

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 definition¹ 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 defined² 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](#)

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix

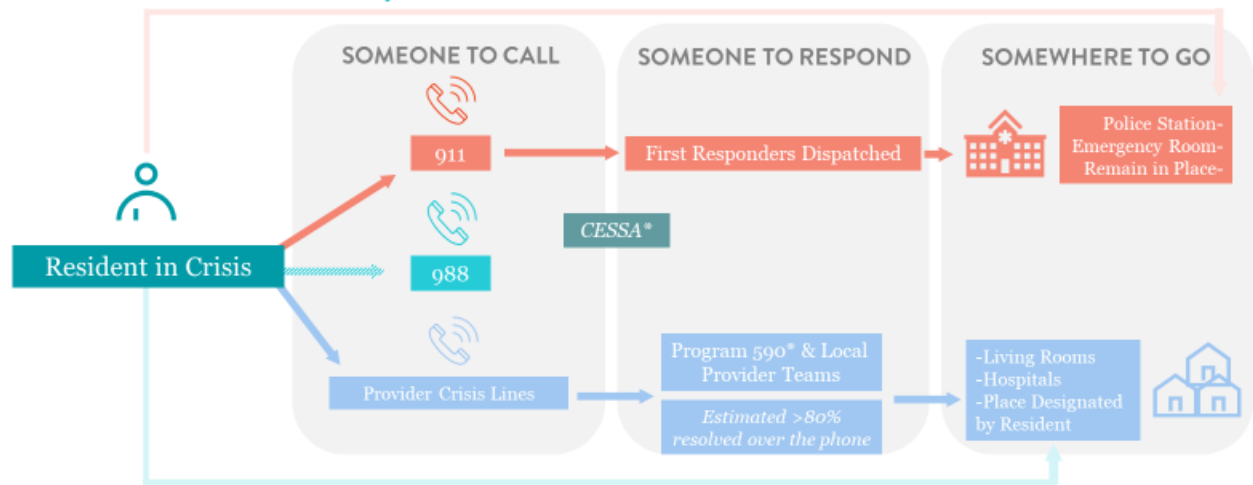


Figure 1. Suburban Cook County Crisis Response Landscape, *indicates IL policy regulation

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 arrest³.

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

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

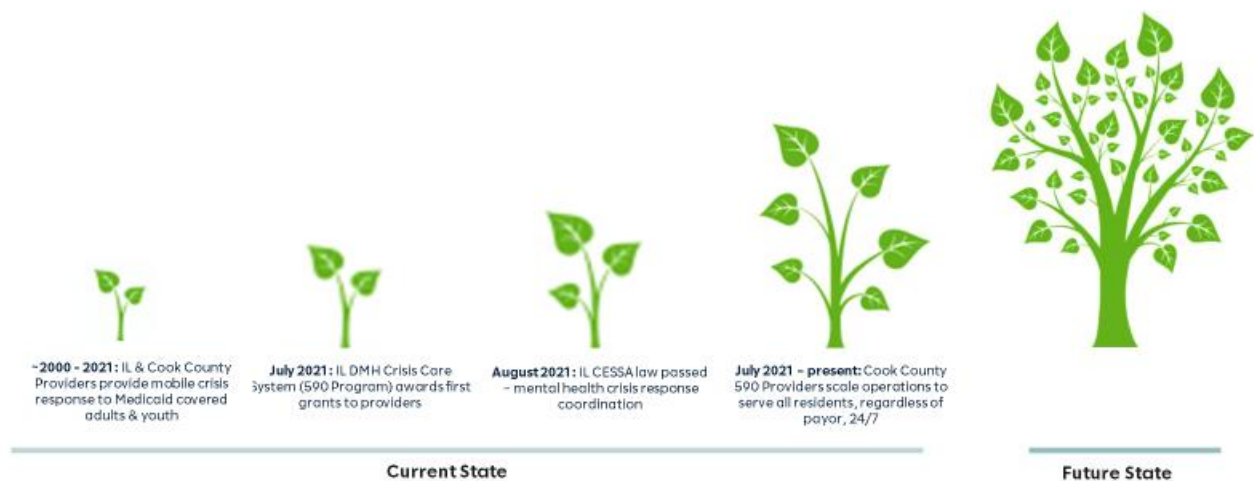
Assertive Community Treatment (ACT)

- 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 988 program 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

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.

(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
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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

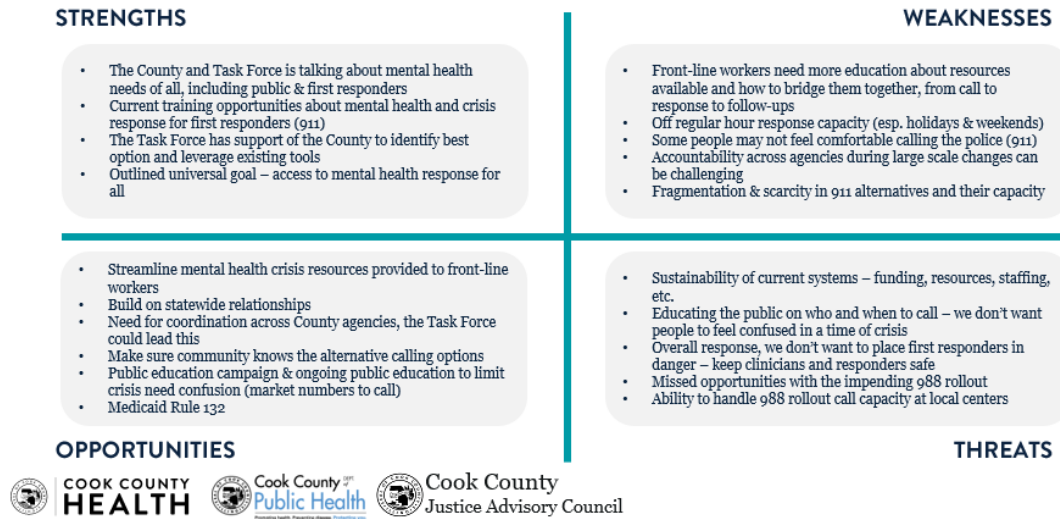
590 providers currently operating in the City of Chicago:

- 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

Alternative Health Intervention and Response

SWOT Analysis – Someone to Call

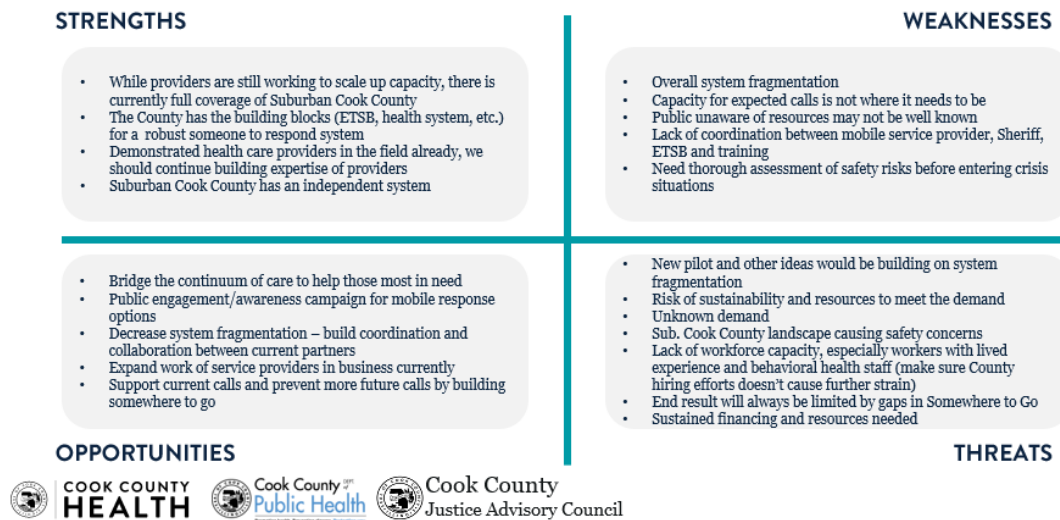


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Figure 2. Suburban Cook County Someone to Call SWOT

Alternative Health Intervention and Response

SWOT Analysis – Someone to Respond



8

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?

- 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.)

- 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

OPPORTUNITIES

THREATS



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Figure 4. Suburban Cook County Somewhere to Go SWOT

5. Public Comment

To whom it may concern:

My name is Linda Rucker. I am a registered nurse. I have been a nurse for many decades. I am a member of National Nurses Organizing Committee of Chicago. This topic hits very close to home. I am especially invested in this initiative. I work in the behavioral psych unit at Jackson Park. I have unfortunately witnessed the decline in resources for these patients over the past decade. I am disgusted with the decision to cut so many vital services for these patients.

Right now, what we would call a psych patient would be admitted to 4 main, which is the behavioral psych unit. We admit them and generally they are hospitalized for around 2 weeks. Many of them are without a home. A few years ago, there were so many more resources available to these patients after they were discharged from JPH. Now there are hardly any. So once the patient is discharged, he/she is released to the streets once more. If you are homeless, you do not have access to the required care or medication that is necessary for your treatment. If you are not treated, you can go through a state of psychosis.

To the untrained professionals this state can appear violent. It can appear aggressive. Untrained professionals may feel afraid, or they may feel threatened. With resources stripped, there are more untreated patients like this on the streets that civilians may encounter. These patients do not need the police. They need a team of trained medical professionals that understand that they are unwell and there is a specific type of treatment required.

For these reasons and more, I support a nonpolice response when handling mental health crises.

Linda Rucker, RN

NNOC, Jackson Park

My name is Yulonda Clark. I am a Registered Nurse at Jackson Park Hospital. I have been a nurse since 2016. I work in the emergency department, and I live in the Southshore community. I have extensive experience in dealing with the population of patients that suffer from mental health conditions. Not only do they reside in my community, but I work directly with them daily as I see them as patients.

As an emergency room nurse, these patients typically come to my department before they are admitted to the behavioral health floor within Jackson Park. So, I am responsible for their intake. These patients generally come in with police officers and at times they are combative. Keep in mind, once they are admitted, the police leaves and nurses and other healthcare professionals are the ones who are left to care for them. Generally, this happens without any issue whatsoever.

When issues do arise or a threat is present, it is usually due to the lack of staff at the facility. As many of you know, there is a massive shortage in staff due to poor working conditions and slow rising wages across the country. If this can be addressed, the quality care that we are able to provide to these deserving patients will improve drastically.

We don't need the police. We need support from the community. We need more resources. The 911 alternative, the taskforce eliminating police response to mental health crisis, is a step in the right direction. This is how we are going to improve mental health in Chicago. And this is how we are going to be an example to rest of the country in how progressive community based solutions to the mental healthcare crisis looks.

Yulonda Clark, RN, NNOC

312-865-2485

My name is Karen Perkins, and I'm a resident of Chicago. I am an Art Director at the Chicago Center for Arts, and Technology I am writing because I believe in a nonpolice response when dealing with the mental health population. Often, the police can cause more harm than they are able to provide help.

Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services. A nonpolice response will aide in this goal.

Thank You.

Sincerely,

Karen Perkins

Chicago Center for Arts and Technology

773-484-0110

My name is Jennifer Goldsmith Harris. I am a registered nurse at Jackson Park Hospital. I have been a registered nurse for over 30 years. This statement is to I see many kinds of patients on a day-to-day basis. This would include patients with mental health challenges. Behavioral health patients require a special kind of attention. It is important for them to feel human. To feel respected regardless of their health challenges.

I am proud to say, at Jackson Park Hospital we take care of the bulk of behavioral health patients in Chicago. We have a multiple units designated to care for this population. While I am proud of the care that Jackson Park provides, it is not enough.

I have watched resources for mental health services drastically decline over the years. Our mental health patient population has been essentially forgotten. Many of the patients who are admitted here are here repeatedly. They are not getting the sustained care that they need. After these patients leave Jackson Park, they are back on the streets, without any support or resources available.

A non-police response will not negatively impact Healthcare providers like myself. What negatively impacts us is the resources that have been systemically stripped from our community over the years. If you want to keep frontline health professionals in mind, work with us to improve staffing, or to improve access to mental health services in the community.

For these reasons, I am in full support of the 911 Alternative. A taskforce that truly is absence of police presence and stacked with healthcare professionals trained to deal with this patient population.

Jennifer Goldsmith Harris

My name is Kindra Perkins. I am a Labor Representative for National Nurses Organizing Committee. I represent nurses at Provident, the Cook County Jail, Community First Medical Center and Jackson Park Hospital. Three of five of these facilities have units designated for medical psych patients. All the facilities directly deal with medical psych patients. With this, I have a broad understanding around how this population of patients intersect with healthcare providers.

As the authorized representative of RNs throughout Chicago, one of my roles is to advocate for resources that RNs need to deliver effective and quality patient care. I know this population of patients receive the bare minimum of care due to the limitation in resources available.

At Jackson Park two years ago, I organized a press conference that demanded that workplace violence on the behavioral health unit was addressed as required by the law. These workplace violence provisions not only protected the staff, but it protected the patients as well. We requested more staff, more de-escalation training, and policies designed to protect the patients. This population of patients are typically homeless and many of them are estranged from their families due to their mental health conditions. With this, when they are assaulted or neglected the outcry is minimal. Which makes it that much more difficult to advocate for more resources for them.

At the Jail we need more mental health practitioners. We do not have enough RNs. These patients are not getting optimal treatment. Many of them do not belong there. Many of them should be at a long-term facility to truly address and treat their needs. The issue is these facilities don't exist anymore.

We need to consistently work on improving mental health services and resources in Chicago. There are real issues that need to be addressed. This is a critical shortage in resources for these patients. Unfortunately, in my experience, the police absolutely need no role in this.

They do not serve the communities where I am from. The police terrorize the communities that I am from. I have never looked at the police as something that protects me or anyone that looks like me. Understanding the medical nature of these patients, it only makes sense for the City of Chicago to serve its communities and support a taskforce that does not include police presence. This is one of the solutions to increase resources available to this population of patients.

Kindra Perkins, Labor Representative

NNOC

312-783-1669

From: [Morgan Chase](#)
To: [Mary Alice Carroll](#)
Subject: Submission for Public Comment
Date: Monday, August 29, 2022 5:05:59 PM

This message came from outside your organization.

My name is Morgan Chase and I'm a resident of Kilbourn Park, Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police.

Thank you,

Morgan Chase

From: [Charline McGrath](#)
To: [Mary Alice Carroll](#)
Cc: [Mark Kuehner](#)
Subject: Mobile mental health team
Date: Monday, August 29, 2022 5:15:25 PM

This message came from outside your organization.

Dear Ms. Carroll,

My name is Charline McGrath and I'm a resident of Chicago in Cook County. I am writing because I believe all of our residents will be safer, if when there is a mental health crisis, people who are at risk have access to interventions by a trained mental health team to de-escalate the situation before police personnel arrive at the scene.

The police killings of Stephon Watts in Calumet City and Madeline Miller in Flossmoor could have been prevented with a crisis response by medical and social work professionals instead of police. Seeing/hearing about these events on the news creates undue stress to residents in the community, especially for individuals who are dealing daily with family members who suffer from mental health issues due to a lack of appropriate community services in general.

The need for a mobile response crisis unit to be tested and implemented here in the south suburbs that does not include police is critical and should be a high priority.

Thank you for your attention to this important issue.

*Respectfully,
Cook County Resident*

From: [Lanetta Thomas](#)
To: [Mary Alice Carroll](#)
Subject: 911 Response
Date: Monday, August 22, 2022 7:44:52 PM

This message came from outside your organization.

My name is Lanetta Thomas, and I'm a resident of Chicago . I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police.

--

Lanetta "Netta Ti" Thomas
CSU 21'-22' SGA Senator
ZΦB, AA VP of Membership
WCSU Radio Promotions Director
(312) 843-0681
"It's not the load that breaks you down; it's the way you carry it."
-Lena Horne

From: [Lisa Doi](#)
To: [Mary Alice Carroll](#)
Subject: Alternative 911
Date: Thursday, August 25, 2022 10:11:46 AM

This message came from outside your organization.

My name is Lisa Doi and I'm a resident of Chicago (Hyde Park). I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

I want a mobile response crisis unit that does not include police.

Best,
Lisa Doi
(she/hers)

From: [Beth Yahne](#)
To: [Mary Alice Carroll](#)
Subject: 911 Alternative
Date: Thursday, August 25, 2022 10:24:33 AM

This message came from outside your organization.

