

MINUTES

**Interfaith Mental Health Coalition
Quarterly Spotlight Meeting (all are welcome)
Tuesday, May 18, 2021, 1-3 pm Central Time
Zoom Meeting due to Covid19 Pandemic
Interfaith Mental Health Coalition (IMHC)**

"Connecting faith leaders with mental health resources"

(www.interfaithmhc.org)

Recent Attendees (Minutes will underline to show attending):

Jolene LeRoy, IMHC Pres/AMITA

Rev. Dr. Darryl Jenkins, IMHC VP,

Pastor

Denise Elsbree, IMHC

Treasurer/MHFA

Rita Rippentrop, IMHC Sec/Stenzel

Venoncia Bate-Ambrus, IMHC Brd

Member at Large, Workforce

Dev, Journey Care

Suzanne Martinez, IMHC Brd

Member at Large, Advocate

Aurora, Co-Pres NAMI McHenry,

QPR Trainer, ACES programming

Robert Skrocki, IMHC

Communication

Pam Caine, Church of Jesus Christ

of

LDS

Robert Dell, UCC Network, P2P,

Sandwich Cluster

Patrica Gulik,

William Hood, CRSS, NAMI DuPage

Trina Lueckhoff, Linden Oaks MHFA

David Penner, Director of Care, Pr of

Peace Lutheran Church

Barbara Wilson, Chicago Presbytery

Janet Altmeyer, City Min, Ft Wayne

Marinne Bithos

Presenters:

Michael Isaacson, Asst Dir of Public

Health at Kane Co Health Dept

Sheri Cohen, Chic Dept of Public

Health

Leah Barth, Illinois Public Health

Inst; Alliance for Health Equity

Sarah Troll, DuPage Co Health Dept

1) 1 – 2:15 PM, Reflection and Panel Discussion moderated by Rev. Dr. Darryl Jenkins with representatives of various counties' representation to talk about the social determinants of health affecting their county. Participants include:

- Sarah E. Troll, Population Health Coordinator, DuPage County Health Department
 - Sheri Cohen, Senior Planning Analyst, Chicago Dept of Public Health
 - Michael Isaacson, Associate Director of Community Health, Kane County Health Department
 - Leah Barth, Program Manager, Alliance for Health Equity, representing Suburban Cook
- Each participant will have approximately 10 minutes to present, followed by a question and answer segment. Questions addressed will include:

1) What are the top three identifiable social determinants of health/ mental health that the health department (or community) is focusing on?

a. Michael, Kane County

Poverty and race

Slides: 2021 Community Health Assessment:

#1 mental health 45%; nutrition/physical activity/weight #2.; access to health care #3; alcohol and other substance #4;

Quality of life issue: economy #1; support for families with children #2;

homelessness/housing #3; crime/neighborhood safety #4; healthy food options #5

People living below poverty:

black; hispanic and latino

Socio needs index: Aurora, Elgin; Carpentersville are more diverse communities have more diverse needs

Health Indicators:

Am Indian/Alaska Native, Black/African Am

Living below poverty level

Forces of Change Assessment:

Covid 19

K-12 Education

Access to healthcare - including behavioral health

Rising poverty and disparities

Social unrest (where going in conversation about race)

- b. Sarah, DuPage
 - Health issues:
 - Access to care (insurance and using insurance)
 - Affordable housing
 - Behavioral health; within that justice system, reducing recidivism
 - Addressing through partnership with jails, law enforcement, ems
 - Outreach efforts
- c. Leah, Suburban Cook, Alliance for Health Equities
 - Food access and food security
 - Housing
 - Community Safety
 - Mental Health and Substance Use Disorders
 - Hospital Opioid Treatment and Response
 - Drug overdoses have increased over time; 70% in some areas
 - Trauma Informed sub committee
 - West Suburban and South Suburban: cost of housing, crowded housing; expect disparities to worsen in light of covid 19
 - Partnerships: Chicago Food Policy
- d. Sheri, Chic Dept of Public Health
 - Social determinants similar
 - Housing/homelessness
 - Workforce development
 - Food access/food systems
 - Sept 2020 results of assessment
 - Life expectancy gap between black and white (2017)
 - 8.8 years
 - Latin X decrease
 - Top 5 drivers of the gap
 - chronic disease, gun-related homicide, infant mortality, HIV
 - Housing, Food access, environment, public safety, neighborhood, health and human services, public health organizations
 - Guiding Principles: anti-racist, asset-based, equity focused, trauma informed, etc.
 - Trying to do:
 - Partnership: Healthy Chicago Health Equity Zones
 - Request for Proposals: Protect Chicago Vaccine Equity/Healthy ChicagoEquity Zone Regional Leads (RFP 8032)
 - Health and Racial Equity Impact Assessments
 - Racial Equity Rapid Response (COVID)

2) What are the top three health disparities that have been identified in the community?

