Alternative Health Intervention and Response Task Force

Final Report

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Alternative Health Intervention Task Force Members

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Introduction
The Alternative Health Intervention (ALT-HIR) Task Force is pleased to submit this report after 3 months of research and collaboration. We hope the Board reviews the information and recommendations included and feels moved to continue building a robust behavioral health crisis care continuum for all residents of Suburban Cook County.

I. Alternative Health Intervention Response Task Force

The ALT-HIR Task Force was first convened on April 25, 2022, in response to the Cook County Board of Commissioners Resolution 22-0737. The Resolution called for the creation of an Alternative Health Intervention and Response Task Force to assist in developing and implementing an ARPA-funded Alternative Health Intervention and Response 'Pilot Program', in compliance with the Illinois Community Emergency Services Support Act (CESSA). The Task Force was instructed to make recommendations to the Cook County Board of Commissioners regarding the Pilot Program and the creation and dispatch of a mobile crisis intervention team by August 1, 2022, so that a Pilot Program could become operational on or before January 1, 2023.

Crisis response programs require complex collaboration across public service networks. To recommend a course of action on the Pilot Program, the co-leads were committed to providing Task Force members with a current-state assessment of the crisis response landscape in Cook County. Meetings with subject matter experts, service providers, and leaders at the state and local levels highlighted an intricate crisis response system within Urban and Suburban Cook County; alternative health interventions and response initiatives already exist throughout Cook County, and statewide efforts are underway to expand access and coverage of mobile crisis units.

These findings prompted the Task Force to adjust the scope of our recommendations and look to invest in the larger gaps of the continuum of care for individuals experiencing mental and behavioral health crisis.

II. Behavioral Health Crisis Response Landscape

Crisis Response Models

Before investigating the best approach to a behavioral health crisis response, it's important to start from a clear definition of what a crisis is and what are the services that may follow. The Task Force has adopted the SAMSHA definition[1] of crisis services:

> *"Given the ever-expanding inclusion of the term "crisis" by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for anyone, anywhere and anytime. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for anyone, anywhere and anytime."*

As the emergency response landscape continues to acknowledge the need for behavioral health crisis response, several alternate models have been adopted. The Task Force looked at four historical models while considering national best practices:

1. Police with No Training
2. Police with Training- Crisis Intervention Teams (CIT)
3. Co-Responder Model, Police with Clinician or Social Work
4. Non-Police Response

Although each of the four models were researched by the Task Force, focus was centered on Non-Police Response options. The following sections detail the current state landscape of community-based response services and the recommendations for areas of continued growth.

Crisis Response Systems

Non-Police Response models mirror the traditional emergency response system in many ways; crisis is addressed in three parts: call, response, and resolution. The three parts can be further defined[2] as:

1. **Someone to Call:** Crisis lines accepting all calls and dispatching support based on the assessed need of the caller
2. **Someone to Respond:** Mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments
3. **Somewhere to Go:** Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources

This system is known as the Crisis Response Matrix and was the framework the Task Force used to take inventory of the current state landscape. The graphic below provides an overview of the current Suburban Cook County landscape and the systems in each part of the matrix.