Hello,

My name is Beth, and I'm a resident of Chicago in the neighborhood of Avondale.

I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police. People should be able to access the help they need without police involvement.

Sincerely,
Beth Yahne

From: [Jill Lesniak](#)
To: [Mary Alice Carroll](#)
Subject: Access to Mental Health Care Services
Date: Friday, August 26, 2022 12:53:00 PM

This message came from outside your organization.

My name is Jill Lesniak, and I'm a resident of Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police and prioritizes mental health professionals as people who are responding to mental health emergencies.

From: [Oliver Ciciora](#)
To: [Mary Alice Carroll](#)
Subject: 911 Alternative Response for Mental Health Emergency
Date: Friday, August 26, 2022 1:07:34 PM

This message came from outside your organization.

My name is Oliver Ciciora, and I'm a resident of Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police and prioritizes mental health professionals as people who are responding to mental health emergencies.

Best regards,
Oliver Ciciora

From: [Blaq Gurl Fya](#)
To: [Mary Alice Carroll](#)
Subject: COMMENTS FOR COOK COUNTY COMMISSIONER JAC REPORT
Date: Friday, August 26, 2022 4:34:34 PM

This message came from outside your organization.

Here's my response to the report...

I'm Fya. I worked with and supported the collective that created the CESSA bill. This group needs to be at the forefront of this discussion. The AYLP [advance your leadership Power] from access living drafted the CESSA bill. When CESSA was passed it was very historic. It was the first time that a BIPOC collective with disabilities passed a bill. Also a community needs to be built between Black and Brown communities and the mental health service providers that will be caring for them. This will help decrease anxiety and trauma. This will also build relationships and connections. Black and Brown deserve to receive health care from people that they can trust and that they know genuinely cares for them.

From: [Briana Payton](#)
To: [Mary Alice Carroll](#)
Subject: 911 Alternative
Date: Monday, August 29, 2022 12:04:50 PM

This message came from outside your organization.

Hello,

My name is Briana Payton, and I'm a resident of Chicago (Bridgeport). I have participated in advocacy for a 911 alternative in Cook County and am glad to see the county pursuing this initiative. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that **does not include police** and prioritizes mental health professionals as people who are responding to mental health emergencies. Police presence has resulted in deadly harm to members of my community too many times before, and mental health professionals have shown themselves well able to handle mental health crises and call for backup when they need it. Let's trust and empower them to do their jobs by establishing a non-corresponder model in Cook county.

Thank you!

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--

Briana Payton
Pronouns: she / her / hers
Policy Analyst, Chicago Community Bond Fund
Pretrial Fairness Act Policy Coordinator, Illinois Network for Pretrial Justice
601 S California
Chicago, IL 60612
Cell: (312) 574-0670
briana@chicagobond.org
www.chicagobond.org

From: [Angel Amador](#)
To: [Mary Alice Carroll](#)
Subject: 911 Alternative Task Force
Date: Monday, August 29, 2022 3:54:25 PM

This message came from outside your organization.

Hello,

My name is Angel Amador, and I'm a resident of Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services through the 911 Alternative Task Force.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police. Please implement a non-police 911 response plan for the safety of all Chicagoans.

From: [Janice Gintzler](#)
To: [Mary Alice Carroll](#)
Subject: Police cannot do it all
Date: Monday, August 29, 2022 6:18:44 PM

This message came from outside your organization.

Dear Ms. Carroll:

Janice Gintzler, from Crestwood, IL in Cook County writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

When people call 911 with a mental health worry and police come, someone usually dies! I remember a Chicago call a couple of years ago when a neighbor, was shot and killed when a young person with a mental problem emerged, maybe with a gun or other weapon, and was shot by fearful police. So both the young person and the neighbor died.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis. The police killings of Stephon Watts in Calumet City and Madeline Miller in Flossmoor could have been prevented with a crisis response by medical and social work professionals instead of police.

And what about the young person beat by Oak Lawn police because they suspected that in the bag on his arm, was a gun? So they beat him to a pulp. Internal bleeding, broken bones, and charged with a crime while in hospital. Is that the job of police to harm citizens and beat or kill them, simply because they are people of color or Arab American?

I want a mobile response crisis unit tested and implemented here in the south suburbs that does not include police. Thank you for your attention to this important issue

Janice Gintzler
Social Action Coordinator, United Women in Faith

Sent from [Mail](#) for Windows

From: [Bonni McKeown](#)
To: [Mary Alice Carroll](#)
Subject: Non-police mental health crisis response
Date: Monday, August 29, 2022 6:32:01 PM

This message came from outside your organization.

Too many lives have been lost because (often overworked) police officers respond violently to someone in a mental health crisis. This happens not only in Chicago but around Cook County. We need a non-police 911 alternative mobile response unit staffed by mental health providers, EMTs, and care coordinators to be piloted in the suburbs.

Sincerely, Bonni McKeown , 5749 W. Ohio St., Apt 2E, Chicago IL 60644

PRAY FOR PEACE
WORK FOR JUSTICE
BOOGIE FOR SURVIVAL

<https://barrelhousebonni.com/> Me and my piano

Blues singer and drummer Larry Hill Taylor: <https://larrytaylorchicagoblues.com/>

[The Rhythm and the Blues](#) : the upcoming movie about a family of blues musicians in 1960s-70s Chicago

From: [JJ Ueunten](#)
To: [Mary Alice Carroll](#)
Subject: Non-police crisis response unit
Date: Tuesday, August 30, 2022 5:15:42 PM

This message came from outside your organization.

Hello,

My name is JJ, and I'm a resident of the South Shore in Chicago. I also attended several of the 911 Alternative Task Force meetings over the past few months. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police and prioritizes mental health professionals as people who are responding to mental health emergencies.

--

JJ Ueunten (pronouns: they/them/theirs)
jueunten@gmail.com
847-924-3948

From: [Casey Kueltzo](#)
To: [Mary Alice Carroll](#)
Subject: Public Comments for County 911 Alternative Mobile Mental Health Response Unit
Date: Tuesday, August 30, 2022 5:41:19 PM

This message came from outside your organization.

My name is Casey Kueltzo and I'm a resident of Homewood. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police.

Had a non-police 911 alternative mobile response unit staffed by mental health providers, EMTs and care coordinators been active in the Southland... Madeline Miller may still be with us today. Her family waited to call the police. But had a non-police alternative been available, the situation would not have escalated while they waited.

Thank you
Casey

From: [Jade Flores](#)
To: [Mary Alice Carroll](#)
Subject: Mental Health Resources Cook County
Date: Tuesday, August 30, 2022 8:49:24 PM

This message came from outside your organization.

My name is Jade Flores, and I'm a resident of Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police and prioritizes mental health professionals as people who are responding to mental health emergencies.

Best,

Jade Flores

From: [Anne Watanabe](#)
To: [Mary Alice Carroll](#)
Subject: Public Comment regarding 911 alternative
Date: Wednesday, August 31, 2022 2:53:41 PM

This message came from outside your organization.

My name is Anne Watanabe. I'm a resident of Chicago, a registered nurse and a former mental health worker. I am disappointed that despite the urging of community members and organizations who advocated for a non-police 911 alternative response team, that the task force report does not reflect those recommendations.

I believe that Cook County residents will be safer and better served with access to fully funded, quality mental health care services and resources.

I have heard accounts of people calling 911 to respond to a mental health emergency, and the police response causing more harm and trauma rather than support or healing for the person experiencing the crisis. This is unacceptable and we need to implement and invest our public resources into practices and services that center the safety and needs of the person in crisis.

Years ago, when I was a mental health worker, I once called 911 for a client who voluntarily requested an ambulance to the hospital as he felt he was in a mental health crisis. Even though I clearly stated to the dispatcher that there was no violence or safety issues at play, that this was a voluntary request for an ambulance to the hospital for a mental health crisis, and that there was no need for police, police were still sent with the paramedics. He was a survivor of past police violence and found the presence of police very triggering. My client was driven into a further state of crisis by their presence.

For this reason and many others, it's essential that we have a mobile response team for mental health crisis that does not include police. Police often escalate the crisis or create further trauma and violence when the crisis would be better served by mental health workers, clinicians, and paramedics.

From: [Clare Simms](#)
To: [Mary Alice Carroll](#)
Subject: Mobile Response Crisis Unit Now
Date: Thursday, September 1, 2022 8:36:45 AM

This message came from outside your organization.

My name is Clare Simms, and I'm a resident of Logan Square, Chicago. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis. Mental health professionals are the only individuals capable of evaluating and addressing mental health crises.

We want a mobile response crisis unit that does not include police. If the police value the wellbeing of Cook County residents they can demonstrate that by leaving delicate mental health scenarios to mental health professionals.

Thank you,
Clare Simms

From: [Harvey Area Chamber](#)
To: [Mary Alice Carroll](#)
Subject: Cook County Alternative Health Intervention Response Task Force
Date: Thursday, September 1, 2022 2:04:02 PM

This message came from outside your organization.

Good Afternoon,

I read over the final draft of the legislation and think that this is a big step in the right direction with the growth in African American and Latinx population growth in the Southland over the last ten years.

A'ndrea A. Paxton
Co-Founder/Director
Urban Policy, Procurement, Planning & Development
Cellular (708)629-6182



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[Email:lets.talk.hacc@gmail.com](mailto:lets.talk.hacc@gmail.com)

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From: [Brittney Davis](#)
To: [Mary Alice Carroll](#)
Subject: 911 Alternative
Date: Friday, September 2, 2022 9:54:10 AM

This message came from outside your organization.

“My name is Brittney Davis, and I'm a resident of OakLawn. I am writing because I believe Cook County residents will be safer and better able to engage in meaningful ways in our community if they have access to mental health care services.

I am tired of hearing accounts of people calling 911 to respond to a mental health emergency and the police causing more harm to the person experiencing the crisis.

We want a mobile response crisis unit that does not include police and prioritizes mental health professionals as people who are responding to mental health emergencies.”

6. Task Force Meeting Recording Links

[04-25-22 Recording](#)

[05-04-22 Recording](#)

[05-18-22 Recording](#)

[06-01-22 Recording](#)

[06-22-22 Recording](#)

[07-06-22 Recording](#)

[07-22-22 Recording](#)

[08-03-22 Recording](#)

7. Task Force Meeting Slides



Alternative Health Intervention and Response Task Force Meeting 1 – 4/25/2022

Avik Das, Esq, Justice Advisory Council

Dr. Kiran Joshi, Cook County Department of Public Health

Laura Lechowicz Felicione, Cook County Legal Counsel



Cook County
Justice Advisory Council



Cook County
Public Health



COOK COUNTY
HEALTH

Agenda

Landscape Scan

1. Introduction, Defining Need & Crisis
2. First Responder Models
3. Illinois Landscape
4. Resolution 22-0737
5. Framework



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Alternative Health Intervention and Response

Mental & Behavioral Health Crisis Definition

- **Historically:**
 - Public-safety defined and public-safety driven
 - Response to a person seen as danger to self or others
- **Today:**
 - Considers health and well-being of the individual, in addition to public-safety
 - Centers individuals' autonomy and self-determination of crisis



*For purposes of this presentation, we have used mental and behavioral health crisis interchangeably. The type of “crisis” alternative response programs address is determined by the jurisdiction, based on their population’s needs.



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Alternative Health Intervention and Response

Defining the Response Need



- In most states, police are dispatched by 911 for behavioral health issues
- Mental and behavioral health crises may result in illegal activity, police responses prioritize illegal activity
- Persons with behavioral illnesses are more likely to experience excessive force that results in injury or death during police interaction
- Police are more likely to use force to resolve a situation, when they believe an individual is using or abusing drugs—all other factors being equal
- These interactions cause trauma to the person who is experiencing the crisis



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First Responder Models



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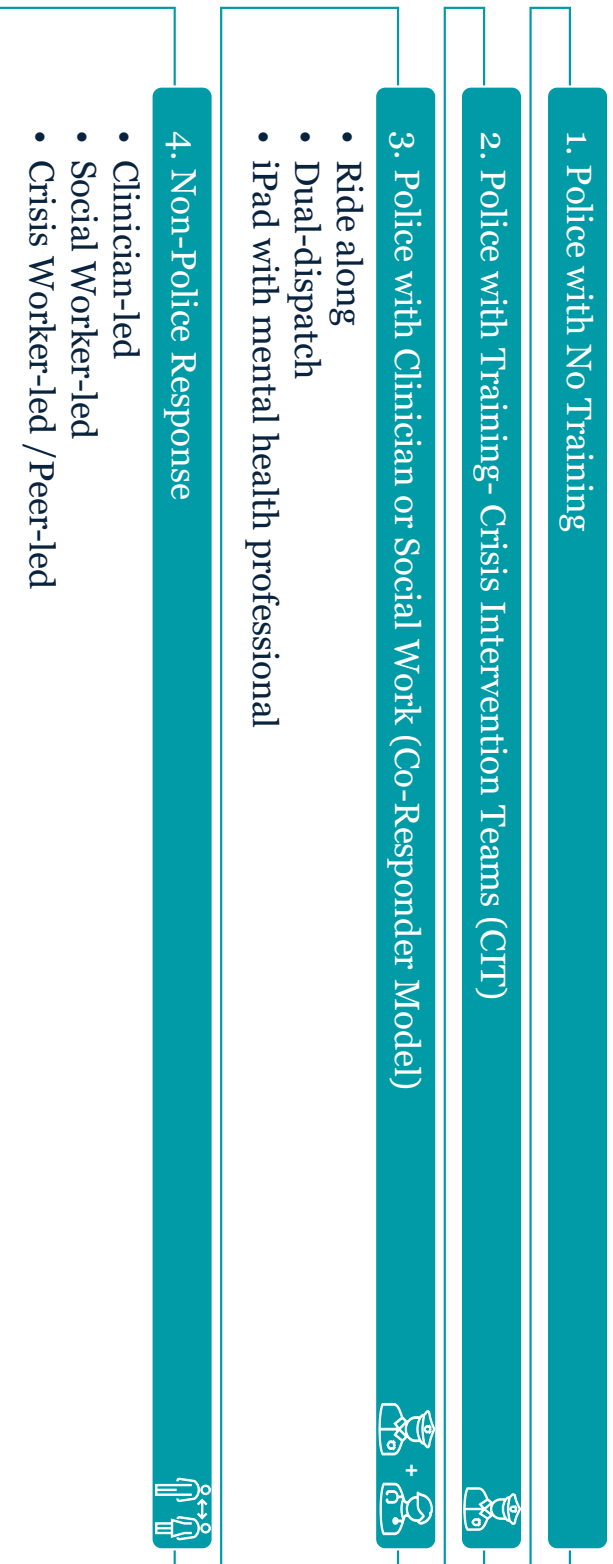
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Alternative Health Intervention and Response

First Responder Models



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Alternative Health Intervention and Response



Crisis Intervention Teams – Timeline

1988

Memphis model for CIT created.

2008

First peer review study published on CIT programs.

Estimated 400 U.S. law enforcement agencies with CIT programs.

