



Alternative Response Taskforce - Mental Health

PUBLIC ENGAGEMENT SESSIONS | MARCH 7 | MARCH 16

Agenda

01. Welcome
02. Open Comment (Limit to 3 Minutes)
03. Overview of the Taskforce
04. Review of Draft Recommendations
05. Feedback on Recommendations
06. Wrap Up | Next Steps

Taskforce Overview



Oak Park Village Manager Kevin Jackson established an Alternative Response to Calls Taskforce (ARCT) to continue to support the community safety project of Oak Park. The purpose of this taskforce is to bring to the table a wide range of experts, community members, and specialists to advise on an alternative call response model for Oak Park to specifically help individuals suffering from a mental health crisis.

Goal: Make specific recommendations to the Village Manager regarding the best alternative calls for service model for the Village and the Oak Park Police Department regarding supporting those individuals suffering from a mental health crisis.

Mental Health Taskforce Affiliations

Citizen's Police Oversight Committee
Community Mental Health Board of Oak Park
Grace Therapy and Wellness Center
Housing Forward
Love with Courage
Mosaic Counseling Center
National Alliance on Mental Illness (NAMI)
OP Elementary School District 97
Oak Park-River Forest School District 200
Oak Park Homelessness Coalition
Oak Park Library
Oak Park Fire Department
Oak Park Police Department
Oak Park Township
Park District of Oak Park
Riveredge Hospital
Rush Hospital
Thrive Counseling Center
Way Back Inn
West Suburban Consolidated Dispatch Center

Diversity, Equity, and Inclusion

RACIAL EQUITY

LISTENING AND
LEARNING

INNOVATION

Taskforce Process



CONNECT

Representatives from more than 20 community organizations were invited to join the Taskforce.



REVIEW

Reviewed the "Essential Calls for Service Evaluation Report" drafted by Berry Dunn.




EDUCATE

Learned about the Oak Park Police Department's current co-responder model with Thrive, Denver's STAR, McHenry County Co-Responder and Oregon's CAHOOTS models.



ANALYZE

Facilitated four work sessions to analyze the information presented, provide opportunity for discussion, and begin formulating recommendations.



COMMUNITY
FEEDBACK

Host community feedback sessions to solicit input into the draft recommendations.



FINALIZE

Finalize recommendations for presentation to the Village of Oak Park.



Preliminary Recommendations

- Mobilize Fast
- Staff Smart
- Coordinate Policy and Procedure Infrastructure
- Emphasize Workplace Culture
- Invest Beyond the Incident
- Educate and Engage the Community
- Ensure Equity and Inclusivity
- Monitor and Improve



Preliminary Recommendations

MOBILIZE FAST

Prioritize a process that maximizes efficiency and efficacy of assessment at the dispatch level and on the ground to ensure the quickest and most appropriate response. The goal should be to get mental health professionals on the scene as quickly as possible during a mental health crisis.

- Clearly define the parameters that constitute a “mental health crisis” and determine the appropriate method of assessment at dispatch that results in an appropriate on-the-scene response.
- Although the Village does not have the authority to unilaterally define and implement criteria for dispatch, it must work in lockstep with the State of Illinois and federal reforms to ensure seamless adoption of recommended reforms. Solutions could include computer-aided dispatch (CAD) categories that more clearly describe various mental health events to better inform response on the scene.
- Ensure dispatch training includes mental health assessment (or utilize clinicians in dispatch who can help with assessment).
- Determine appropriate coordination with 988 as defined through state and federal guidance that will influence its communication between 911 dispatch.
- Look to the State for guidance around developing a risk matrix (currently being developed through the CESSA process.)

STAFF SMART

The Village must recruit and retain a high quality, interdisciplinary team that includes the PD, FD/EMS, and mental health crisis workers to respond to mental health crises. While contractually separate from the Village personnel, this team should be embedded in Village operations with access to PD, FD/EMS, and all related reports that involve mental health crises. This staffing should prioritize dispatch of non-sworn personnel and/or fire/EMS along with the mental health crisis worker in an effort to avoid unnecessary escalation on the scene (unless there is a safety concern).

- Establish a primary contract between the FD and a mental health crisis contractor. The mental health crisis contractor will primarily dispatch with FD/EMS for mental health responses where there are no safety concerns.
- Establish a secondary contract between the PD and mental health crisis contractor that allows for the PD to also call in mental health support to a scene when necessary. This will also allow PD to maintain primary responsibility for securing a site where there is a safety concern.
- Consider two layers of mental health staffing: (1) crisis workers who are clinically trained and dispatched to respond (on call 24/7), and (2) social worker(s) or case manager(s) who are contracting with the Village and embedded on-site who can conduct more proactive outreach, post-crisis follow up to address root causes of crisis, and assist with creating an inclusive culture (M-F staffing).
- Prioritize hiring individuals who have lived experience and can contribute to crisis de-escalation. This includes but is not limited to the utilization of Certified Recovery Support Specialists (CRSS).
- Provide opportunities to the mental health crisis contractor to be more integrated in the “team” by including in roll calls, trainings, ride alongs, etc.
- Work with the mental health crisis contractor to ensure wages, benefits, schedule, and responsibilities/supports are sufficient to retain qualified staff.