[1] SAMSHA National Guidelines for Behavioral Health Crisis Care

[2] SAMSHA National Guidelines for Behavioral Health Crisis Care

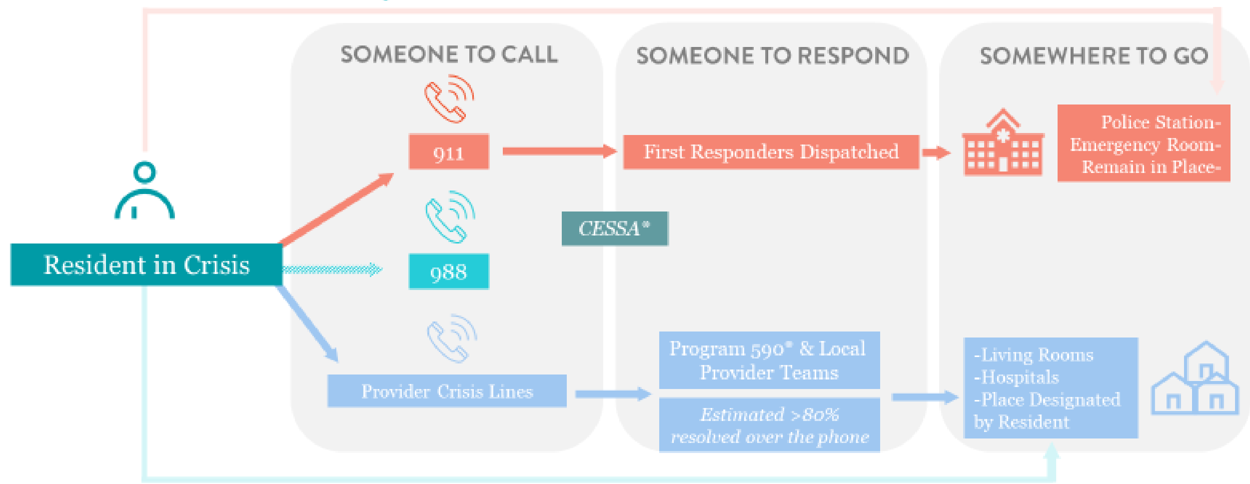

*Figure 1. Suburban Cook County Crisis Response Landscape, *indicates IL policy regulation*

III. Suburban Cook County Crisis Response Landscape & Findings

The Suburban Cook County crisis intervention landscape has gone through consistent growth over the past 20 years. Mental health providers have offered crisis hotlines and mobile crisis response units since the early 2000s and statewide efforts introduced in the last year seek to ensure access to these alternatives twenty-four hours a day, seven days a week, 365 days a year.

Throughout the course of the ALT-HIR taskforce's work, we gained an understanding of national, state, and regional efforts already underway, the current status, expected scope and timeline of these efforts and how Cook County can best support the creation of a comprehensive, coordinated network of crisis response and care.

Someone to Call

911

- Nationally, 911 remains the most robust infrastructure for individuals in crisis.
- The Cook County 911 Center received an average of 500 calls per day
- While the State of Illinois does not currently mandate behavioral health trainings for 911 operators, Cook County 911 mandates this training for all 911 operators.

CESSA

- In 2021, Illinois passed the Community Emergency Supports and Services Act (CESSA) that mandates emergency response operators refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police. These teams are to be clinician+ models for alternative care, led by a trained individual with lived experience of recovery, alongside a crisis counselor.
- CESSA also establishes a statewide set of goals describing the way mobile mental and behavioral healthcare should be provided. State and regional working groups are developing these standards of care and are scheduled to provide recommendations by January 2023.
- CESSA recommendations are expected to include:
  - Direction to create a pathway for 911, 311 and other emergency response centers to transfer calls seeking mental and behavioral health support to the State's 988 number, unless there is ongoing criminal activity or a threat of violence.
  - Establish a Statewide Committee and a Committee in each EMS Region to work out the on the ground logistics of how the services are provided based on local service availability.
  - Establish a set of statewide goals describing the way mobile mental and behavioral healthcare should be provided. Review the statewide goals.

988

- 988 launched on July 16, 2022, as the nationwide number for national suicide prevention and mental health crisis hotline. The current suicide hotline number 800-273-TALK (8255) will remain active. Both numbers 988 & 800-273-TALK go to Path in Bloomington.
  - 988 is a core component of crisis care, aligned with the national Substance Abuse and Mental Health Service Administration's Crisis Services: meeting Needs, Saving Lives initiatives.
  - 988 is a technical reform that changes the national suicide prevention hotline to a universal number. However, by making this change nationally, states have the opportunity to build more local responses and connections through 988 in such a way that 988 may eventually become a full crisis response dispatch center.
  - The Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) was awarded a grant from Vibrant, operator of the National Suicide Prevention Lifeline (Lifeline) to plan for implementation of 988
  - IDHS/DMH is working with a call center in Bloomington, Illinois to build capacity to answer a greater number of calls from Illinoisians in-state beginning July 2022.
  - Advocates and providers, such as the National Alliance for Mental Illness (NAMI) are working to guide
- It is expected that up to 80% of mental and behavioral health crises could be resolved over the phone, with a well-developed crisis line
  - Sufficient capacity to answer calls, ideally local to promote cultural competency, understanding of local resources, local public safety considerations (e.g., where is it safe for individuals to travel to, what are

options for accessing the resources they need in the moment—public transit, public/private partnerships for rideshare, etc.)
- Still allows geo-location of caller to enable emergency response

Provider Crisis Response Hotlines
- Currently, each crisis response provider in Suburban Cook County hosts their own local hotline.
- At this time, National Alliance for Mental Illness (NAMI) Chicago recommends the individual crisis lines continue to be utilized until the state is able to dispatch to local response teams from 988.