2019

More than 2,700 CIT programs across the United States



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Alternative Health Intervention and Response



Crisis Intervention Teams – Components

- **Training:** 40-hour comprehensive training for officers
- **Comprehensive Team:**
 - Trained CTT law enforcement officers
 - Trained dispatch personnel
 - CTT law enforcement coordinator
 - Mental health coordinator
 - Advocacy coordinator
 - Multi jurisdictional program coordinator
- **Community Partnership:** Law enforcement partnership with specialized mental health emergency care facilities capable of receiving referrals from CTT



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Alternative Health Intervention and Response



Crisis Intervention Teams – Limitations and Adverse Effects

- CIT programs have been limited to the evaluation of officer-level outcomes
 - Effective in increasing officer knowledge and confidence
- Lack of evidence CIT training changes patterns of police use of force in the field



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Alternative Health Intervention and Response



Co-Responder Models – Overview

- Dually-dispatched teams
 - Law Enforcement Officer with Mental Health Professional or Social Workers (one team, ride along)
 - Law Enforcement Officer AND Mental Health Professional Teams (two separate teams)
- Law enforcement training
 - Often coupled with Crisis Intervention Teams (CIT) training for law enforcement officers



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Justice Advisory Council

Alternative Health Intervention and Response



Co-Responder Models – Limitations

- Insufficient evidence to conclude that any positive benefits associated with co-responder models (such as reductions in arrest) could be attributed to the co-response approach
- More successful at providing timely linkage with behavioral health services compared to traditional police response
- Re-traumatize persons experiencing behavioral crises
- Problematic post-overdose outreach responses, with evidence of warrant checks and arrests on the authority the warrant in lieu of behavioral health supports



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Alternative Health Intervention and Response



Non-Police Responses

1. Clinician-led

- 1 Mental Health Clinician (Masters or PhD)
- 1 Emergency Medical Technician

2. Social Worker-led

- 1 Licensed Social Worker (Bachelors or Masters)
- 1 Emergency Medical Technician

3. Crisis Worker-led (or peer-led)

- 1 Peer Mentor or Crisis Responder (No education requirement)
- 1 Emergency Medical Technician



COOK COUNTY
HEALTH



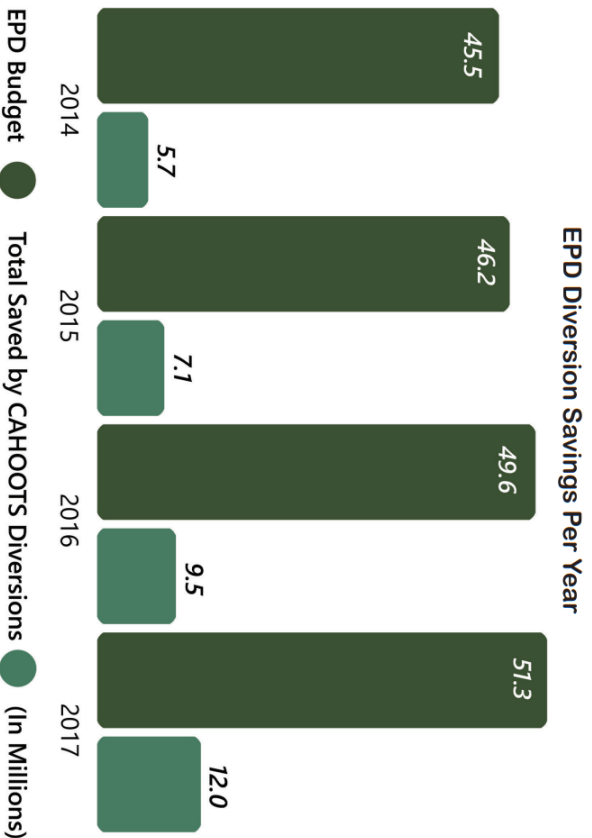
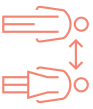
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Alternative Health Intervention and Response

Non-Police Responses – Crisis Worker-led Model: The CAHOOTS Model



The EPD quotes \$800 per police response. * Using the number of calls that would otherwise be handled by police, including suicide risk, homicide risk, self harm, intoxication, rage, welfare, and transport, CAHOOTS has saved the EPD an average of \$8.5 million each year from 2014-2017.

*www.eugene-or.gov/DocumentCenter/View/10635

- Crisis Assistance Helping Out on the Streets (CAHOOTS) has been operating for two decades in Eugene, Oregon.
- First responders to behavioral health crisis are non-police crisis workers.
 - People from the community trained in de-escalation techniques



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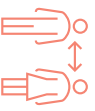


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Alternative Health Intervention and Response



Non-Police Responses – Cost Effectiveness – Health + Emergency Systems

- It **costs 23% less** for a mobile crisis team to respond to a mental health emergency instead of police.
- Mobile crisis response may **reduce inpatient psychiatric hospitalization costs by up to 79%** for the next 6 months after the response.
- In Illinois, it is estimated that a fully implemented mental health crisis response system would **reduce the demand for inpatient psychiatric beds by 347%**.
 - With a fully implemented system, it would cost an estimated **\$239** for a mobile crisis team to respond to a mental health incident.
 - The average inpatient cost for receiving mental health or substance use treatment is \$1,109 per day.
 - The average length of stay for treatment is 6.4 days; putting the total overall cost of stay at \$7,100.
 - When inpatient units get overloaded, people can be kept in emergency departments for days or weeks, waiting for a bed. This is called “psychiatric boarding” and, for adults, it costs \$2,264 per day.
- Houston estimates that their mental health crisis response system **saves them \$860,218 per year** after program costs, in a region with 18% of the population of Illinois.



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Non-Police Responses – Cost Effectiveness – Criminal Justice

- When people do not have access to mental health-specific crisis services, they can get tangled up in the criminal justice system.
- Jail costs in Cook County were **\$140-\$190 per person, per day** in 2013, and can be presumed to be higher today. The median length of stay of a Cook County Jail inmate in March 2022 was 227 days.
- Prison costs in Illinois were an average of \$104 per person, per day in 2015, and can be presumed to be higher today.
- When the 988 phone line is fully operational, **more than 80% of its mental health emergency calls should require a phone response only**. Each phone call may cost an average of \$82, based on historical data from the National Suicide Prevention Lifeline.



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Illinois Landscape



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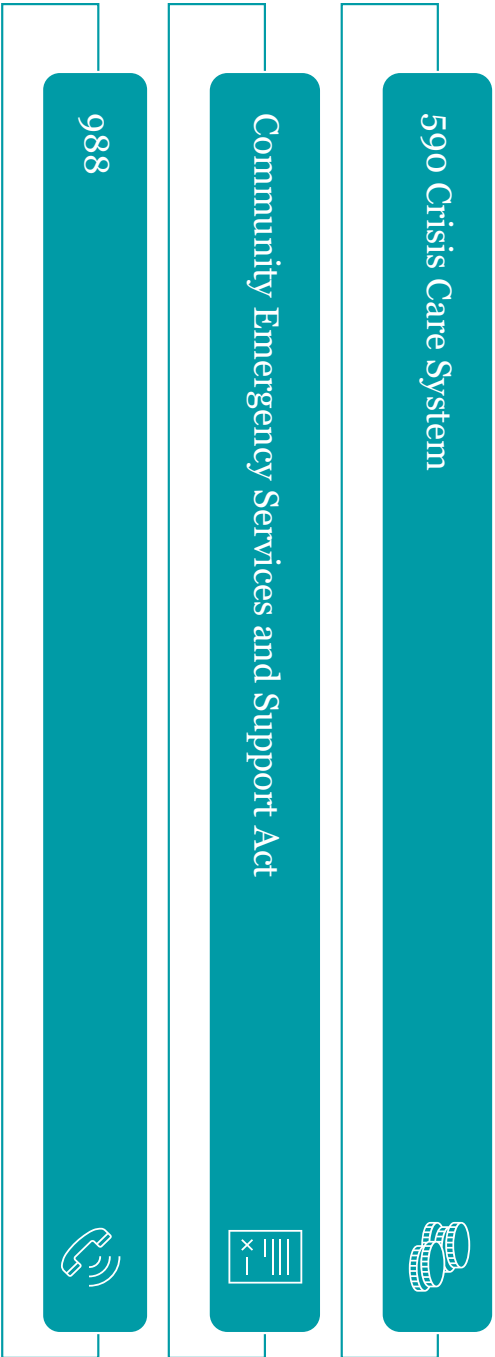
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Alternative Health Intervention and Response

Illinois Crisis Response Landscape



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590 Crisis Care System – Overview

- In 2021, DMH established a 590 Crisis Care System RFP aimed to:
 - Expand the statewide continuum of crisis services
 - Establish availability for **anyone, anywhere, and at anytime**
 - Address service gaps due to racial and geographic inequities
 - Preserve and expand capacity and coverage of existing community-based programs developed by DMH:
 - 410 Capitated Community Care
 - 420 Eligibility Disposition and Assessment, and
 - 580 Crisis Staffing
1. Addressing recovery needs
 2. A significant role for persons with lived experience
 3. Trauma informed care
 4. Utilization of zero suicide/suicide safer care
 5. Safety and security protocols for staff and clients who are in crisis
 6. A crisis response partnership with local law enforcement, dispatch and emergency medical services (EMS)



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590 Crisis Care System – Grantee Requirements

- 590 Grantees will provide an array of services consistent with the Medicaid “Rule 140”:
 - Crisis Intervention
 - Mobile Crisis Team Services
 - Therapy/Counseling
 - Community Support
 - Consideration for justice involvement and court diversion
- 590 Grantees must have the capacity to:
 - Be available to anyone within the community in need of mental health crisis treatment, regardless of payor status, and
 - Submit claims for services as appropriate for individuals with a funding stream to support such claiming.
 - Host regular communication and coordinated planning between local hospitals, police/fire, 911 and, the 988 Regional Crisis Call Hubs



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590 Crisis Care System – Staffing Requirements

- 590 Grantees shall ensure sufficiently trained and credentialed:
 - MHP: Mental Health Professionals (Bachelors in counseling, social work or related field, Practical Nurse, Recovery Support Specialists, Behavioral Health Technician, etc.)
 - QMHP: Qualified Mental Health Professionals (Masters or Doctoral Degree, LPHA, RN, OT, Social Worker, Clinical Counselor, etc.)
 - Engagement Specialist (hired from community served, high school / GED, capable of obtaining CRSS credential within 1 year of hire)
- 590 crisis response teams, at minimum must:
 - Consist of an MHP and an Engagement Specialist with immediate access to a QMHP
 - Build 24/7/365 rapid response capacity to assess an individual in crisis
 - Provide community-based interventions and stabilization where the individual is located including: home, work, school, or anywhere in the community
 - Plan for the employment of additional staff as necessary to expand crisis response capacity in the community(ies)



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Community Emergency Services and Supports Act — CESSA

- August 25, 2021, Il Gov. J.B. Pritzker signed into law the Community Emergency Services and Supports Act (CESSA)
- Establishes a set of statewide goals describing the way mobile mental and behavioral healthcare should be provided
- Requires emergency response operators such as those at 911 centers, to refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police.
- The DHS Secretary is tasked to work with 911 Administrator / Illinois State Police, Illinois Department of Public Health, and Statewide and Regional Advisory Committees to plan
- Coordination efforts to be completed by January 1, 2023



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What changes under CESSA?

1. Public Safety Access Points (PSAPs) must coordinate with Mobile Crisis Response (MCR) teams DMH has developed through its Program 590
2. Coordination will be required across 180 911 PSAPs and dispatched emergency service providers and 68 Mobile Crisis Team program grantees so mobile crisis response can be dispatched whether 988 or 911 is called.
3. Specified training will be required for all DMH responders and 911 dispatchers.
4. Regional best practices will be developed by the Regional Advisory Committees
5. Law enforcement must be integrated into processes so that individuals involved in low-level non-violent misdemeanors can be diverted to the mental health system.
6. The DHS Secretary shall establish one (1) Statewide Advisory Committee and eleven (11) Regional Advisory Committees to assist with the execution of this legislation.



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What changes under CESSA?

Work to implement CESSA will occur over the next year and is expected to be complete by January 1, 2023. No procedures should change until there have been changes in protocols and standards, those changes are fully approved by all governing bodies, and critical staff are fully trained. Official notice concerning when these changes will become "operational" will be made by the 911 Administrator and the Illinois State Police, the EMS Administrators and the Illinois Department of Public Health, and the Illinois Department of Human Services, Division of Mental Health.

From: <https://www.dhs.state.il.us/page.aspx?item=143239>

Accessed 4/21/2022



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- In 2020, the National Suicide Hotline Designation Act became law
- Requires the FCC to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline
- On July 16, 2020, the FCC issued the final order designating 988 as the new Lifeline and Veterans Crisis Line number, requiring all U.S. telecommunication providers to activate 988 for all subscribers by July 16, 2022
- 988 is a core component of crisis care, consistent with the Substance Abuse and Mental Health Services Administration's Crisis Services: Meeting Needs, Saving Lives initiative.
- The Illinois Department of Human Services/Division of Mental Health (DHS/DMH) was awarded a grant from Vibrant, operator of the National Suicide Prevention Lifeline (Lifeline) to plan for the implementation of 988
- DHS/DMH is partnering with the six existing Lifeline call centers in Illinois for roll out in July 2022



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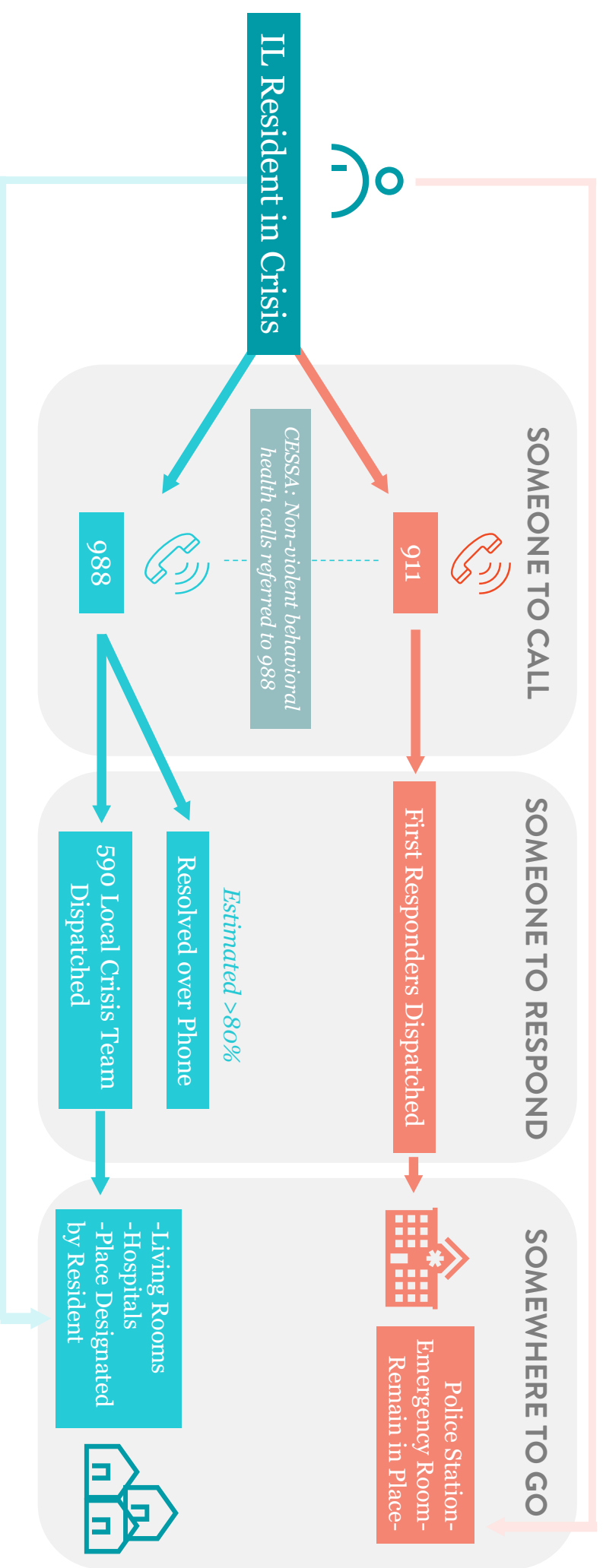
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Alternative Health Intervention and Response

Illinois Landscape – Mental & Behavioral Health Crisis Calls Matrix



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Resolution 22-0737



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Alternative Health Intervention and Response

Resolution 22-0737 passed February 10, 2022

Resolution Call to Action

- Establish an Alternative Health Intervention and Response Task Force within 30 days of passage
- Assist in developing and implementing an ARPA-funded Alternative Health Intervention and Response ‘Pilot Program’, in compliance with CESSA
- The Task Force will make recommendations to the Cook County Board of Commissioners regarding the Pilot Program by **August 1, 2022, so that the Pilot Program can become operational on or before January 1, 2023.**



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Alternative Health Intervention and Response

Resolution 22-0737

Task Force Representation

- Cook County Board of Commissioners,
- Cook County Department of Public Health,
- Cook County Health,
- Cook County Sheriff's Office,
- Cook County Board President's Office,
- Justice Advisory Council,
- Community Representative,
- and the Emergency Telephone System Board.

Task Force Leadership

- The Executive Director of the Justice Advisory Council and Senior Medical Officer and Co-Lead of the Cook County Department of Public Health shall co-chair the Task Force.



