Dan Magers, Paul Carpenter, Youth System of Care for Children's Mental Health Committee (Lori Poppen, Mary Ellen Commare, Jason Holcomb, Pamela Clark-Reidenbach, Joseph Kreul, Danielle Angileri)

III. Approval of Minutes: Motion to approve the July 1 minutes by Richard Kunnert. Second motion comes from Dr. Terry Giardini. Unanimous approval passed.

IV. Public comment: No public comment

V. Children's Mental Health Committee Presentation

   a. The Presenters: Pam Clark Reidenback of NICNE, Jason Holcomb of Region 1 Planning Council, Mary Ellen Commare of Youth Services Network, Lori Poppen of Children's Home & Aid Society, Joseph Kruel of Rosecrance, and Danielle Angileri of NAMI Northern Illinois

   b. In 2018 a community planning team led by Rosecrance submitted a proposal to the Illinois Children's Healthcare Foundation to develop the Youth Mental Health System of Care. The team includes many organizations from our community. Though this group was a finalist, but did not get selected because they were not far along enough in their planning stages. In the Fall of 2018 NICNE applied for a planning grant from the CFNIL to support a Community Planning Team's effort to analyze the current system of mental health for youth. The goal was to analyze the community's current system of mental healthcare for youth, including gaps and strengths in service provision, in order to create a new coordinated, integrated, comprehensive System of Care

addressing the mental health needs of our community's children and adolescents, ages 0 to 21, in Winnebago and Boone Counties. From January 2019 to present day, a planning team has worked together using a Collective Impact approach to convene diverse groups to transform the current system.

c. Trends & Research: Current Public Health research shows troubling trends, suggesting that since 2007, mental health for youth has continuously worsened. Worldwide, 10-20% of children experience mental health disorders. Half (50%) of all mental illness onsets by age 14; 75% by age 20. Only 25% of mental illness is adult-onset. Recent research demonstrates both the need and the high return-on-investment potential for investment in youth mental health.

d. Key Informant Survey Results: The key informants identify the following areas for improvement of the current children's mental healthcare system:

    - Funding- across all areas
    - Workforce Development- shortage of service providers, especially child Psychiatrists. It is stated that there are long waiting lists for services, and recruitment and retention of specialized staff is difficult due to low or stagnant wages in the area. Informants also see a need for existing staff to receive additional training including crisis intervention and trauma-informed trainings.
    - Equity & Access- Current services are not affordable or accessible to all, especially for families who are Latino or African American, families who are low-income, of families in other underserved groups. There are few affordable providers, and a need for more multi-lingual providers and interpreters. There are transportation limitations and service provider locations results in barriers to access. There is a need for more home-based service options.
    - Collaboration- Key informants think that there is a lack of coordinated and systemic approaches to service provision, and a lack of communication between organizations. A current lack of in-patient care options result in children leaving the community for treatment. Schools have limited support or resources needed to assist children with emotional or behavioral problems, and the formation of school-agency partnerships can help to address this issue.
    - Engagement- Key informants discussed the importance of engaging and educating the community about children's mental health and the mental healthcare services available in the area. Engaging parents and families is essential, however cultural barriers exist which get in the way of accomplishing this.

e. The Model: The Community Support System (CSP) framework was developed in 2977 as the basis for planning and organizing services for adults living with mental illness. The means that all working parts 'wrap around' the individual

in need. After careful review of literature and best practices, the group has chosen this to apply to youth mental health care. The model includes:

- *Promotion and Awareness of Mental Health*- Stigma, self-care strategies, social-emotional learning, equity, workforce development, marketing
- *Case management*- education about available services, referrals, assessments, follow-up, navigation, education for care managers on available support, supporting the role of case managers
- *Identification & Outreach*: Client engagement and outreach, lack of funding*, transportation, prevention*, and early intervention* (*There is a very large gap in funding prevention and early intervention)
- *Protection & Advocacy*- Identifying root cause for issues, punitive model, access to legal services, enforcing safeguards, juvenile mental health code, patient bill of rights, human rights, civil rights
- *Crisis Response Services*- First responders, immediate access, short-term inpatient care, support and education regarding trauma, emergency mental health services
- *Treatment*- Individualized assessments, inpatient treatment, school-based treatment, psychiatric services, counseling, therapeutic foster care. A barrier here is a lack of child psychiatrists, tele-health services, and inpatient beds.
- *Rehabilitative Services*- Strategies for volunteer opportunities, play and recreation, experiential and therapeutic services, special education & 504 plans, before/after school programs, mentoring
- *Physical Health & Dental Care*- Primary care, specialty care, dental care, orthodontic care, travelling wellness checks, parent & family education. A barrier in this section is lack of consistent providers, or continuity of care
- *Family & Community Support*- Family education, interpreter services, school education, faith-based support, recreational programs, early childhood experiences, respite care. Barrier to this group include transportation and funding.
- *Peer Support*- Formal support groups, peer mentoring, prevention services, networks, group recreation, Certified Peer Support Specialists (CPSS), school initiatives, volunteer activities
- *Housing*- Foster care and respite, supported living, sober housing, in-home supports, group homes, shelter services, advocacy for tenant/housing rights