COORDINATE POLICY AND PROCEDURE INFRASTRUCTURE

Develop clear and non-competing policies and procedures that are followed from dispatch through final disposition that prioritizes coordination between FD/EMS, PD, and mental health crisis responders and minimizes barriers to communication caused by “red tape”. This includes agreements around appropriate data sharing for purposes of case management and person-centered care.

- Policies and procedures must comply with legal statutes around confidentiality and protected health information.
- Establish “champions” within the FD/EMS, PD, and mental health crisis contractor to promote collaboration and break down siloes.
- Engage the Villages of Forest Park and River Forest in dialogue regarding opportunities for coordination of policies and procedures.

EMPHASIZE WORKPLACE CULTURE

Promote a culture that respects and prioritizes the mental health of the community and its responders.

- Continue to pursue the goal to have 100% of primary police response personnel to be Crisis Intervention Team (CIT)-trained.
- Require annual “refresher” training regarding mental health for all FD/EMS, PD, and mental health crisis responders.
- Pursue “combined” trainings between FD/EMS, PD, and mental health crisis responders in an effort to build trust, collegiality, and shared language around mental health.
- Promote and encourage opportunities for all responders to seek and engage in mental health services to assist with managing the trauma inherent to the job.

INVEST BEYOND THE INCIDENT

Establish post-crisis response policies and procedures to ensure that residents who experienced a mental health crisis are appropriately linked with ongoing services.

- Continue working with community partners to develop places for individuals to receive care to assist in a crisis or to prevent escalation to crisis (i.e. Living Room Programs).
- (See recommendation #2) engage a staff member (through contract with the mental health provider) who is responsible for post-crisis case management and care coordination with the goal to increase health outcomes and reduce recidivism. This person is also responsible for building relationships with community partners to ensure access to care.
- Facilitate regularly-scheduled (twice a month) meetings between FD/EMS, PD, and mental health crisis responders with the intent to review data, assess what works and does not work, provide individual case consultation (if needed), close the communication loop on incidents, and check in with responders on their own mental health.

EDUCATE AND ENGAGE THE COMMUNITY

Provide education and outreach that increases recognition of the crisis response model and helps to build trust within the community.

- Consider branding the program to increase community recognition (i.e. CAHOOTS, Denver STAR, Chicago CARE)
- Increase visibility of mental health crisis response teams through more proactive engagement in community events, videos on websites, social media, block parties, etc.
- Communicate a clear definition of what is meant by “mental health crisis” and coach individuals on how to request the appropriate response if there is a need for dispatch. This could include a basic script with key words that help dispatch in assessing the situation.
- Expand community education regarding engagement with the new model to the broader community including but not limited to the front line staff at the Oak Park Public Library, Park District of Oak Park, restaurants, and businesses.
- “Rebrand” this type of crisis response as being more compassionate in its nature so that community perception is more in line with the reality of the response.
- Educate children from an early age the difference between a criminal/safety crisis call and a mental health crisis call.
- Provide opportunities for the community to provide input in refining the model.

ENSURE EQUITY AND INCLUSIVITY

All aspects of the alternative call response model for mental health must be developed, executed, and evaluated using diversity, equity, and inclusion (DEI) as a lens.

- The mental health and first responder fields are not representative of Oak Park as a whole, so special consideration and effort must be made to attract and retain hiring from underrepresented communities in the crisis response teams.
- Diversity must be valued across various factors including but not limited to race, ethnicity, gender, sexual orientation, religion, language, age, income, and neurological factors.
- Require all responders working in mental health crisis response to be trained in a variety of DEI topics including but not limited to implicit bias, cultural competency, ethics, racial trauma, racial equity, and LGBTQ+ sensitivity.
- Require all responders working in mental health crisis response to develop annual professional goals specific to DEI.
- Hire individuals who have lived experience and can contribute to crisis de-escalation.

MONITOR AND IMPROVE

Establish policies and procedures for data sharing, analysis, and use for ongoing program evaluation. Monitor success and areas for improvement within the revised model and make ongoing adjustments as appropriate.

- Working with West Comm, adopt a records management solution that is effective in procuring data relevant to identifying the needs of the community.
- Ensure a data workflow that captures information from dispatch through final disposition. Ensure that these data are shared with FD/EMS, PD, and the mental health contractor to “close” the information loop on cases.
- Establish concrete goals and metrics that will be measured.
- Provide an annual report to the public on the program metrics and outcomes.

**FEEDBACK
AND
QUESTIONS**

Thank you for your participation

Alternative Response Taskforce - Mental Health
Co-Chairs

Cheryl Potts

Executive Director, Community Mental Health Board of Oak Park
cpotts@cmhb-oakpark.org

Allison Davenport

Chief Executive Officer, Riveredge Hospital
allison.davenport@uhsinc.com