Someone to Respond

First Responders
- In most states, law enforcement is the traditional first responders to a crisis situation, no matter the circumstances. persons with behavioral illnesses are more likely to experience excessive force that results in injury or death during police interaction. These interactions cause trauma to the person who is experiencing the crisis, thus resulting in the need for law enforcement alternative crisis responses.
- Two primary alternatives to police for mental and behavioral health crises have emerged: (1) the co-responder model and (2) the clinician+ model. Based on the Task Force's research, clinician + models are best practice as a means of providing behavioral health crisis response while limiting the risk of arrest[3].

CESSA
- In 2021, Illinois passed the Community Emergency Supports and Services Act (CESSA) that mandates emergency response operators refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police. These teams are to be clinician+ models for alternative care, led by a trained individual with lived experience of recovery, alongside a crisis counselor.
- CESSA also establishes a statewide set of goals describing the way mobile mental and behavioral healthcare should be provided. State and regional working groups are developing these standards of care and are scheduled to provide recommendations by January 2023.

Local Dispatch Teams & Program 590 Providers
- In conjunction with the passage of CESSA, DMH established a Crisis Care System Request for Proposals to fund the expansion of a statewide continuum of care services and establish 24/7/365 availability of mobile crisis response teams, in such a way that addresses service gaps due to racial and geographic inequities. This funding structure is referred to as Program 590.
- There are seventeen 590 Providers in Cook County. These mental and behavioral health service providers either have existing mobile crisis response teams and are working to expand capacity with 590 funding or are working to establish a mobile crisis response team for the first time. There may also be additional organizations providing mental health crisis response services in Cook County, such as Thresholds, who are not designated 590 providers. A list of 590 Providers can be found in the appendix.

Somewhere to Go

Crisis Stabilization Units (CSU)
- Small, independent facilities of less than 16 beds for people in a mental health crisis whose needs cannot be safely met in residential service settings

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[3] NAMI Chicago- Cost Savings from a Fully Implemented Mental Health Crisis Response System in Illinois, Houston Police Mental Health Division. (2020, January 28). Crisis Call Diversion Program (CCD) | Mental Health Division. Mental Health Division | Houston Police Department. Link
Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies | SAMHSA Publications and Digital Products. (2014). SAMHSA. Link
Crisis Resource Need Calculator. https://calculator.crisisnow.com. Accessed on 04.08.2022.

- May be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital
- CSUs try to stabilize the person and return them to community quickly
- There are 11 organizations funded by the Department of Mental Health that offer Crisis Stabilization Units in Illinois

Living Room Programs (LRP)

- A Living Room is for individuals in need of a crisis respite where services and supports are available and designed to proactively divert crises and break the cycle of psychiatric hospitalization
- LRPs provide safe, inviting, home-like atmosphere where individuals can calmly process their crisis event, as well as learn and apply wellness strategies which may prevent future crisis events, and learn to apply wellness strategies that may prevent future crisis events
- LRPs are staffed by Recovery Support Specialists
- Individuals seeking services at LRPs are screened by Qualified Mental Health Professionals upon entry and exit
- Individuals experiencing psychiatric crisis may self-refer, or may be referred by police, fire, emergency departments or other organizations
  Suburban Cook County does have 8 Living Room sites, but they do not provide full 24/7/365 coverage meeting SAMHSA standards and no crisis stabilization centers
- Triage Centers are also “somewhere to go” options for individuals in crisis

