

## Chapter 38 - HEALTH AND HUMAN SERVICES

### Article XI – Street Health Intervention Response Team

#### Division 1 - Generally

##### Sec. 38-270 – Short title.

This article shall be known as the “Cook County Street Health Intervention Response Team.”

##### Sec. 38-271 – Purpose.

This article establishes a Cook County crisis intervention pilot program. The goal of the pilot program is to improve the County’s approach to mental health, substance use and unhoused population issues. The program will develop a service response capable of handling primarily noncriminal mental health calls and requests for service that are not primarily identified as criminal or a medical emergency.

The program will develop a process to triage calls at the County’s 911 Call Center and route them to either a dispatch phone operator trained to take calls for those experiencing a mental health crisis or suicidal thoughts or dispatch a mobile response team skilled in mental and behavioral health matters to address the emotional and physical needs of the person who was the subject of the initial phone call. A two-person mobile response team will consist of a mental health or substance use treatment professional with field experience and a trained medic. The program shall work to deescalate situations where appropriate, deliver brief counseling, mediation, information and referral, transportation to social services, first aid and basic-level emergency care to improve persons’ physical and mental health needs while diverting individuals from the criminal justice system where possible. The pilot program will increase trust and collaboration between the community and the County’s public safety and public health departments with a long-term goal of providing effective and efficient health services. The program will operate as a free, voluntary, confidential alternative to police or emergency medical services. If a situation involves a crime in progress, violence or life-threatening emergency, police may be dispatched to arrive as primary or co-responders.

The program administrator shall ensure that this Ordinance remains compliant with the Community Emergency Services and Support Act, 50 ILCS 754/1 through 754/65 and resulting rules established by the Illinois Department of Human Services Division of Mental Health.

##### Sec. 38-272 – Definitions.

“Cook County 911 Call Center” means the Sheriff’s Police 911 Center, which is governed by the Cook County Emergency Telephone System Board.

#### Section 38-273 – Jurisdiction and Scope

- (a) This chapter shall be applicable in Cook County and be operated under the Cook County Department of Public Health.
- (b) The pilot program shall last for two years.
- (c) The pilot program shall maintain a mobile crisis team based in the two Cook County Sheriff patrol beats that are the closest in geographic proximity, having the largest total volume of calls and largest volume of dispatched officers in the years 2019 and 2020. Cook County’s 911 Call Center will provide the data to determine the patrol beats.
- (d) The pilot program may add a second mobile crisis team base in a geographic location selected by the Program Administrator.
- (e) The pilot program shall work with the Cook County 911 Call Center to ensure a reasonable number of trained call takers are available to assist the Call Center with those experiencing a mental health crisis, caretakers of those in crisis, people with suicidal thoughts and to determine if a situation can be resolved on the phone instead of dispatching a mobile team.

#### Section 38-274 – Implementation Dates

The program shall be ready to receive calls and dispatch teams within nine (9) months of the passage of this ordinance.

#### Division 2 – Program Implementation

#### Section 38-275 – Program Administrator

- (a) The Cook County Department of Public Health shall select the Program Administrator to run the pilot program. The Program Administrator shall have a term of four years and will be employed with the Cook County Department of Public Health.
- (b) The Program Administrator shall have rule making authority to develop program rules pursuant to Section 38-276.
- (c) The Program Administrator may develop a limited stakeholder team of expert organizations in the mental health and crisis intervention field to assist in program development.
- (d) The Program Administrator shall be responsible for the hiring and training of the Street Health Intervention Response Teams as described in Section 38-276b.

- (e) The Program Administrator must determine the Street Health Intervention Response Team training process including class time and in-field training.
- (f) The administrator shall have at a minimum a master's degree in behavioral health or social work and shall have at least 7-years of experience in the mental health and/or substance use treatment field.