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Resolution 22-0737

Key Task Force Goals

- Determining how the Pilot Program will be established,
- Developing and implementing the Pilot Program,
- Determining compliance with the Community Emergency Services and Support Act (CESSA)
- Determining details of an ordinance to further establish such a program
- Setting County-led goals to reduce reliance on the criminal justice system, where possible
- Developing a system to support those with mental and behavioral health needs, and
- Making recommendations to the Cook County Board of Commissioners regarding the Pilot Program by August 1, 2022, so that the Pilot Program can become operational on or before January 1, 2023



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Task Force Framework



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Resolution 22-0737

Task Force Meeting Schedule

- Starting May 4th, all Task Force meetings will occur on the 1st and 3rd Wednesday of each month
- Task Force meetings will be held from 10am-12pm
- As long as Gov. Pritzker’s Disaster Proclamation remains intact, Task Force meetings will be held with hybrid options

Date	Draft Topic
May 4	National / state / local overview
May 18	State / local context deep dive
June 1	Identify priorities
June 15	Clearly define plan components, roles
July 6	Review plan outline
July 20	Review plan draft
August 3	Plan implementation kickoff
August 17	Plan implementation check in



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Resolution 22-0737



Guide

How does and should the Task Force want to respond?



Engage

How does the Task Force want to engage community, county, state, and national partners?



Build

What part can the Task Force and ARPA funding have in building an equitable and complete

Alternative Health Intervention and Response System?



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Questions & Public Comments



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Alternative Health Intervention and Response

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Alternative Health Intervention and Response Task Force Meeting 2 – 5/4/2022

Avik Das, Esq, Justice Advisory Council

Dr. Kiran Joshi, Cook County Department of Public Health

Rachel Bhagwat, NAMI Chicago

Greg Lee, LCSW, Pillars Community Health

Dr. Sharronne Ward, EDD, Grand Prairie Services



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Agenda

1. Call to Order & Introduction
2. Minutes Review
3. What's New in 2022 in Illinois' Mental Health Crisis System
4. Crisis Intervention Provider Landscape
5. Public Comments



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Alternative Health Intervention and Response

Introduction

Task Force Meeting Schedule

- Starting May 4th, all Task Force meetings will occur on the 1st and 3rd Wednesday of each month
- Task Force meetings will be held from 10am-12pm
- As long as Gov. Pritzker's Disaster Proclamation remains intact, Task Force meetings will be held with hybrid options

Date	Draft Topic
April 25	National crisis intervention landscape & Res. 55-207
May 4	988/ local context deep dive
May 18	State and emergency response policy overview
June 1	Identify priorities
June 15	Clearly define plan components, roles
July 6	Review plan outline
July 20	Review plan draft
August 3	Plan implementation kickoff
August 17	Plan implementation check in



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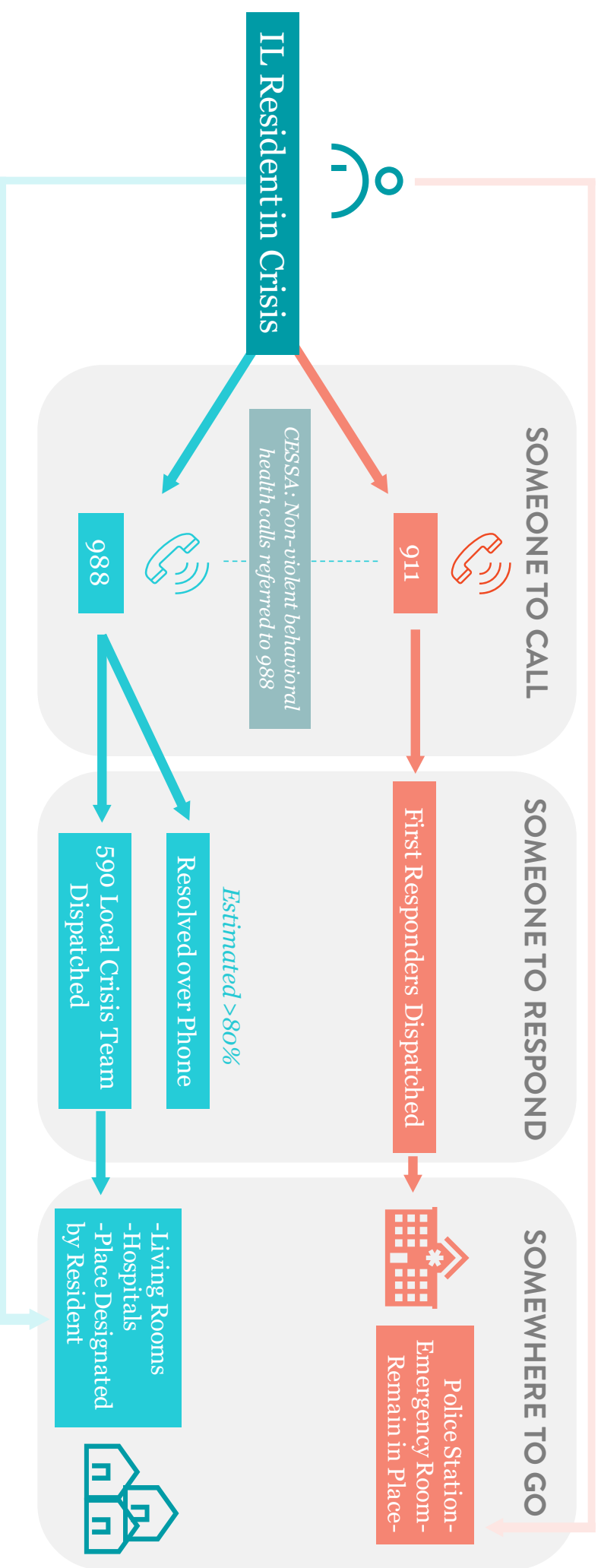
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Alternative Health Intervention and Response

Introduction – Mental & Behavioral Health Crisis Calls Matrix



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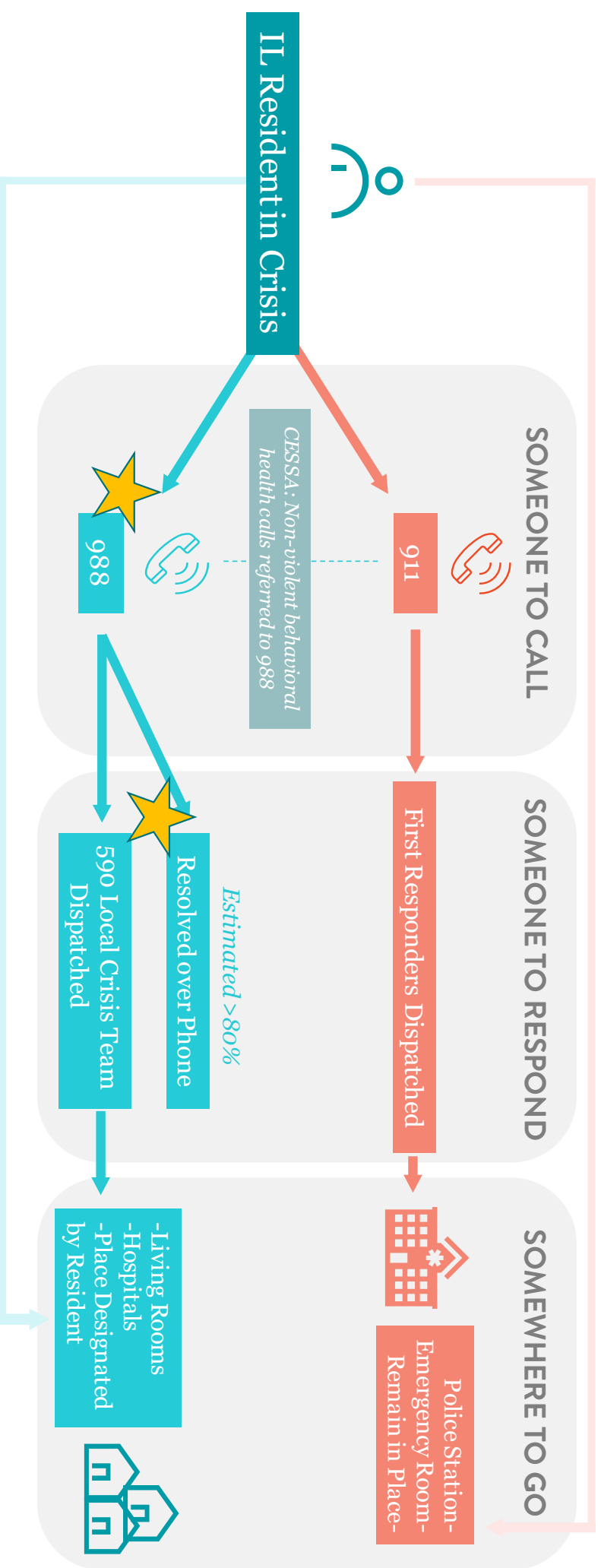
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What's New in 2022 in Illinois' Mental Health Crisis System

Rachel Bhagwat, NAMI Chicago



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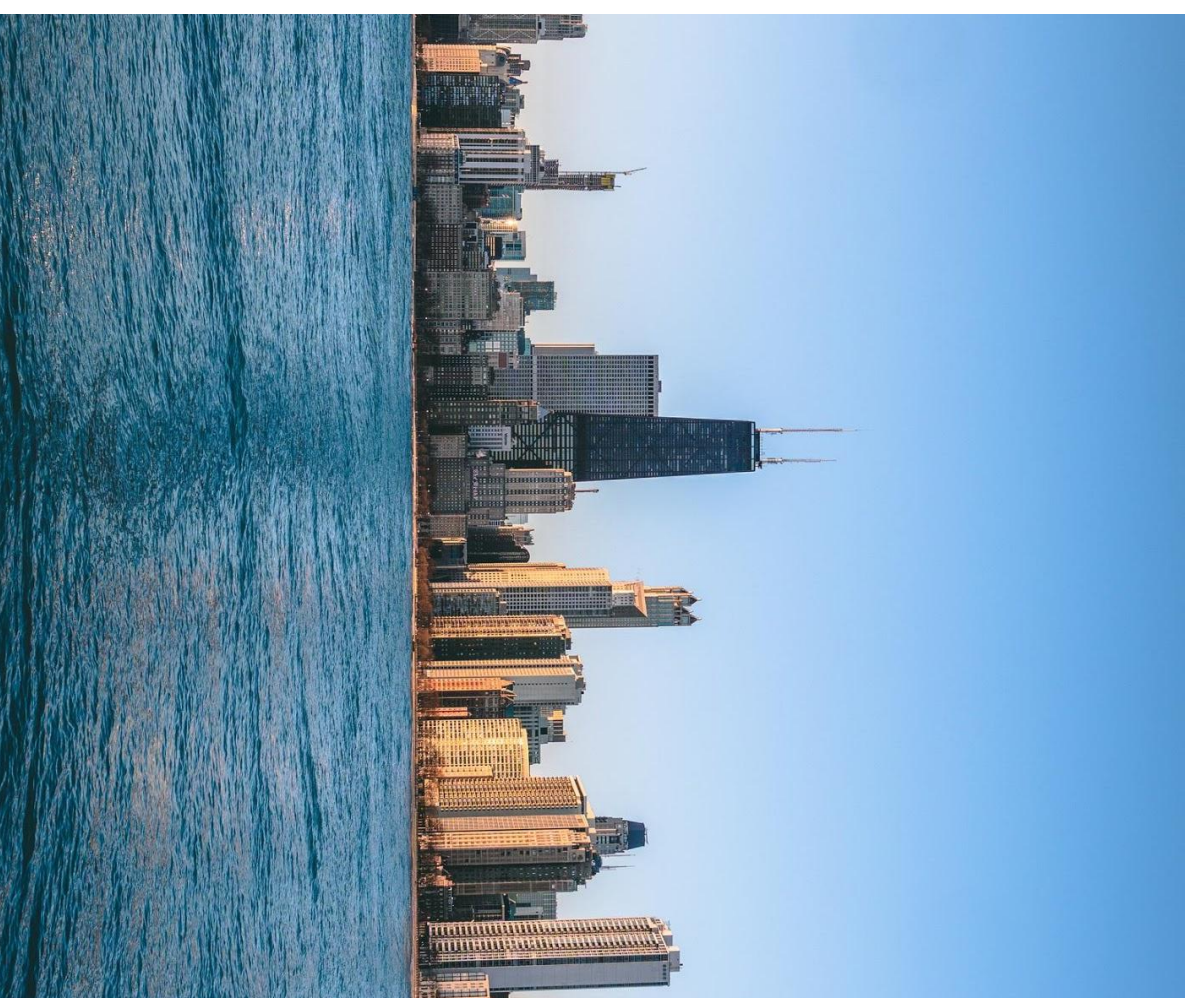


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What's New in 2022 in Illinois' Mental Health Crisis System

May 4, 2022

Rachel Bhagwat, Director of Policy



Agenda

Introduction

What Should a Mental Health Crisis System Look Like?

988: Illinois' Crisis Call Centers

590 Teams: Illinois' New Program for Mobile Crisis Response

CESSA: Getting Illinois Organized

Crisis Receiving Facilities in Illinois

Discussion



Guided by the experiences of **those living with mental health conditions** and **rooted in equity**, **NAMI Chicago educates** to fight stigma and discrimination, fiercely **advocates** for our community, and **shares hope, connection and expertise** with people on their mental health journey.

What Should a Mental Health Crisis System Look Like?

Someone to Call

Regional Crisis Call Center Hubs (988)

Someone to Respond

Mobile Crisis Team Services

A Place to Go

Crisis Receiving and Stabilization Services

What Should a Mental Health Crisis System Look Like?

Every mental health emergency call could be answered locally. 988 could initiate immediate mobile, in-person crisis response if necessary. 911 could transfer many of their mental health emergency calls to 988.

① **Someone to Call** *Regional Crisis Call Center Hubs*



* Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

What Should a Mental Health Crisis System Look Like?

A statewide network of rapid-response teams: social workers, peers and/or first responders, who could dispatch to a person's location to provide safe, appropriate mental health response when it is needed. This network would be integrated with 988 and 911.

② Someone to Respond

Mobile Crisis Team Services



* Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

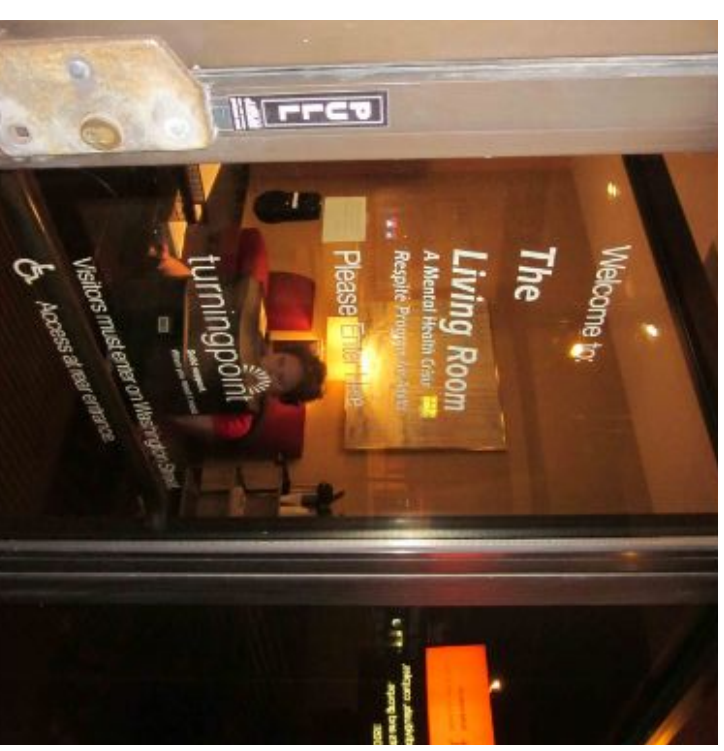
What Should a Mental Health Crisis System Look Like?

A continuum of 24/7 mental health-focused spaces where a person in crisis could walk in, or be brought by a mobile crisis team, to receive immediate support without an appointment.