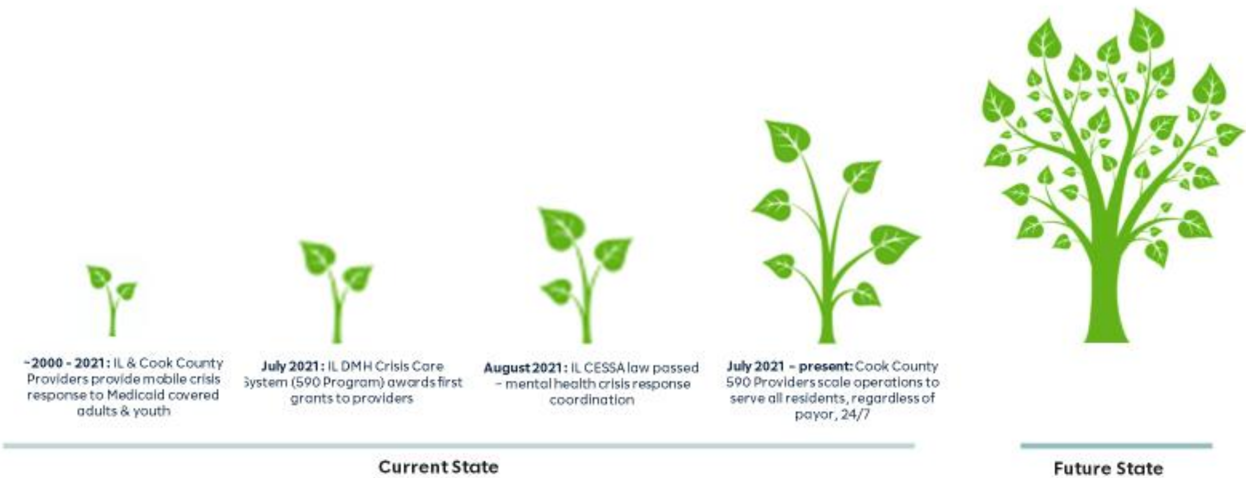
Assertive Community Treatment (ACT)

- ACT is an evidence-based practice for people with severe mental illness and those that are most at risk of psychiatric crisis and hospitalization, and involvement in the criminal justice system.
- ACT is multidisciplinary service delivery model with outreach and service in the community to provide skills and services in the settings in which crisis occurs and support and skills are needed.

IV. Recommendations

The Suburban Cook County crisis intervention system has experienced rapid growth in planning for alternative crisis responses over the last 12 months. However, this task force recognizes that significant work to equitably implement and scale alternative crisis responses remains before a robust continuum of care, for those experiencing mental or behavioral health crises, will be available to all communities of Cook County. With new investments from federal, state, and local government, the County is in a unique position to continue this growth to become a robust system of care. It is the Task Forces' goal to recommend next steps in order to reduce fragmentation and strengthen the County's ability to impact the behavioral health needs of our neighbors.

As the state and county move forward, our work must be rooted in needs and culturally-humble solutions, as community defines them; "nothing about us without us". Each of the following recommendations must include deliberate strategies to include residents with lived experience in the decision-making process. To meaningfully center the perspectives of residents, decision-making spaces must change, physically and structurally. Meetings must be held in the communities impacted by existing or proposed policies and programs, and offered outside of traditional business hours, so that residents can reasonably attend. When engaging residents in policy and program development, residents should be valued for their time and subject matter expertise. Through flexible, accessible, and empowering pathways for resident participation, policies and practices around the continuum of care for crisis intervention in Cook County will become more community-led, more responsive to the needs of their residents, better positioned to adapt to changing needs and landscapes, and have a better chance of overall success. This standard for community engagement is also represented in the 2021 Cook County Equity Fund Report.



ALT-HIR Task Force meetings culminated in a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis discussion after the current state assessment was complete. Members shared their SWOT findings for each of the three phases of the crisis response matrix, leading to two final recommendations for immediate next steps:

1. Suburban Cook County Crisis Care Continuum

The ALT-HIR Task Force recommends the County lead a needs assessment, based in part on the bullet points below. The County should focus on the rollout of the 988program and the 590-program to identify areas in need of additional support. The crisis care continuum, which includes a robust response to the three pillars of: someone to call, someone to answer and somewhere to go will need to be assessed and determinations will need to be made to confirm there is sufficient resources for each pillar. The County should ensure a smooth transition as individuals in need navigate between the stages of care. With this more comprehensive understanding of the care continuum, the Task Force recommends taking action to ensure a full continuum of crisis response care in accordance with SAMSHAs standard of care performance indicators.