3) What role can faith communities have in addressing determinants and disparities?

Leah: unique capacities to reach communities facing the most extreme health inequities; community voice; engage in assessment processes; given Covid, long term public health networks that respond to local crises; explore how to work together to build their capacity to respond to needs of their communities: mental health, food access; first touch point for folks is their local faith leader

Michael: get to underlying causes to try to shift things at a system level; i.e. hunger, things can do beyond programming that may be more topical;

Sheri: serve together; open to feedback from faith communities

Sarah: participation in assessment process; top issues identified, resources identified; encourage participation in community survey and focus groups to increase data gathered through assessment.

Darryl: question really is, as person of faith and as a pastor, ministry related programs help get services to communities we serve; begins with informational sessions;

Roselle, Wooddale: Sarah: DuPage Co; Leah: Cook Co: has some large NW/W division, hospital partners have collaborative and regional strategies for collective areas (Amita Health, Advocate Aurora, NorthShore); Sheri - ChicagoHealthAtlas.org

4) What local resources could be useful to faith communities such as funding for training, training opportunities or access to care?

Funding for training or training opportunities:

Sheri: Healthy Chicago Seed Grant (10 organizations within high priority zipcodes to build capacity)

5) Q & A

ER backed up for psychiatric hospitalization: role faith communities in accessing navigators or benefits;

Leah, Alliance: when land in ER reflects a failure at prevention efforts; how support mh or substance use issues can help providing access to training like MHFA, MH Awareness, retask some of the navigators after covid to navigator roles;

Dave, observations; professionals in faith communities getting back involved in needs and processes: what are the entry points for people with less credentials but with heart to serve?

Sheri: Health ambassador program thru Malcom X; Center for Health and Community Transformation

Venoncia: community health workers or peer support are models

Bridges of Faith, NAMI

Suzanne: QPR training and MHFA

Faith communities reboot and now move forward sharing resources to do greater transformative work together; live where you work; MHFA; build capacity within community

2) 2:15 – 3:00 PM, Introductions, Announcements, Business items.

Business Matters:

a. Approval of Minutes of March 16, 2021 meeting <http://interfaithmhc.org/minutes>

Motion made by Suzanne, seconded by Darryl ; motion carried

b. Financial Report -- Denise Elsbree <https://interfaithmhc.org/balance>

No change; current balance \$11,022.05

- c. Further planning on the 2021 IMHC Calendar <http://interfaithmhc.org/calendar>
June: regional clusters; Future topics: Peer Services; Recovery, Resource Fair;
August Suicide Awareness; Sept cluster; Aces Training; Nov national hospice and palliative care month; What Happened to You, Dr. Bruce Perry and Oprah
July 20th: 1-2:30 pm Hannah and colleague from Co County to address opioid; plus Lake Co (Sam)
- d. Update on development of the one stop shop repository of resources for mental health ministry development. Progress on becoming a member of Northbridge Technology Cooperative and Denise and Robert beginning conversations with Northbridge staff to refine our needs (“must have” features, “want” features, most cost effective ways to obtain those features). See progress at <https://docs.google.com/document/d/1v5LEpE5WO6-obQ29QRVdvJcMqqCk6sUvoXIDZGCM0l/edit#heading=h.aczyuw2yex2w>
See the Northbridge proposal at <http://interfaithmhc.org/Proposal> .
Trainings: who is the audience and any prerequisites or experience required
Consultants: who is trained; peer advise; look at term, broader term rather than consultation;
learning community
Identifying faith communities that may serve as models

Meeting adjourned at 2:50 pm

Minutes respectfully submitted
by Rita Rippentrop, IMHC Secretary

Next scheduled meeting:

July 20th 1 - 2:30 pm IMHC Meeting via Zoom. Reflection: Robert Skrocki

Topic: Opioid Issue: Panel discussion