3

A Place to Go

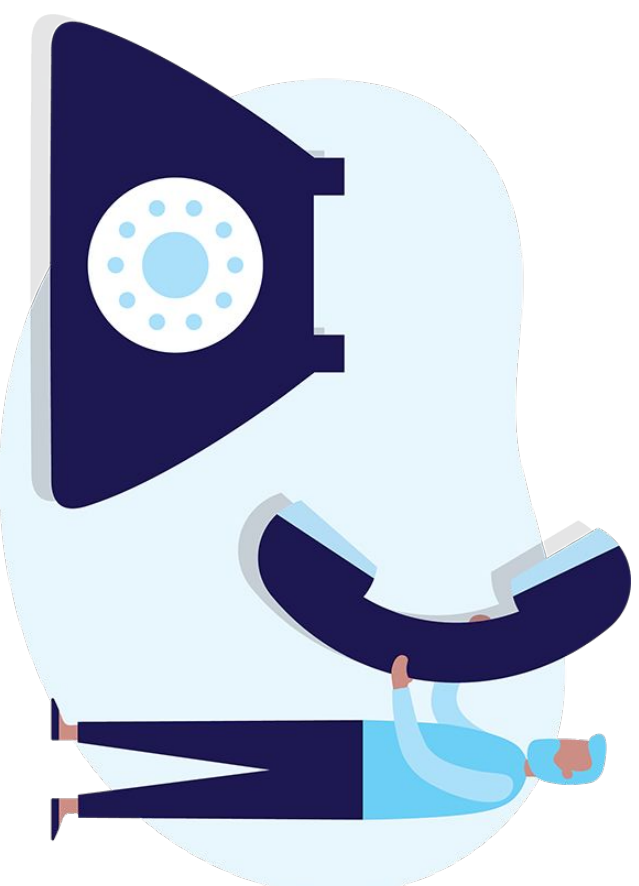
Crisis Receiving and Stabilization Services



* Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

988: Illinois' Crisis Call Centers

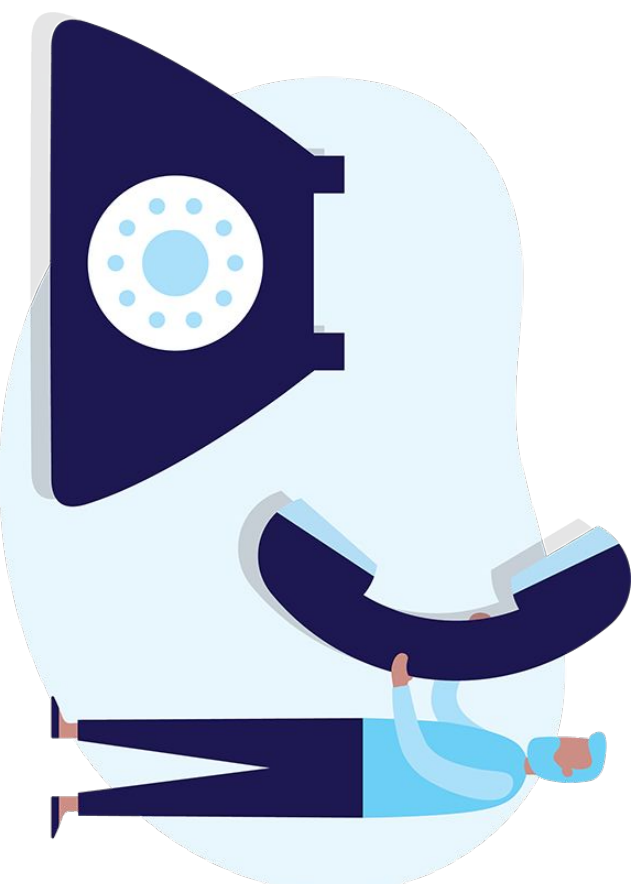
- **New 3-digit dialing code for a Suicide and Crisis Line**
- Created by federal law in 2020, launches on July 16, 2022
- States responsible for implementation
- Built on the infrastructure of the National Suicide Prevention Lifeline (NSPL)



988: Illinois' Crisis Call Centers

Illinois is starting out behind...

- In 2021, we had the lowest in-state answer rate in the country for the NSPL (19%)
- 6 call centers statewide (none in Suburban Cook)
- About \$12M investment in funding for FY2023 (federal pass-through)



988: Illinois' Crisis Call Centers

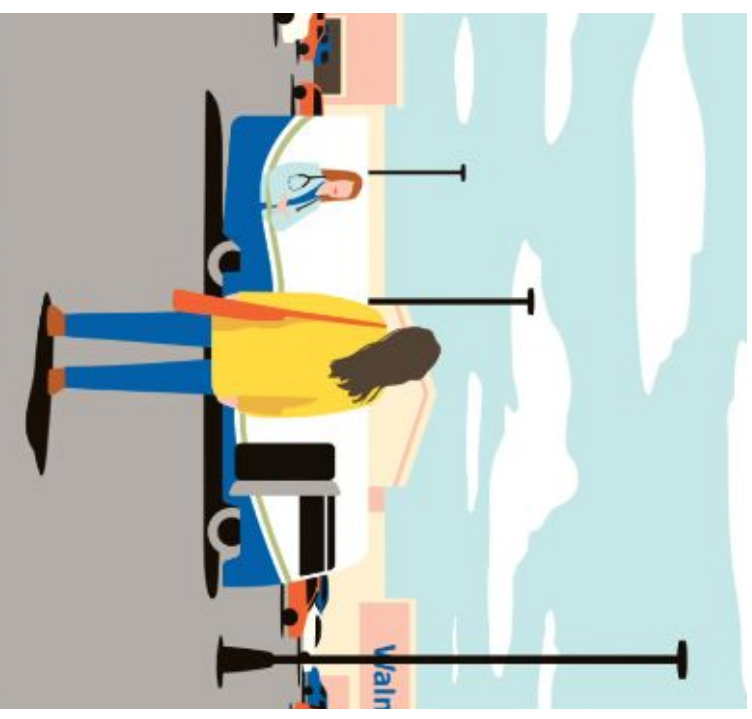
What we'll be missing in July 2022:

- Sufficient and sustainable funding (including state/local investment)
- Central coordination with 911, mobile crisis services, etc
- Regional / hyper-local call center coverage
- Community & provider understanding of what's happening



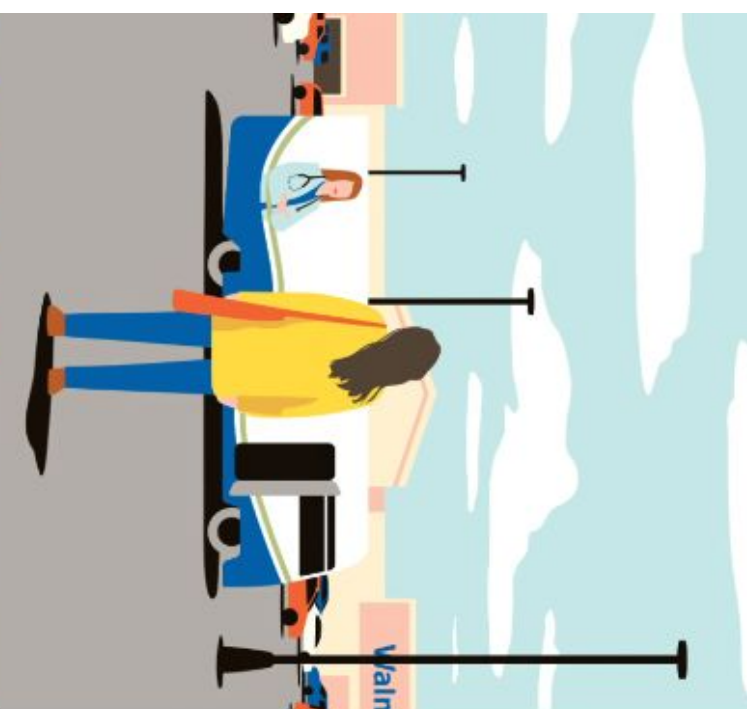
590 Teams: Illinois' New Program for Mobile Crisis Response

- A new “type” and funding stream for mobile mental health crisis teams (which IL already had)
- 590 grant program started by the State of IL in 2021
- \$67M invested in 68 providers in the first fiscal year



590 Teams: Illinois' New Program for Mobile Crisis Response

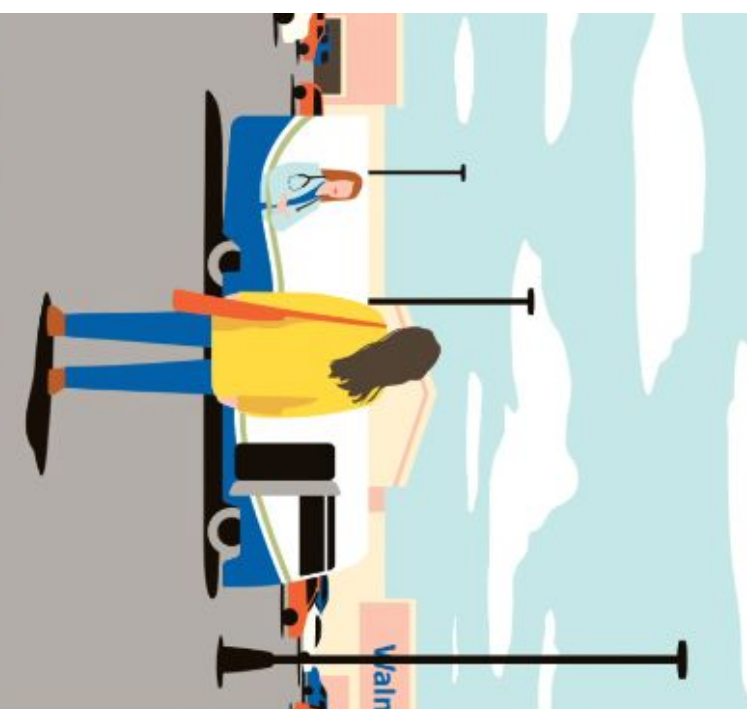
- Clinician + “Engagement Specialist”
- Each program created their own Program Manual to submit to DMH
- Serves all insurance statuses
- No central deployment



590 Teams: Illinois' New Program for Mobile Crisis Response

What makes them different?

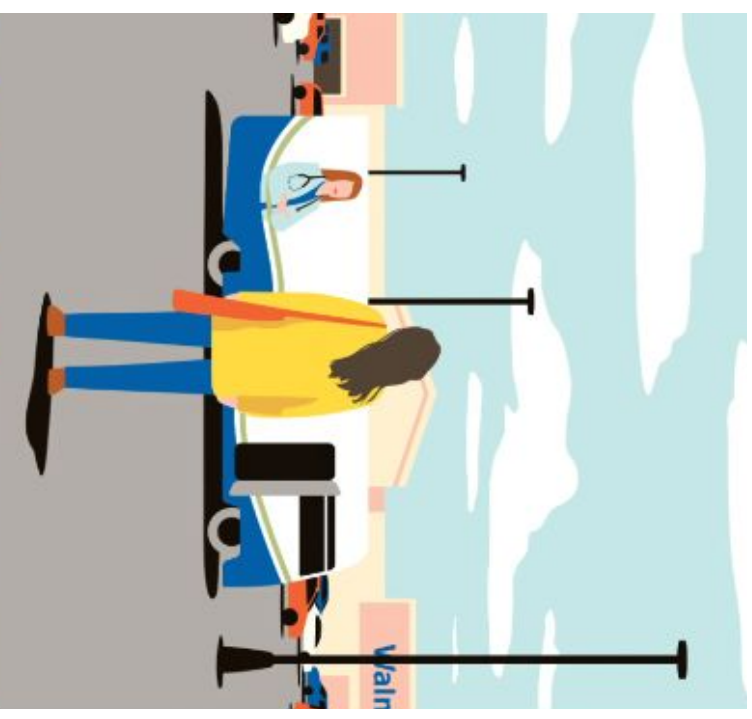
- Training and oversight from State
- May someday have a special coordination relationship with 911 and 988



590 Teams: Illinois' New Program for Mobile Crisis Response

Challenges:

- No centralized deployment or relationship with 911/988
- No central listing of all teams, their services, how to deploy
- No coordination of coverage
- Workforce challenges



CESSA: Getting Illinois Organized

- Illinois passed the Community Emergency Services and Support Act (CESSA) in 2021
- It's a law, not a program
- Requires each of Illinois' 11 emergency services regions to create rules for responding to mental health crises



CESSA: Getting Illinois Organized

- Rules to dictate what kinds of mental health crises will receive a response by law enforcement, EMT/Fire, co-responder teams, and 590/mobile crisis teams
- Considering response times, prioritization, etc
- Does still allow for law enforcement response but adds some restrictions



CESSA: Getting Illinois Organized

- Statewide Advisory Committee + 11 Regional Committees
- Must include: EMS leadership, law enforcement, 911, unions, MH providers, lived experience
- Work is due on 1/1/2023, but hasn't really started



Crisis Receiving and Stabilization Facilities in Illinois

- The missing piece no one's talking about: Illinois has almost none.
- 24/7 mental health specific spaces
- Continuum that can handle all levels of crisis



Crisis Receiving and Stabilization Facilities in Illinois

We do have:

- Living Rooms
- Triage Center(s)

We don't have:

- Ability to handle acuity
- Crisis stabilization beds
- Police drop-off capacity
- Enough



Looking Forward

**What do we feel
hopeful about?**

**What are the concerns
and barriers we see?**

Questions & Discussion

Q&A

Rachel Bhagwat

Requests for public comments or questions should be sent to maryalice.carroll@cookcountyhealth.org.



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Crisis Intervention Provider Landscape

Greg Lee, Pillars Community Health
Sharonne Ward, Grand Prairie Services



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Q&A

Cook County Providers

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Public Comments



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Alternative Health Intervention and Response Task Force Meeting 3 – 5/18/2022

Avik Das, Esq, Justice Advisory Council

Dr. Kiran Joshi, Cook County Department of Public Health

Dr. Lorrie Rickman Jones, Behavioral Health Innovations

Brenda Hampton, Illinois Department of Human Services/Division of Mental Health

Martin Bennett, Emergency Communications/911 Call Center, Cook County Sheriff



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Agenda

1. Call to Order & Introduction
2. Minutes Review
3. The Behavioral Health Crisis Response Continuum in Illinois: Key Factors and Impacts for Cook County
4. 911 Introduction & Landscape
5. Public Comments



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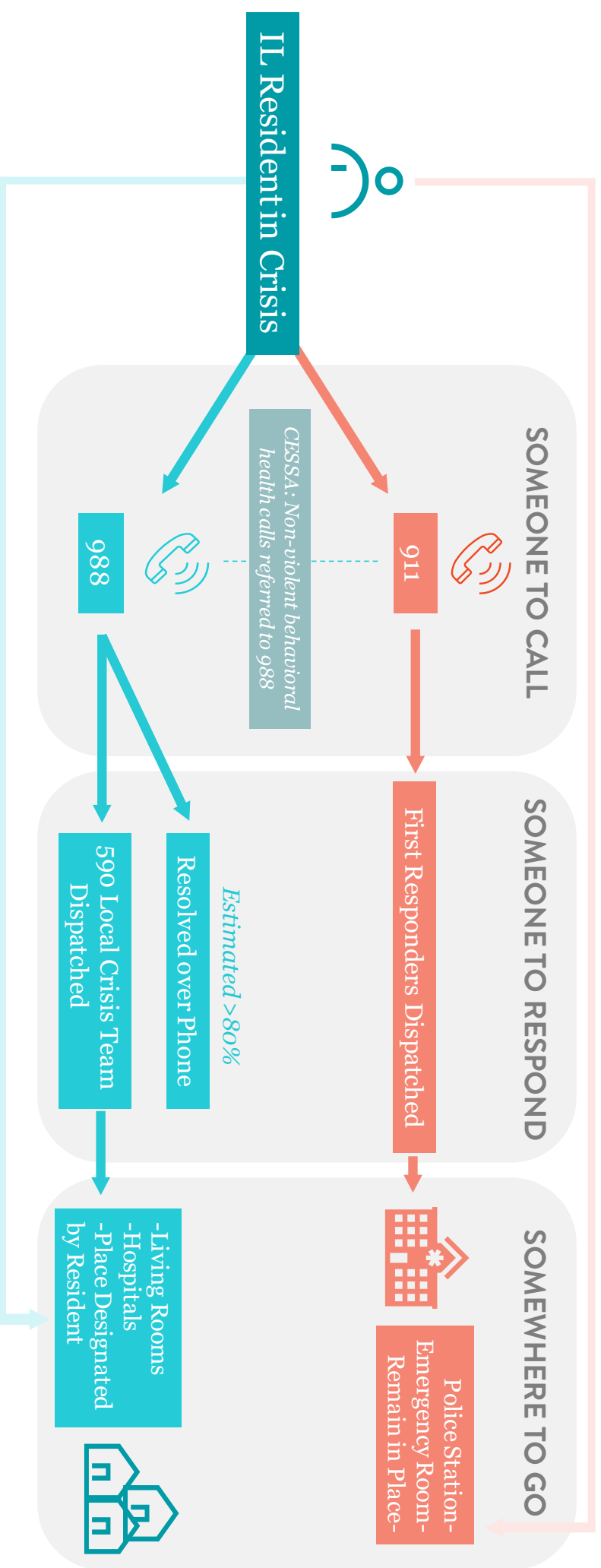
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Alternative Health Intervention and Response

