2023-2025 Mental Health
Meeting Minutes

DATE: 04/24/2023
TIME: 9:00am
Location: Hult Center for Healthy Living
Members Present:

Co-Chair Jonathan Gauerke	Co-Chair Dawn Lochbaum
Clerical Support Amy Roberts	PFHC Board Rep. Holly Bill
Tim Bromley	Joanie Montoya
Becky Turner	Kim Litwiller
Shanita Wallace	Sally Gambacorta
Susie Swain	Christian McKinney
Wesley Podbielski	Tracy Terlinde
Sara Kelly	Denise Backes

Introductions
-Introductions were completed.

Mental Health 2023-2025
Gap Analysis Review by Dr. Sara Kelly
> **Mental Health Disparities:**
> * Peoria respondents more often reported a mental health condition (p=0.01); Woodford County had the lowest reporting a mental health condition.
> * Residents in Peoria/West Peoria more often reported below average mental health compared to others in the county.
> * The South West Peoria, North West Peoria, and North East Peoria less often reported below average mental health (p=0.02).
> * Younger individuals and those in the LGBTQ+ community more often reported worse mental health outcomes in the survey.

-Dr. Kelly added that LGBTQ+ (specifically high school aged) reported more suicidal thoughts
   -She also added that substance use, and homicide is also higher in our area and those are things to keep in mind

2023-2025 Mental Health Interventions
Culturally-Adapted Health Care
Objective: Enhance awareness and education to improve cultural competence related to mental health care in the tri-county region by December31, 2025.

Outcome Objectives:
* Behaviors: More than 50% of the individuals who attend the session will self-report improvement in behaviors after cultural competence training(s).

Amy Roberts/PCCHD Administrative Assistant

- Attitudes: More than 70% of the individuals who attended the session will self-report improvement in attitudes after cultural competence training(s).

Brainstorming:
-Outcome objectives at fluid from Dr. Kelly and can change.

-Priority - - who else needs to be at the table?

-The challenge is that these objectives focus on healthcare and not the community, which can be hard for an action team to complete.

-Focus on training staff, leaders, etc.

-We are not the best judges of what qualifies as culturally adaptive healthcare.

-People want to see people that look like them, they don't know where to go for healthcare, don't know what their co-pay would be – too many unknowns.

    -Understanding insurance benefits, how much is it going to cost?

    -Simple barriers to look at

    -All falls under large umbrella of access to care

-Staff don't even know who does what or what to go for certain things (example: transgender care).

-Need to connect the gaps with staff.

-On ilpqc.org there are lots of resources and initiatives. There is also a survey on there – have you been treated respectfully, etc.

-There is difficultly hiring diverse candidates

    -How to get more representation?

    -Not at a licensed level, but can still provide support

    -Look at other ways care can be given, not just in our healthcare systems

-Get a better sample of who's doing what

-Jolt and Central IL Friends are already working well with the community

-Will never reach a mark of being one with training

-Outreach – look into others in the community. How are we becoming grassroots too?

    -Work to become less siloed

-Look into who is specializing in those areas to help collect data

-Not everyone has access to internet, phone surveys, don't always have internet

Telemedicine
Objective: Increase engagement by 10% in mental health telemedicine in the tri-county region by December 31, 2025.

Output Objectives:
- Disseminate Knowledge: Disseminate information through 10 promotional campaigns on how to access (mental health) telemedicine services throughout the Tri-County.
- Development: Support the development of structured partnerships for community healthcare organizations to provide telemedicine in the tri-county region.

Outcome Objectives:
- Engagement: Increase patient engagement for mental health telemedicine by 20% in 2026.

- Accessibility: Provide more than 100 residents access to mental health telemedicine appointments who are either medically underserved or live in rural areas.
- Clinical Care: Reduce hospital readmissions by 30% among individuals who engage in mental health telemedicine services.

Brainstorming:
-Originally had 20%, but was too high as offices are trying to get people back in the office
-Increasing access for those who are in crisis mode – just to get them in the door
-Can't pull the same data every time
-Rural may benefit from this, especially the first time to get them established
-Don't want telemedicine for suicide, those individuals you want in person. Telemedicine would be better for anxiety and depression.
-What telemedicine options do we have now and how do we get that information to the public?
-OSF has Silver Cloud app
-Telemedicine is going to slow up, post pandemic
-It all comes down to money
-Those with access to care issues are the ones that benefited most from telemedicine.
-Tracking billing issues, not all will be reimbursed after 5/11/23 due to government funding ending.
-Hospitals could work on a different way to bill.
-It will be very difficult to increase use of telemedicine.
-211 is a resource line, however, they are selective and will only include some resources (not all)
-As a group, could put a directory together and might be able to add to 211's list
-Could have a resource list on the PFHC website
-10 promotional campaigns for telehealth is a lot and a lot of money
-The site findhelp.org was discussed where you can put in your zip code and get resources listed on there
-Could work with 211 to restructure list
-Use 211 as a resource, but not the ONLY resource (they do not even have 988 listed on their list)
-People aren't aware of what we have now, how can they even find a resource list?

Last Cycle Action Teams
-Do we move forward with the same model?
-Homework for the next meeting: What are action items/tasks to move forward to help build the team around?
-The below teams will remain performance management

MHFA
-They are switching their meeting to every other month and will be setting their own goals with their grant goals
-After every class they provide resource guides
-Can update links (QR codes)

Suicide Prevention
-They are working on compiling packets targeted towards different groups.
-Still working efficiently.

TI Schools
-This has been completely taken over by the ROE and they are training schools and staff.
-This is totally self-sufficient now.

<u>Next Meeting Date</u>
-Dawn & Jonathan noted that Monday mornings do not work well for them and would move the next meeting to a Tuesday afternoon at the end of May.
-Next meeting date will be on Tuesday, May 23, 2023 at 1:00pm. Look for a calendar invite soon.