Someone to Call Research Questions

- What is the capacity of 988 in Cook County (work with ETSB to collect)?
- What is their demand and how are they handling it? What % of calls are being answered regionally or by the backup center in Bloomington (work with ETSB to collect)?

- How well are call centers providing local care connections to their callers? How well do they understand the local resources and what partnerships have they built? Have they connected with 590 grantees and 911 call centers? What % of calls are being referred to mobile crisis providers?
- How is 988 providing care to children and youth, non-English speaking, and hearing impaired?

Someone to Respond Research Questions

- How are the residents of Cook County accessing a mobile crisis teams? How are other providers, first responders, and call lines initiating mobile crisis teams?
- What is the capacity of 590 grantees and what is their demand?
- What does their response look like and who and what are they responding to?
- How are they engaging with the community?
- How well has the have the 590 grantees been connected to the 988 system? How will other providers and call lines initiate?
- How equitable is the mobile crisis team coverage in Cook County? Are there any crisis coverage gaps?

Somewhere to Go Research Questions

- Where are people in crisis being taken during crisis to receive immediate support and where are they being referred to support their recovery and follow-up treatment?
- What is the current state of the crisis receiving and stabilization system in Cook County, and how can the County assist in building out a continuum of crisis receiving and stabilization facilities in Cook County?

Additional Action Item

- Support Suburban Cook County hospitals in applying to the State's crisis stabilization RFP, with a focus on hospitals serving vulnerable communities
- Invest in Living Room and Assertive Community Treatment services to provide treatment hours to 24/7
- Continue to support NAMI behavioral health hotline expansion to Suburban Cook County
- What could a long-term County wide vision look like to develop, attract, and retain the most resilient, representative, skilled and qualified Behavioral Health workforce in the United States?

2. Behavioral Health Workforce

The ALT-HIR Task Force recommends the County commission a behavioral workforce study to examine workforce shortages and effective strategies for growing and strengthening a behavioral health workforce.

Workforce Research Questions

- What is the current status of the behavioral health worker shortage in Cook County and Suburban Cook County? What % need can the current workforce serve?
- What will growing shortages across Cook County and Suburban Cook County look like over the next 10 years?
- How many additional behavioral health professionals in each key occupation does Cook County and Suburban Cook County need to meet community needs, today and in the future?
- What are the principal factors influencing behavioral health career decisions, retention, burnout, and talent attraction?
- What could a long-term County wide vision look like to develop, attract, and retain the most resilient, representative, skilled and qualified Behavioral Health workforce in the United States?

3. Behavioral Health Resources in the Cook County 911 Dispatch Center

The ALT-HIR Task Force recommends embedding behavioral health resources in the Cook County 911 Dispatch Center to answer calls related to mental health and crisis stabilization. Advocates and administrators of the 988 program anticipate that up to 80% of mental health calls may be resolved over the phone. The dispatchers will be trained to spot calls that can be transferred telephonically to the specialized behavioral health resource and transfer them as appropriate.

Behavioral Health Resources and 988 Partnership Goals:

- Collect data on the number of mental health calls.
- Collect data to assess the geographic areas of the County receiving the most mental health related calls.
- Collect data on how many calls can be resolved over the phone, as opposed to those requiring a police response.
- Collect data on the needs of individuals calling 911.

- Sheriff Tom Dart has indicated to the Cook County Board of Commissioners that 50% of calls that the Sheriff responds to are mental health calls. Assigning these calls to the behavioral health resources within the 911 call center will allow the Sheriff to dedicate their resources to responding calls related to crime and public safety.
- Foster the connection of 911 and 988 based on CESSA committee recommendations.

4. Promote Best Practices and Standards of Care for the Suburban Cook County Crisis Response System

Cook County's Department of Public Health (CCDPH) and Justice Advisory Council (JAC) are involved in the CESSA state/regional committees, Harvard Government Performance Lab Community of Practice for Alternative 911 Emergency Response, and 988 / Crisis System Advocacy Working Group convened by NAMI Chicago. The Task Force recommends CCDPH and the JAC continue engaging in these spaces, other related policy and advocacy spaces as they develop. CCDPH and JAC shall bring knowledge from these spaces to Cook County leaders and suburban Cook County 590 providers to support collaboration and implementation of best practices and standards of care. These emergency mental and behavioral health service providers either have existing mobile crisis response teams and are working to expand capacity with 590 funding or are working to establish a mobile crisis response team for the first time. The County is well situated to assist in establishing consistent best practices and standard of care across 590 providers.