Introduction – Mental & Behavioral Health Crisis Calls Matrix



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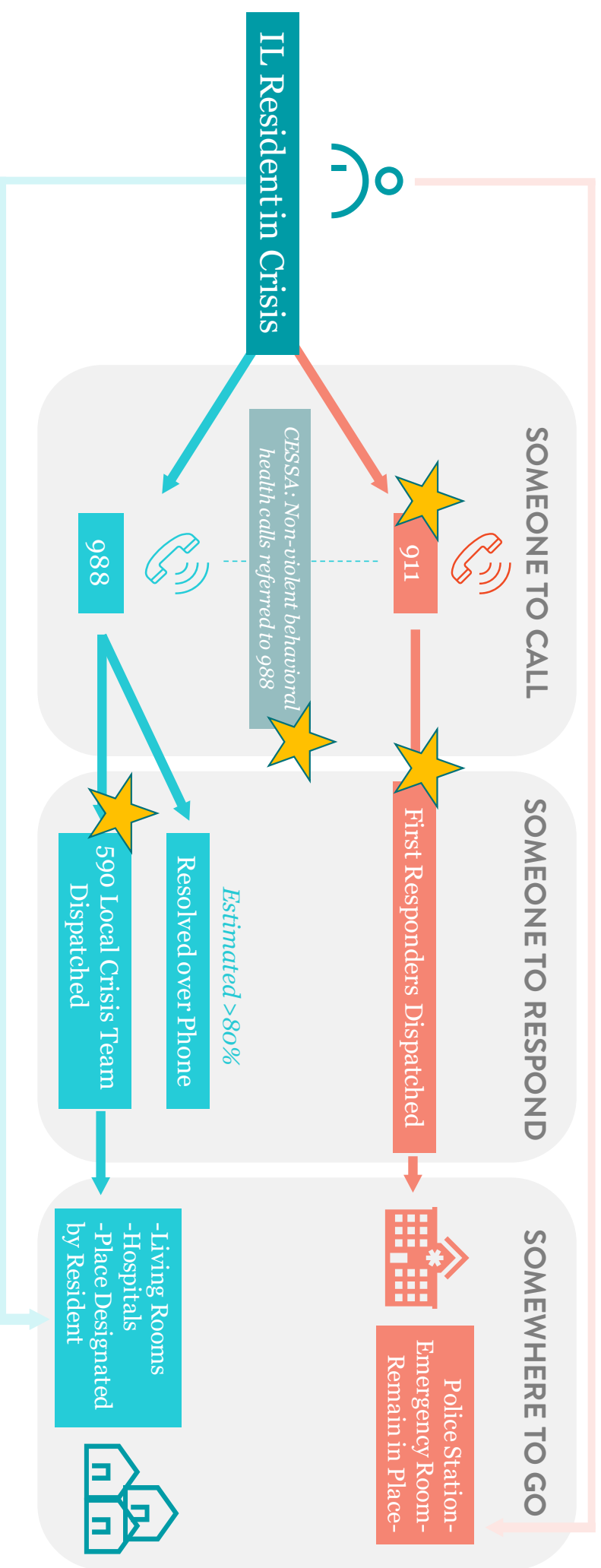
Cook County of ILL.
Public Health
Preventing Health. Preventing Disease. Preventing Pain.



Cook County
Justice Advisory Council

Alternative Health Intervention and Response

Introduction – Mental & Behavioral Health Crisis Calls Matrix



COOK COUNTY
HEALTH



Cook County of ILL.
Public Health
Preventing Health. Preventing Disease. Protecting You.



Cook County
Justice Advisory Council



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 – Deputy Director of Systems Rebalancing, Illinois Department
of Human Services/Division of Mental Health*



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Public Health



COOK COUNTY
HEALTH

Q&A

Dr. Lorrie Rickman Jones & Brenda Hampton

Requests for public comments or questions should be sent to maryalice.carroll@cookcountyhealth.org.



COOK COUNTY
HEALTH

911 Introduction & Landscape



Martin Bennett – Executive Director of Emergency Communications/911 Call Center, Cook County's Sheriff Department



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Public Health



COOK COUNTY
HEALTH

Cook County 9-1-1



- **Martin Bennett, ENP**

- Executive Director of Emergency Communications & ETSB
- ETSB Emergency Telephone System Board
- 27 years of 9-1-1 experience
- Telecommunicator, Supervisor, Deputy Director
- Contact 847-294-4744
- Martin.Bennett@ccsheriff.org

Agenda

- 911 Center Overview
 - Location
 - Shared Services
 - Contract Dispatch Agencies
- Cook County ETSB
 - Call Volume
 - Call Center & Staff
- 911 Technology & Training
- Changes Coming to 911
- Q&A

9-1-1 Center Location



Why 9511 Harrison?

- Partnership
 - Illinois Department of Central Management Services (CMS)
 - Illinois State Police
 - Cook County Sheriff
 - Cook County ETSB
- Looking for larger space in 1996
 - Center operational March 1997



- Why do we have contract dispatch agencies?
- State of Illinois Legislation on Consolidations 2015-2016
- Populations with less than 25,000 service population must consolidate
- ETSB began buildout of consoles to add capacity

Shared Services

- Shared radio bands
- One Telecommunicator, one resource
- Cost of maintenance
- Overall a reduction in spending
- Cost savings overall



Contract Dispatch Agencies

- Berkeley
- Blue Island
- Dixmoor
- Ford Heights
- Golf
- Harvey
- Hometown
- Indian Head Park
- Lyons
- Merrionette Park
- Metra
- Northlake
- Palos Park
- Park Ridge
- Phoenix
- Prairie State College
- Chicago Heights



Why Consolidate Services?

- 77 Public Safety Answering Points (PSAP) Cook County
- Next Generation NG-911 network
- Cost for small 911 centers
 - Employees
 - Equipment
 - Maintenance Contracts

Cook County ETSB

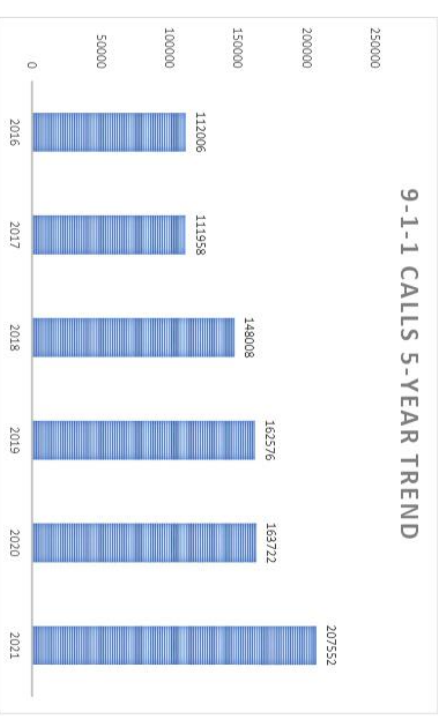
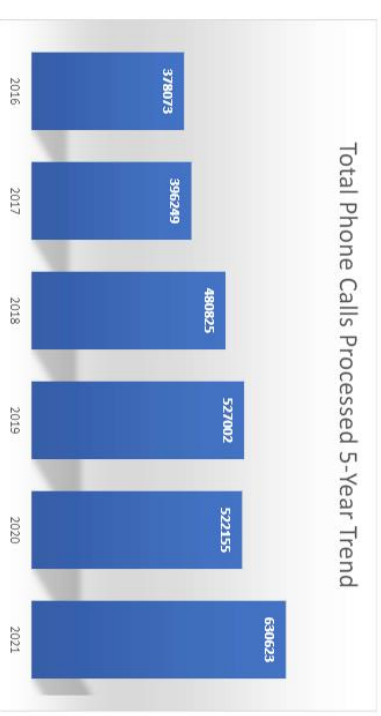
- Service population 275,000 residents, 300,000 Metra Commuters
- Primary Des Plaines 28 dispatch positions
- Backup Maywood 16 dispatch positions
- Shared services = Latest Technology + Cost Savings



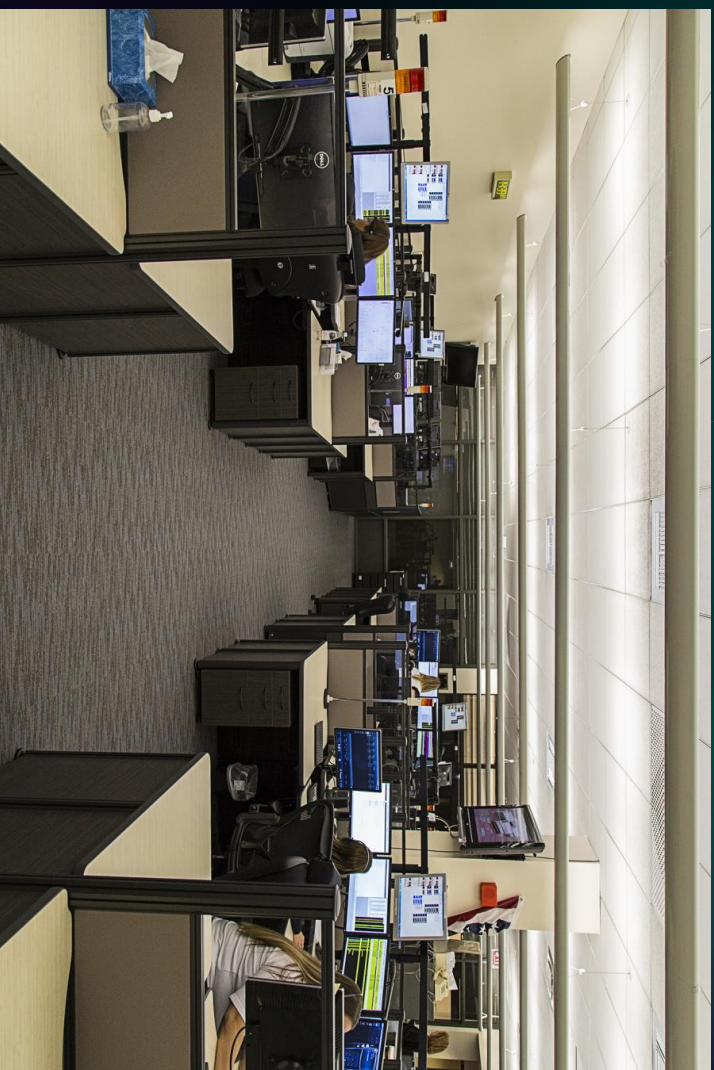
Call Volume

Average 1,700 phone calls a day
Includes 500 911 calls

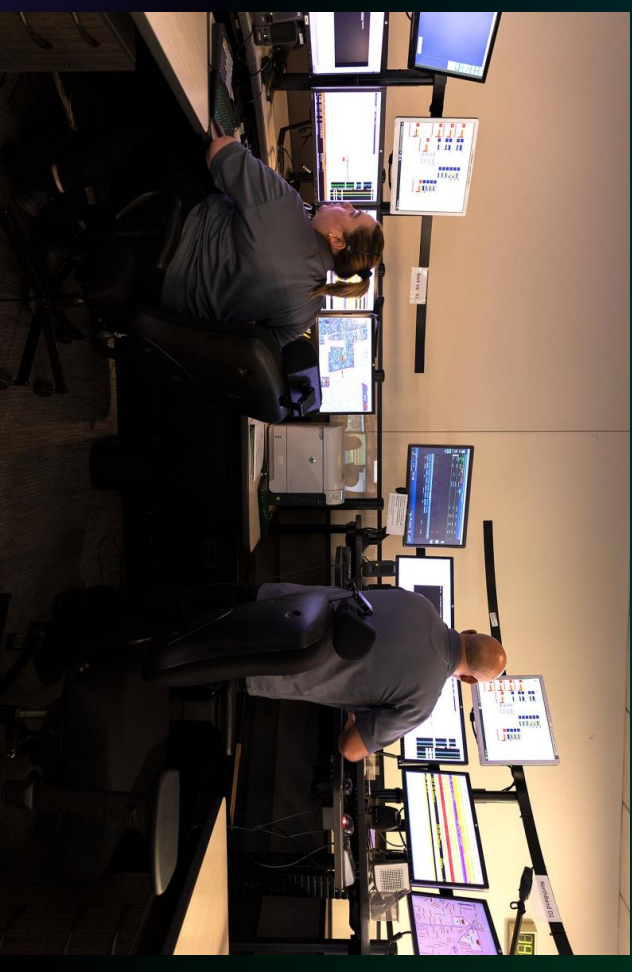
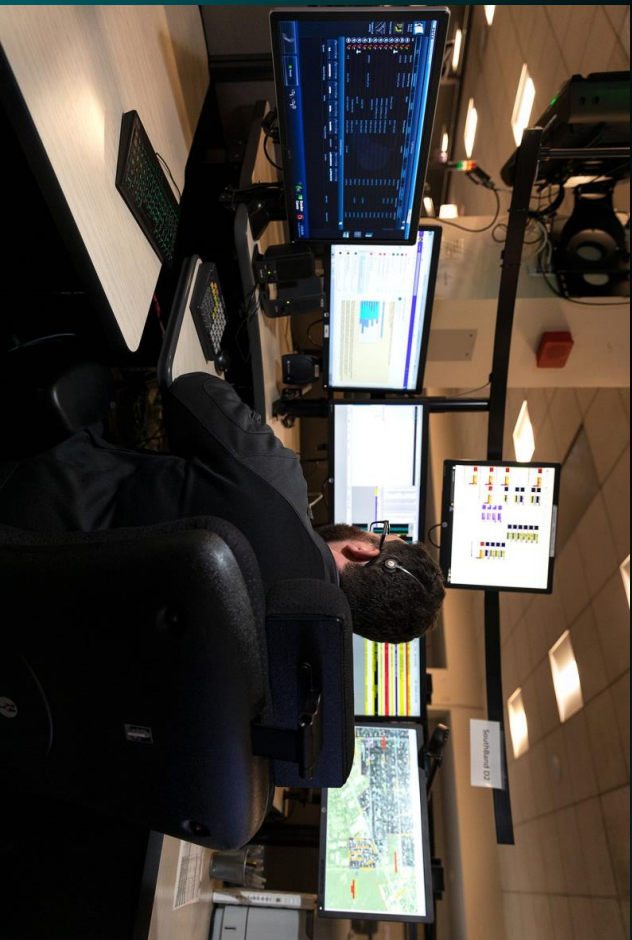
Busy days upwards of 2,300 phone
calls a day
Includes 700 + 911 calls