- *Income Support*- Support for families, education costs, job training, employment opportunities, assistance with benefits applications

f. The Importance of Lived Experience: In the recovery movement, the concept of lived experience, means that those who have lived with mental health conditions, are experts. This is just as valuable as the credentials people earn in the field and it is important that both providers and those with lived experience work together as partners. Those with lived experience actively challenge existing dynamics and promote the development of more equitable care. People with lived experience can empathize and advocate on behalf of those currently unable to do so and research indicates peer roles contribute to an improved sense of hope, empowerment and social inclusion for those accessing services. Lived experience should be included as a guiding force to shape the way services are designed and delivered. A personal example was shared here.

g. Next Steps:
   - The groups will continue to engage community providers to continually assess gaps in service and barriers for clients.
   - Engage the community through forums to learn about barriers.
   - Continually assess community needs.
   - Assess processes, impact, and outcome measures.
   - Future funding potential to continue the planning process.
   - The Youth Mental Health System of Care planning group is open, flexible, and willing to provide input or other assistance.

h. Questions and discussion: It is a goal to have those with lived experience help come up with solutions, not just gaps.

VI. Budget update: Dr. Copeland and Mr. Kunnert received an approval from the Winnebago county financial committee. August 13, Steve Chapman and Dr. Martell from the Winnebago County Health Department will meet with a small group from the Board to develop the total budget and speak about the preliminary budget amendment for 2020. Tax money will start being collected in October 2020. At the August 13 meeting, our group will ask about projections of dollars earned.

VII. R1 Service Agreement: The contract was signed by Mrs. Abate and Dr. Copeland to hire Jason Holcomb. Jason is process driven and believes that it is important to define the process we are using. The framework helps guide where our focus areas are. The planning process will determine how we prioritize. There are several best practice ideas to draw from to develop something unique to work for our community. Jason will set up phone calls with each board member individually to get their point of view on the process. Mrs. Abate suggests that all collective requests for Jason move through the President so there is one streamline for his direction.

VIII. Ordinance Update: The goal is to establish the freedom for our Board to utilize the money through our prioritized system and then report to the whole Winnebago County board on what we have done. Our Board was created on an ordinance and the verbiage is vague on how the money relates to us. Mrs. Larson Bennett suggests we ask the legislators that backed this idea up to ask them to help us insert an

update into the ordinance. It was also suggested that we wait until after the upcoming elections to move forward with this.

IX. Other Matters

a. Liability insurance- Mr. Carpenter checked with the HR directors who was optimistic that we could be added through the full County board with some type of insurance. He will continue to follow the issue.

b. Open Meetings Act Training: Please send Jason your certificates. If you have not taken the training, please do so as soon as possible.

c. If anyone has agenda item input, please send your comments to Jason. He will be taking over creating the agenda.

d. Sherriff Caruana meeting: Terry Giardini, Jay Ware, and Wendy Larson Bennett had an information sharing meeting with the Sherriff's department. The department has ideas and they are looking for more training in regards to mental health. It was made clear that our board was not going to supplant funds for existing services. The Sherriff's department is already examining new types of response for mental health crises. They are also reaching out to other local law enforcement and first-responders to collaborate.

e. As board members, we need to continue to remain objective when discussing the mental health tax. We can listen, but must be careful. We cannot guarantee anyone with funding. The board and our plan of action are the final say.

X. Adjournment: Linda Sandquist moves to adjourn at 3:45PM. Dr. Julie Morris has the second motion. All approved.