Best Practices and Standards of Care Goals:

- Establish appropriate minimum response times for mobile crisis units.
- Establish minimum qualifications for 590 responders, including roles for people with lived experience.
- Address potential service gaps in racial and geographic inequities.
- Assess unincorporated Cook County for sufficiency in mobile crisis care and ensure emergency mental health needs are met.

V. Appendix

1. **Resolution 22-0737**

A RESOLUTION FORMING THE ALTERNATIVE HEALTH INTERVENTION AND RESPONSE PILOT PROGRAMS'S TASK FORCE

WHEREAS, recognizing an increase in the number of individuals seeking behavioral and mental health services, the Cook County Board of Commissioners passed a resolution in October 2021 declaring mental health a public health crisis; and

WHEREAS, there has been an expansion in our public consciousness and amplified discussion regarding the role of government entities and law enforcement in responding to mental and behavioral health emergencies, especially in light of the need for alternative public safety programs; and

WHEREAS, on August 25, 2021, Governor J.B. Pritzker signed into law in Illinois the Community Emergency Services and Support Act ("Act"), 50 ILCS 754/1 through 754/65; and

WHEREAS, the Act requires every unit of local government that provides or manages ambulance service or similar emergency medical response to coordinate with mobile mental and behavioral health services established by the Illinois Department of Human Service's Division of Mental Health ("Division of Mental Health"). The Act requires coordination with a newly established 988 hotline, which connects callers to the National Suicide Prevention Lifeline; and

WHEREAS, the Act aims to provide callers seeking mental or behavioral health support with an appropriate mental health response, specifically with professionals trained in de-escalation techniques, knowledge of community services and resources, and respectful interaction with those experiencing a crisis while at the same time diverting non-violent/non-criminal calls from a police response; and

WHEREAS, the Act contemplates mobile response teams to divert those in crisis from interactions with law enforcement whenever possible and link them with available appropriate community services; and

WHEREAS, the Act endeavors to meet a community need with an appropriate response, reducing law enforcement responses to those requiring mental or behavioral health care using mobile unit responders where available for dispatch; and

WHEREAS, the Act is effective starting January 1, 2022, and requires local governments to begin coordination with the Illinois Division of Mental Health and its mobile units on or before January 1, 2023, if the unit of local government provides or coordinates ambulance or similar emergency medical response or transportation services for individuals with emergency medical needs; and

WHEREAS, Cook County operates the Emergency Telephone System Board (ETSB) to administer Cook County's 911 system in unincorporated Cook County and via an agreement with Berkely, Blue

Island, Dixmoor, Ford Heights, Golf, Harvey, Hometown, Indian Head Park, Lyons, Merrionette Park, Metra, Northlake, Palos Park, Park Ridge and Phoenix; and

WHEREAS, due to the implementation of the proposed ARPA funded Crisis Intervention Pilot Program which will be known as the Alternative Health Intervention and Response Pilot Program ("Pilot Program"), Cook County will establish a mobile crisis intervention program; and

WHEREAS, an Alternative Health Intervention and Response Task Force ("Task Force") should be established to assist in developing and implementing the Pilot Program, determine compliance with the Act and determine details of an ordinance to further establish such a program (a model ordinance entitled "Alternative Health Intervention and Response Ordinance" is attached to this Resolution for reference and is marked as Exhibit A); and

WHEREAS, given the passage of the Act, the various Cook County crisis and mental health ARPA initiatives and the nationwide and local push to maintain an appropriate response to people in crisis while insulating them from interactions with the criminal justice system where possible, the -Task Force shall set County-led goals to reduce reliance on the criminal justice system, develop a system to support those with mental and behavioral health needs including on-scene crisis assistance, refer people for treatment, connect those in need to crisis care and provide follow up support -for emergency services provided in unincorporated Cook County;

THEREFORE, BE IT RESOLVED that the Task Force is established to determine how the Pilot Program will be established, how the approved ARPA initiatives can be used to aid the Pilot Program, and to make recommendations to become operational on or before January 1, 2023; and