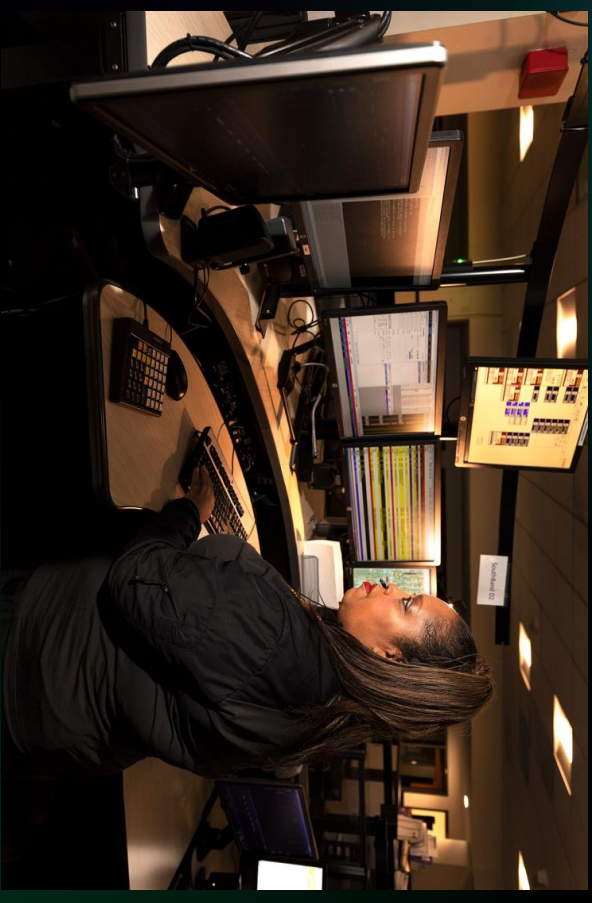
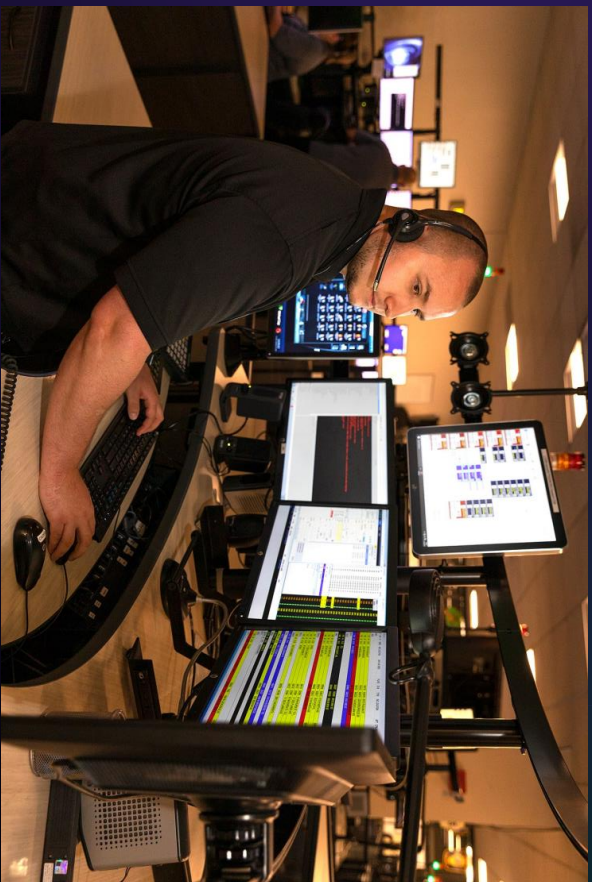
9-1-1 Center



9-1-1 Center



9-1-1 Center



9-1-1 Center Staff


- 85 Telecommunicators
- 10 Supervisors
- 17 Administrative Staff
 - Executive Director, Director of Operations, Director of Radio Services, IT support, Warrant Clerks




9-1-1 Center Technology

- Tier 1 CAD (Computer Aided Dispatch) - Motorola
- Next Generation NG911 Phone System - Zetron
- State of the Art Radio System - Motorola
- GIS Mapping - Cook County
- Smart 9-1-1 and Alert - Rave Mobile Safety
- Rapid SOS
- Generator & UPS (uninterrupted power supply)
- Shared Services


Smart 9-1-1 and Alert – Rave Mobile Safety




[Profile](#)[Alerts](#)[Account Settings](#)[FAQ](#)




Profile Strength
100%




People / Household




Michael C Brower
Male - September, 1981
[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)



Sharon R Brower
Female - February, 1979
[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)




Penny F Brower
Female - March, 2012
[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)




George N Brower
Male - November, 1938
[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)


+ ADD



Addresses




9511 Harrison Street Maine Township IL 60016
House - Single Family
[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)



1420 Miner Street Maine Township IL 60016
Office / Commercial
[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)


+ ADD



Phones

847 768-5897 (Landline)
[Edit](#) | [Remove](#)

+ ADD




Emergency Contacts

Mary Andrews
847 555-1197 (Home)
[Edit](#) | [Remove](#)

Samantha Brower
847 555-1204 (N/A)
[Edit](#) | [Remove](#)


+ ADD

Smart 9-1-1




Preferred Providers


You have not yet listed any Preferred Providers. These can include your specific air ambulance, ground ambulance, and hospital choices.
[Add one now](#)




Vehicles


2011 Nissan Rogue
[Edit](#) | [Remove](#)






Animals





Spike

[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)



Sparkles

[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)

Edit Details for Spike

Provide any detailed information about this animal that you want 9-1-1 to know in case of an emergency. Providing this information is optional, but specific details can aid police and rescue personnel.


Weight:


Vet Name:

Vet Clinic:

Vet Phone:

Microchip Serial Number:





Smart 9-1-1

Edit Information for George

Provide details and critical care information about any people you want associated with your account. Any number of people may be added. Providing this information is optional but will aid police and rescue personnel. Please provide a recent photo (especially for children).

* = required field

First Name *

George

Middle Initial

N

Last Name *

Brower

Email Address

Receive notifications to this Email?

☒ Yes ☐ No

Receive profile update reminders to this Email? 

☐ Yes ☒ No

☐ No ☒ Yes

1938

Date of Birth
mm/yyyy

Gender

☒ Male ☐ Female ☐ Other

This person is frequently at (check at least one):

☒ 3511 Harrison Street

☐ 1420 Miner Street

Photo

A current photo can help emergency responders quickly locate lost people.

No file chosen

- Acceptable file formats: .jpg, .png, .gif and .bmp
- Maximum file size: 10MB
- Your image will be cropped to a square.



Remove image 

Cancer

- ☐ Leukemia
- ☐ Lymphomas
- ☒ Other Cancer

General Medical Conditions

Heart Disease

- ☐ Aneurysm Aorta
- ☐ Angina
- ☐ Cardiac Dysrhythmia / Abnormal Heart Rate
- ☐ Congenital Heart Disease
- ☐ Congestive Heart Failure (CHF)
- ☒ Coronary Artery Bypass / Angioplasty
- ☐ History of Heart Attack / Myocardial Infarction (MI)
- ☐ History of Myocarditis / Pericarditis / Heart Infection
- ☐ Pulmonary Hypertension

Implanted Medical Devices

Medical Therapies and Equipment

Mobility Limitations

Neurological, Behavioral, Cognitive Conditions

Neurological / Cognitive Behaviors

Organ Transplants

Powered Medical Devices

Phone Number
847 768-5898

Start Time
07/09/2021 11:57:55

Expire Time
07/09/2021 12:57:55

WS / User
01

Access Log
Open

SMART311 Profile - Update

All

People

Addresses

Vehicles

Other

Michael: Potentially Lethal Allergy

Sharon: Cognitive Issue

Penny: Cognitive Issue

People

Michael C Brower

Sharon R Brower

Primary Language: --

Age: 42 (DOB 2/1979)

Gender: Female

Contact Lenses: --

Height: 5'6"

Weight: 135 lbs

Eyes: Brown

Hair: Black

Pin: 3331

Driver License: D400-4892-0001 IL

Blood Type: A+

Organ Donor: --

General Medical Conditions: Diabetes

Neurological Behavioral Cognitive Conditions: Anxiety, Schizophrenia, Other Psychiatric Condition

Prescription Medications: Insulin

Phone: 847 768-5898 (U)

Associated address: 9511 Harrison Street - Maine Township IL 60016

Penny F Brower

George N Brower

Addresses

9511 Harrison Street - Maine Township IL - 60016

1420 Miner Street - Maine Township IL - 60016

Vehicles

2011

Other Information

Animals

Emergency Contacts

Phones

Notes

Sharon R Brower

F

42

Primary Language: --

Age: 42 (DOB 2/1979)

Gender: Female

Contact Lenses: --

Height: 5' 6"

Weight: 135 lbs

Eyes: Brown

Hair: Black

PIN: 3331

Driver License: D400-4892-0001 IL

Blood Type: A+

Organ Donor: --



General Medical Conditions: Diabetes

Neurological, Behavioral, Cognitive Conditions: Anxiety, Schizophrenia, Other Psychiatric Condition

Prescription Medications: Insulin


Phone: 847 768-5898 (L)

Associated address: 9511 Harrison Street - Maine Township IL 60016

Smart 9-1-1

- User determines what they share (yourself, family, house, vehicle)
- Only available if you dial 9-1-1
- Information will follow you by your phone number
- If you live in Blue Island and travel to Chicago then OEMC will have access
- 66 million people are registered nationwide

Rave Alert & Smart 911



Profile

Alerts


Account Settings

FAQ

Select Language ▾

Hi, Michael | Sign Out

Print




Profile Strength

100%

People / Household


+ Add



Michael C Brower

Male - September, 1981


[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)



Sharon R Brower

Female - February, 1979


[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)



Penny F Brower

Female - March, 2012


[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)



George N Brower


Male - November, 1938

[Edit Basic Info](#) | [Edit Details and Medical Info](#) | [Remove](#)



Addresses


+ Add



9511 Harrison Street Maine Township, IL 60016

House - Single Family


[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)



1420 Miner Street Maine Township, IL 60016

Office / Commercial

[Edit Basic Info](#) | [Edit Details](#) | [Remove](#)



Alerts

You are eligible for:

- All Opt-In Recipients
- Cook County Weather Alerts
- Blue Island Emergency Alerts
- Blue Island Non Emergency Announcements
- Lyons Village Announcements
- Lyons Emergency Alerts
- Mertonette Park Emergency Alerts
- Mertonette Park Village Announcements
- Leyden Township Alerts
- Indian Head Park Police Alerts
- Indian Head Park Village Announcements
- Cook County Sheriff's Police Alerts
- Harvey Police Alerts
- Phoenix PD Emergency Alerts
- Homelown Police Emergency Alerts
- Palos Park Police Alerts
- Park Ridge Police Alerts
- All Opt-In Recipients
- Village of Winnetka, IL
- Village of Winnetka Public Safety Alerts and Emergency Notifications
- Village of Lake Bluff Public Safety Alerts and Emergency Notifications
- Village of Lake Bluff
- Village of Northfield
- Village of Northfield Public Safety Alerts and Emergency Notifications
- Village of Kenilworth
- Village of Kenilworth Public Safety Alerts and Emergency Notifications
- Village of Glenview
- Village of Glenview Public Safety Alerts and Emergency Notifications

Pick customized alerts

Please set your preferences by checking all options that you wish to enable.

Notification Preferences

Select the notification(s) you want to receive. We recommend you select all provided communication methods, as not all alerts will be sent via all methods or preferred languages.

Select the contacts you want to receive alerts.

I prefer to receive alerts in:

☐ 847 768-5897 (Landline)

English

☐ Martin.Bennett@cookcounty.il.gov

Notification



- | | Text | Voice | Email |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> All Opt-In Recipients Emergency Notifications from Cook County Illinois | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cook County Weather Alerts Cook County Weather Alerts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Blue Island Emergency Alerts Opt-in here for emergency alerts from Blue Island Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Blue Island Non Emergency Announcements Non-emergency announcements from the City of Blue Island. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lyons Village Announcements Opt-in here for non-emergency alerts from the Village of Lyons. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lyons Emergency Alerts Opt-in here for emergency alerts from the Lyons Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Merrionette Park Emergency Alerts Opt-in here for emergency alerts from the Merrionette Park Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Merrionette Park Village Announcements Opt-in here for non-emergency alerts from Village of Merrionette Park. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Leyden Township Alerts Sign up here to receive alerts from Leyden Township. These Township alerts may include the Leyden Township water system, general announcements, traffic disruptions, and other important information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Indian Head Park Police Alerts Sign up here to receive important alerts from the Indian Head Park Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Indian Head Park Village Announcements Sign up here to receive announcements from the Village of Indian Head Park. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cook County Sheriff's Police Alerts Sign up here to receive alerts from Cook County Sheriff's Police. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Harvey Police Alerts Sign up here to receive alerts from Harvey Police | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Phoenix PD Emergency Alerts Sign up here for alerts from Phoenix Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hometown Police Emergency Alerts Sign up here for alerts from Hometown Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Palos Park Police Alerts Sign up here to receive alerts from Palos Park Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Park Ridge Police Alerts Sign up here for alerts from Park Ridge Police Department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rapid SOS

- Enhanced location data that is more accurate than traditional 9-1-1
- Uses multiple sources of data for location information

Training

- 6 to 8 weeks of foundational training
 - Phase 1 Memorization
 - Phase 2 Technology
- 3 Steps of Training with a Certified Training Officer (CTO)
 - Each step is 4 to 6 weeks long
- Shadow Phase 2 to 4 weeks long
- Total training time 20 to 26 weeks

Continual Training

- Police Legal Sciences (PLS)
 - Monthly Lessons
- Monday Lessons
 - Procedural changes
- External Classroom Training
 - Customer Service
 - Crisis Intervention Training (CIT) Mental Health Training

Quality Assurance Program



G. Quality Assurance Program

ISSUED: 25 Aug 2016 LAST UPDATED: 15 Dec 2019

In accordance with industry best practices, the 9-1-1 Communications Center uses a Quality Assurance Program to ensure that the best possible service is provided. The 9-1-1 Quality Assurance Program goals are to:

1. Deliver a consistent quality of service.
2. Ensure proper protocols and procedures are followed.
3. Identify strengths and weaknesses.
4. Provide feedback to call takers.
5. Provide feedback to dispatchers.

SUPERVISOR RESPONSIBILITIES

Random call review - Every month, each supervisor should review at least one random call recording for each member under his/her command. This should be restricted to those members assigned to the supervisor's regular shift.

Random dispatch review - Every month, each supervisor should review at least one random dispatch recording for each member under his/her command. This should be restricted to those members assigned to the supervisor's regular shift.

Probationary telecommunicator review – Supervisors will review one random call recording and one random dispatch recording per week for each probationary telecommunicator for the first three months they are released to the floor. After they have completed three months on the floor, supervisors will follow the random call/dispatch review above.

Mandatory reviews – In addition to random reviews, supervisors shall review call/dispatch recordings requested by any of the following means:

1. Court proceedings (e.g., subpoena)
2. Investigations (e.g., detective request)
3. Administrative or internal review (e.g., request by Inspector)
4. Freedom of Information Act
5. At the request of the Executive Director or the authorized designee
6. Any calls in which EMD instructions are given

All call reviews will be documented in Frontline Public Safety Solutions QA tracker.

[← BACK TO ROSTER](#)

OF EVALUATIONS

110

AVERAGE SCORE

95.79%

All

QA EVALUATION	CAD/EVENT #	NATURE OF CALL	DATE OF EVALUATION	DATE OF CALL	TIME OF CALL	PERCENTAGE %	EVALUATOR	SIGNATURE	VIEW	EDIT	PRINT	DELETE
Dispatching for Police Incidents	PR-21-00011840	10 50 PD	7/4/2021	7/3/2021	08:31:12	100.00%		✓	👁	✎	🖨	🗑
Call Taking for Police Incidents	SH-21-00215534	SUSPICIOUS AUTO	7/4/2021	7/3/2021	11:08:35	100.00%		✓	👁	✎	🖨	🗑
Call Taking for EMS Incidents	BKF-21-00000481	AMBULANCE-BREATHING	6/23/2021	6/8/2021	14:00:50	100.00%		✓	👁	✎	🖨	🗑
Call Taking for EMS Incidents	BKF-21-00000480	AMBULANCE-BREATHING	6/23/2021	6/8/2021	13:08:49	98.76%		✓	👁	✎	🖨	🗑
Call Taking for EMS Incidents	BKF-21-00000476	AMBULANCE-BREATHING	6/20/2021	6/7/2021	06:49:31	100.00%		✓	👁	✎	🖨	🗑

TOTAL EVALUATIONS

1,820

TEAM AVERAGE SCORE

94.05%

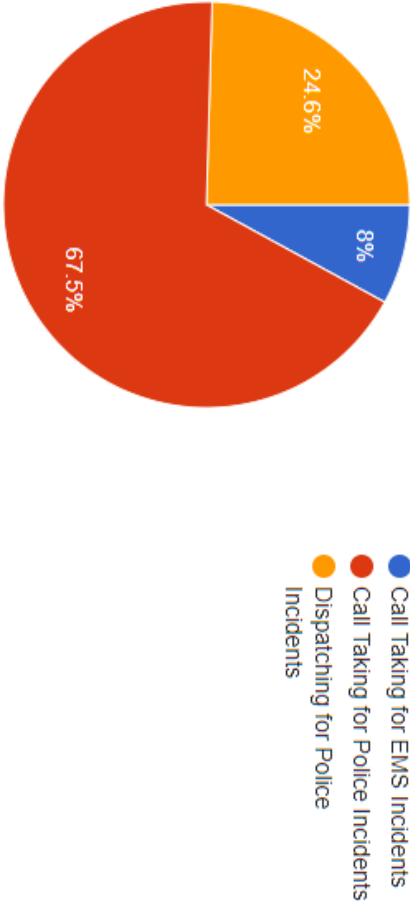
PERFECT SCORES

759

BELOW AVERAGE 80.00%

119

QA FORM USAGE



Changes Coming to 911

- Mental Health Resources
- 988 - operational in July 2022
 - 2020 2.2 million calls, texts, and online chats to National Suicide Prevention Lifeline
 - 2027 988 expected to receive 24 million calls, texts, and online chat requests
- Transform 911 - Gather subject matter experts from different fields, share resources, make recommendations, collaborate together
- CESSA Community Emergency Services and Supports Act
 - Statewide committee and regional committees

Questions



Contact Information

- **Martin Bennett, ENP**
- Executive Director of Emergency Communications & ETSB
- Contact 847-294-4744
- Martin.Bennett@ccsheriff.org

Q&A

Martin Bennett

Requests for public comments or questions should be sent to maryalice.carroll@cookcountyhealth.org.