Section 38-276 – Structure

- (a) The program shall establish a system to triage mental health calls received by the 911 Call Center, and to dispatch a Street Health Intervention Response Team as necessary.
  - (1) The Cook County 911 Call Center shall work with the Program Administrator to determine appropriate training for dispatchers to determine how and when a Street Health Intervention Response Team shall be deployed.
  - (2) Calls to dispatch a street health intervention team shall initially be directed by the Cook County 911 Call Center. The Program Director may determine that a new phone line specifically for Street Health Intervention Response Team calls and deployment may be necessary.
  - (3) The Street Health Intervention Response Team shall respond to calls including the following, but not limited to:
    - (i) Crisis intervention and brief counselling for mental health issues: anxiety, depression, psychosis, suicidal ideation, and/or thoughts of self-harm.
    - (ii) Public intoxication or substance use disorders.
    - (iii) Self-harm.
    - (iv) Assisting individuals experiencing mental health or crisis symptoms requiring immediate support and/or de-escalation.
    - (v) Welfare checks on intoxicated, disoriented, or vulnerable individuals.
    - (vi) Access/transport to treatment or other immediate supportive services.
    - (vii) Assessing needs and facilitate referrals and connections with other services providers or government agencies.
    - (viii) Basic non-emergency medical care that does not require a paramedic level EMS response.
    - (ix) Situations requiring primarily crisis de-escalation.
    - (x) Death notices.
    - (xi) Engaging service resistance, unhoused population and elusive persons.
  - (4) The Cook County 911 Call Center may dispatch a Street Health Intervention Response Team based on criteria approved by the Program Administrator or the expertise of the 911 Call Center Administrator.

- (b) A Street Health Intervention Response Team shall consist of two people:
  - (1) One social worker, mental health specialist or crisis worker trained in crisis intervention and de-escalation. A social worker, or mental health specialist must have:
    - (i) At least an undergraduate degree in a human service field, and
    - (ii) Experience working in the mental health and/or substance use crisis treatment and field experience
  - (2) One EMT or paramedic trained in the same.
- (c) The program shall operate 24-hours a day with at least one intervention team operating in a pilot program base location at all times.
- (d) Each Street Health Intervention Response Team shall be provided the training, equipment, support and vehicle needed to appropriately respond to the vulnerable population it serves.
- (e) The mobile Street Health Intervention Response Team unit's office space shall be in a location chosen by the Program Administrator.
- (f) The program may be scaled up or expanded by the Program Administrator.
- (g) Cook County may accept funding from suburban Cook municipalities to expand the Street Health Intervention Response Team program.

#### Section 38-277 – Funding

The pilot program shall be appropriately funded with to cover personnel, training, equipment, vehicles and operating costs.

#### Section 38-278 – Reports

- (a) Twice annually, starting the first effective year, the Program Administrator shall present a report to the Cook County Board of Commissioners that shall, at a minimum, contain the following data:
  - (1) The total number of calls the Street Health Intervention Response Team responds to each month; average calls responded to during each hour of the day, month by month; the amount of time spent out on an average call each month; and the type or nature of the calls by percentage as decided by the Program Administrator.
  - (2) Provide the number of mental or behavioral health calls the Sheriff, the Paramedics and the Fire Department responds to each month.
  - (3) The number and percentage of calls the Street Health Intervention Response Team is dispatched to that also require Sheriff Office back-up,
  - (4) The number and percentage of calls where the Street Health Intervention Response Team is present and the Sheriff's Office or local police make an arrest.

(5) The number of individuals treated by the Street Health Intervention Response Team that are transported to a hospital, mental health program, or drug rehabilitation program.

(6) The monthly amount spent on the program.

(b) The Cook County 911 Call Center and other relevant County Departments maintaining information required for the reports detailed in Section 38-278 herein shall reasonably and timely respond to requests for such information from the Program Administrator.

#### Division 3 – End of Pilot Program Period

##### Section 38-279 – Time Period

The program's pilot period shall end two years after active implementation, not including the development period, with the expectation that it be extended County wide with an increase of the number of Street Health Intervention Response Team units to cover Cook County given the data of total relevant behavioral and mental health calls to Cook County's 911 Call Center.

##### Section 38-280 – Effective Date

This Chapter shall be effective immediately upon passage.