THEREFORE, BE IT FURTHER RESOLVED that the Task Force shall include representatives from the Cook County Board of Commissioners, the Cook County Department of Public Health, Cook County Health, the Cook County Sheriff's Office, the Cook County Board President's Office, the Justice Advisory Council, the Emergency Telephone System Board, and a community representative. The lead sponsor of this Resolution shall serve as the representative of the Cook County Board of Commissioners, and the remaining members shall be appointed by each above-named office or the Cook County Board President as appropriate. The members of the Task Force shall be selected within 30 days of the passage of this Resolution and the Executive Director of the Justice Advisory Council and a representative of Cook County Health or the Cook County Department of Public Health shall co-chair the Task Force; and

THEREFORE, BE IT FURTHER RESOLVED that the Task Force shall develop and make recommendations to the Cook County Board of Commissioners regarding the establishment of the Pilot Program on or before August 1, 2022.

1. **Resolution 22-0737: Exhibit A, As Referenced in Appendix 1**

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.

2. ALT-HIR Task Force Meeting Schedule & Presentations

Date	Presentation	Presenter(s)
April 25	National First Responder Models & Cook County Landscape	ALT-HIR Task Force Co-Leads
April 25	Resolution 22-0737 Overview	Laura Lechowicz Felicione – Cook County Legal Counsel
May 4	What's New in 2022 in Illinois' Mental Health Crisis System	Rachel Bhagwat – Director of Policy, NAMI Chicago
May 4	Crisis Intervention Provider Landscape	Greg Lee, LCSW – SVP of Behavioral Health & Community Based Services, Pillars Community Health Dr. Sharronne Ward – CEO, Grand Prairie Services
May 18	The Behavioral Health Crisis Response Continuum in Illinois: Key Factors and Impacts for Cook County	Dr. Lorrie Rickman Jones – President, Behavioral Health Innovations Brenda Hampton – Visiting Specialist for UIC College of Social Work, 988 and CESSA Crisis Hub
May 18	11 Introduction & Landscape	Martin Bennett – Executive Director of Emergency Communications/911 Call Center, Cook County's Sheriff Department
June 1	Suburban Cook County Crisis Intervention Landscape Review & SWOT Analysis	Avik Das, Esq –Justice Advisory Council Dr. Kiran Joshi – Cook County Department of Public Health
June 22	Cook County Sheriff's Treatment Response Teams	Elli Petacque Montgomery, LCSW – Director of Mental Health Advocacy & Treatment Response Team Programs, Cook County Sheriff Jason Hernandez – Executive Director of Intergovernmental Affairs, Cook County Sheriff
July 6	ALT-HIR Report Draft Discussion	Avik Das, Esq –Justice Advisory Council Dr. Kiran Joshi – Cook County Department of Public Health
July 20	ALT-HIR Report Draft Discussion	Avik Das, Esq –Justice Advisory Council Dr. Kiran Joshi – Cook County Department of Public Health

August 3	ALT-HIR Report Vote	Avik Das, Esq –Justice Advisory Council Dr. Kiran Joshi – Cook County Department of Public Health

3. 590 Provider List as of 4/15/22

590 providers currently operating in Suburban Cook County:

- KYC
- Pillars
- HRDI
- Sertoma
- Grand Prairie Services
- HRDI
- Trinity
- Metropolitan
- Alexian Brothers
- Trilogy
- Ecker Center
- Leyden
- Turning Point
- Thrive
- Presence BH

590 providers currently operating in the City of Chicago:

- Habilitative
- Pilsen
- Loretto Hospital
- HRDI
- I Am Able
- Mt. Sinai
- C4
- Rincon
- Bobby Wright
- Advocate Northside
- Trilogy
- Thresholds
- Metropolitan
- Pillars
- Kirby Rehab
- LSSI
- Loretto Hospital
- Pilsen

4. SWOT Analysis

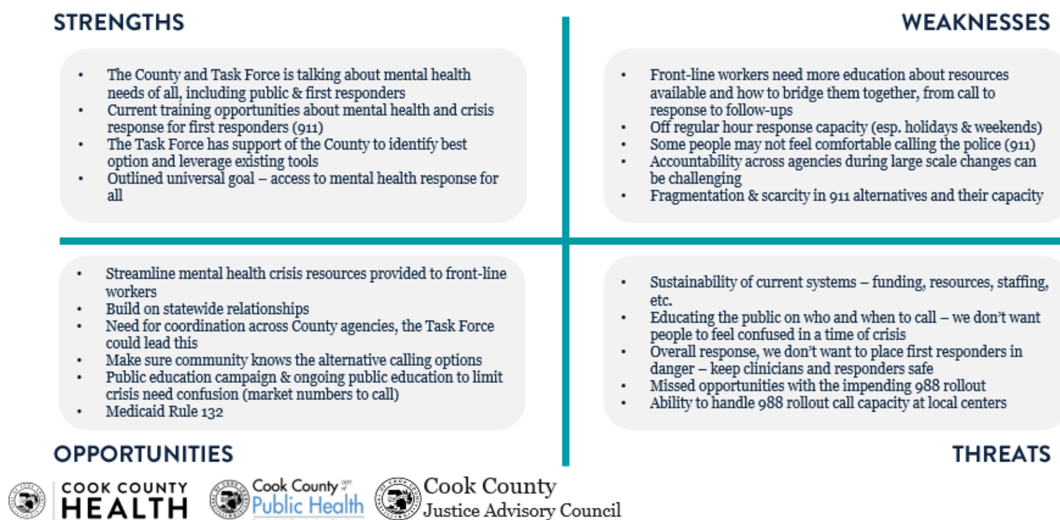


Figure 2. Suburban Cook County Someone to Call SWOT

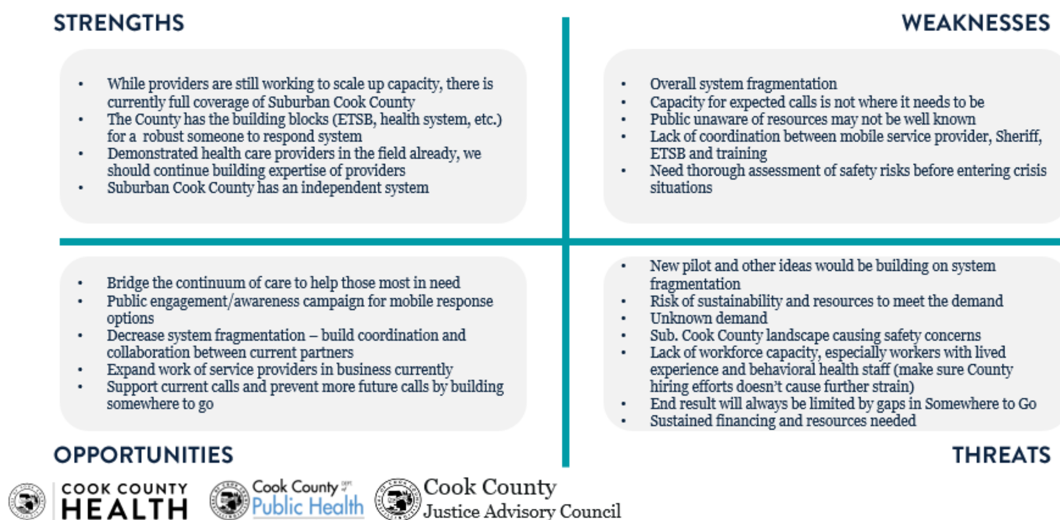


Figure 3. Suburban Cook County Someone to Respond SWOT

Alternative Health Intervention and Response

SWOT Analysis – Somewhere to Go

STRENGTHS

- JAC partnership – connect people to nonrestrictive settings
- Other County agency partnerships

WEAKNESSES

- Not enough capacity at any level (Living Room, residential, etc.)
- Lack of data – need more on number of people who need nonrestrictive settings, mobile response, handled over the phone. Who is left and what do they need?

OPPORTUNITIES

- Once in a generation opportunity to build somewhere to go – assess need and invest in brick-and-mortar places to go
- Create a model for how to best deliver care – build this across the country
- CESSA statewide committees creating standards and guidelines for state and county – gives us an opportunity to focus on somewhere to go
- Building bridge between us and State (CESSA, ARPA, etc.)

THREATS

- Risk of losing effect of the work that's being done in first 2 phases without this
- Multiple stakeholders with varying positions – need collaboration to respond to the needs of the community
- Multiple mental health resources in the space that are managed by external agencies

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Figure 4. Suburban Cook County Somewhere to Go SWOT