COOK COUNTY
HEALTH

Public Comments



Cook County
Justice Advisory Council



Cook County DEPT.
Public Health



COOK COUNTY
HEALTH



Member Check-Ins

Look out for an email from Mary Alice Carroll



COOK COUNTY
HEALTH



Alternative Health Intervention and Response Task Force Meeting 4 – 6/1/2022

Avik Das, Esq, Justice Advisory Council

Dr. Kiran Joshi, Cook County Department of Public Health



Cook County
Justice Advisory Council



Cook County
of
Public Health



COOK COUNTY
HEALTH

Agenda

1. Call to Order & Introduction
2. Minutes Review
3. Research Summary
4. Task Force Discussion
5. Public Comments



Cook County
Justice Advisory Council



Cook County DEPT.
Public Health



COOK COUNTY
HEALTH



Research Summary

1. *Schedule & Presentation Review*
2. *Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix Review*
3. *Suburban Cook County Crisis Response System Growth*



COOK COUNTY
HEALTH

Alternative Health Intervention and Response

Schedule & Presentation Review

Date	Presentation	Presenter(s)	Topic
April 25	National First Responder Models & Cook County Landscape	ALT-HIR Task Force Co-Leads	Mobile crisis response matrix, national best practices
April 25	Resolution 22-0737 Overview	Laura Lechowicz Felicione, Cook County Legal Counsel	Charge of the ALT-HIR Task Force
May 4	What's New in 2022 in Illinois' Mental Health Crisis System	Rachel Bhagwat – Director of Policy, NAMI Chicago	988, 590 Program, CESSA, Somewhere to Go gaps
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	Provider perspective & landscape, 590 Program, 988 expansion

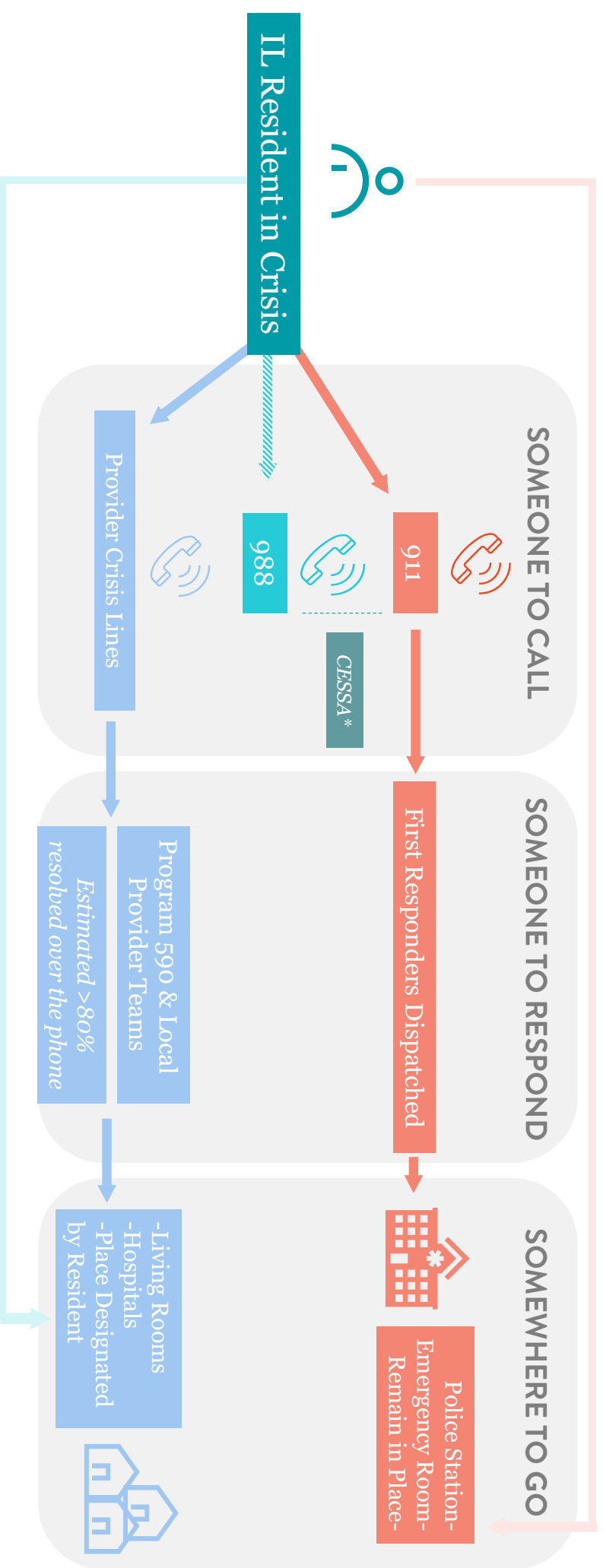
Alternative Health Intervention and Response

Schedule & Presentation Review

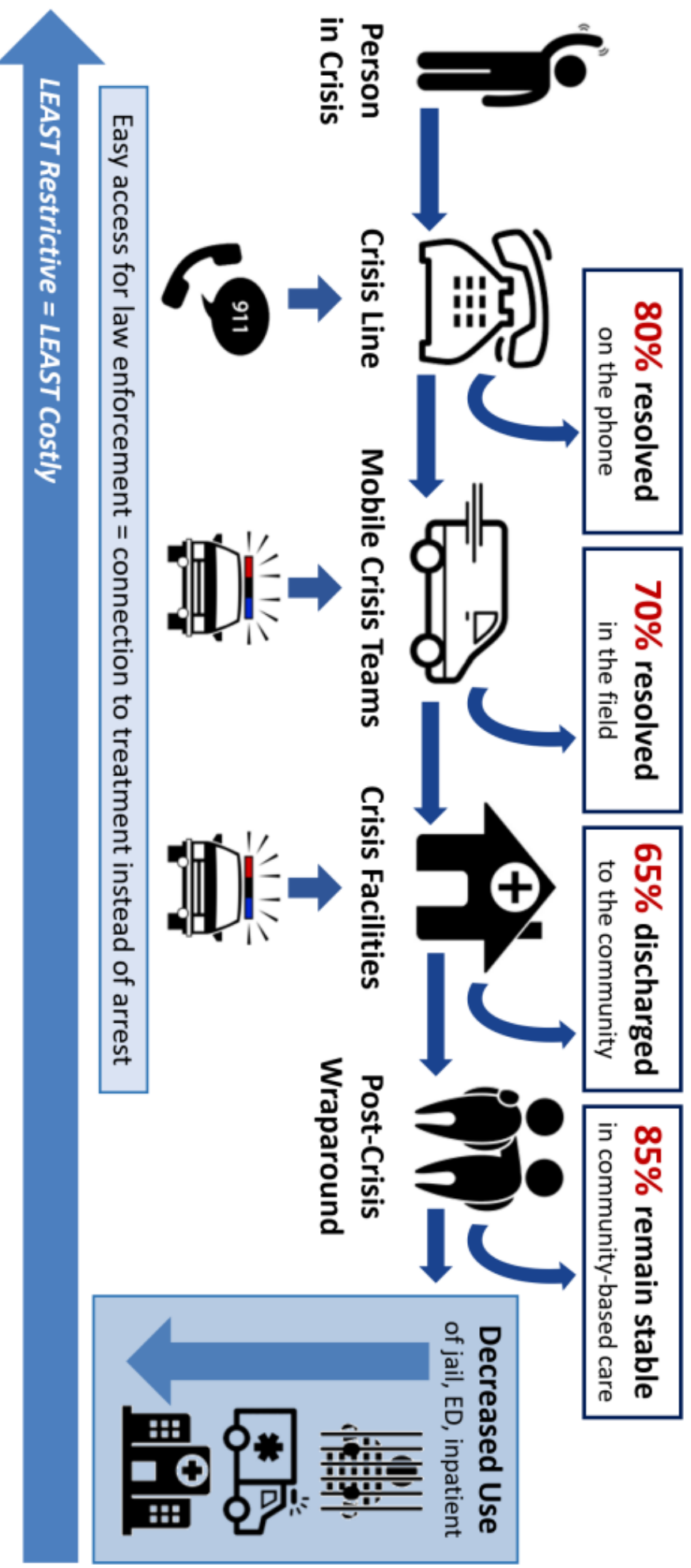
Date	Presentation	Presenter(s)	Topic
May 18	The Behavioral Health Crisis Response Continuum in Illinois: Key Factors and Impacts for Cook County	Dr. Lorrie Rickman Jones – President, Behavioral Health Innovations Brenda Hampton – Visiting Specialist for UIC College of Social Work, 988 and CESSA Crisis Hub	988, 590 Program, CESSA, Somewhere to Go gaps
May 18	11 Introduction & Landscape	Martin Bennett – Executive Director of Emergency Communications/911 Call Center, Cook County's Sheriff Department	911 & 988
May 18-June 1	Task Force Member Check-Ins	ALT-HIR Task Force Co-Leads & Members	Task Force meeting summary & check-ins

Alternative Health Intervention and Response

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix



Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Alternative Health Intervention and Response

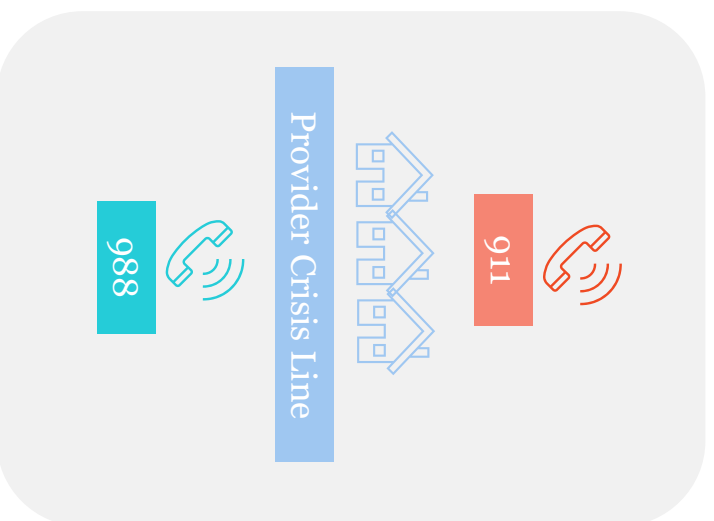
Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix

CURRENT STATE

- Suburban Cook County 911 Dispatch: Average 1,7000 daily calls, including ~500 911 calls
- 77 Public Safety Answering Points (PSAP) Cook County

- Local crisis response hotlines: CARES hotline, Suburban Cook County 590 providers
- Staffed by providers, offer 24/7, 365

- IL 988 rollout July 16, 2022



Alternative Health Intervention and Response

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix

SOMEONE TO RESPOND



911

First Responders Dispatched

CURRENT STATE

- Cook County Police and Law Enforcement Agencies
- Cook County Sheriff's Treatment Response Team

Provider Crisis Line

Resolved over Phone

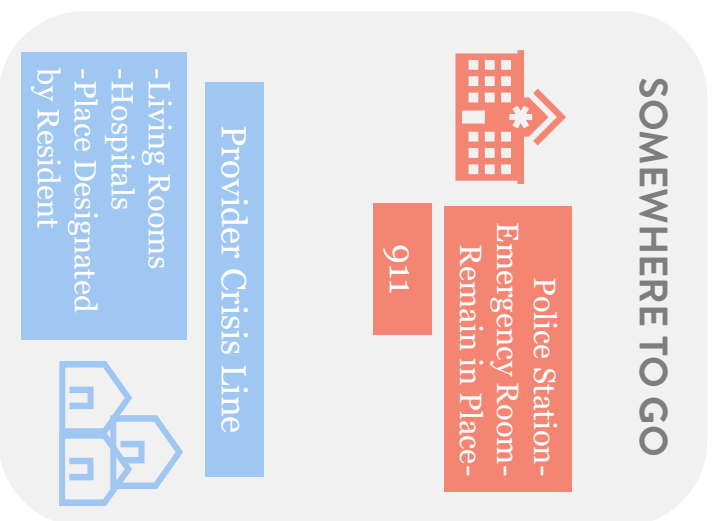
590 Local Crisis Team
Dispatched

Suburban Cook County 590 Mobile Response Providers (17):

- 80% of crisis calls are handled over the phone, without physical intervention
- Typically, two-person teams (mental health profession + peer mentor)
- Monitored by 590 Program Administrators (IL DMH)
- Suburban Cook County capacity continues to expand

Alternative Health Intervention and Response

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix



CURRENT STATE

- Hospital emergency department resources
- Entry/re-entry into the criminal justice system
- No secondary intervention

- 8 limited-capacity Living Rooms
- 0 Crisis Stabilization Center options
- Anecdotal but widely accepted challenges accessing outpatient treatment and inpatient hospital beds



~2000 - 2021: IL & Cook County
Providers provide mobile crisis
response to Medicaid covered
adults & youth



July 2021: IL DMH Crisis Care
System (590 Program) awards first
grants to providers



August 2021: IL CESSA law passed
– mental health crisis response
coordination



July 2021 - present: Cook County
590 Providers scale operations to
serve all residents, regardless of
payer, 24/7



Current State

Future State

~2000 - 2021: IL & Cook County
Providers provide mobile crisis
response to Medicaid covered
adults & youth



July 2021: IL DMH Crisis Care
System (590 Program) awards first
grants to providers



August 2021: IL CESSA law passed
– mental health crisis response
coordination



July 2021 – present: Cook County
590 Providers scale operations to
serve all residents, regardless of
payer, 24/7



Current State

Future State

Alternative Health Intervention and Response

What's Next for Continued Growth?



SOMEONE TO CALL

- ☐ CESSA state and regional committees to create 911/988 protocols (~01/2023)
- ☐ 988 to local crisis response dispatch system
- ☐ Providers continue crisis lines operations until 911/988 infrastructure is in place (NAMI Chicago)

SOMEONE TO RESPOND

- ☐ Expand Suburban Cook County 590 Providers operations (17): behavioral health staffing, professional development, hospital and law enforcement relationships, multiple entry point system, establish funding matrix (Pillars & Grand Prairie)

SOMEWHERE TO GO

- ☐ *More research needed – no immediate actions notes*

Task Force Discussion



Requests for public comments or questions should be sent to maryalice.carroll@cookcountyhealth.org.



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Alternative Health Intervention and Response

SWOT Analysis

STRENGTHS

- What are the strongest aspects in the current Suburban Cook County system?
- What advantages does Suburban Cook County have?
- What resources does Suburban Cook county have?
- What are the latest achievements?
- What partnerships and relationships are strong?
- What impact has the system had on communities?

WEAKNESSES

- What pieces need to be improved?
- Where are tools lacking (staff, resources, data, knowledge?)
- What would communities and residents say we need to improve on?
- What haven't we talked about that needs to be addressed?

- How can strengths and weaknesses be turned into opportunities?
- Who do we need to support and how do we reach them?
- Are there needs that haven't been addressed?
- What do we need to learn more about?

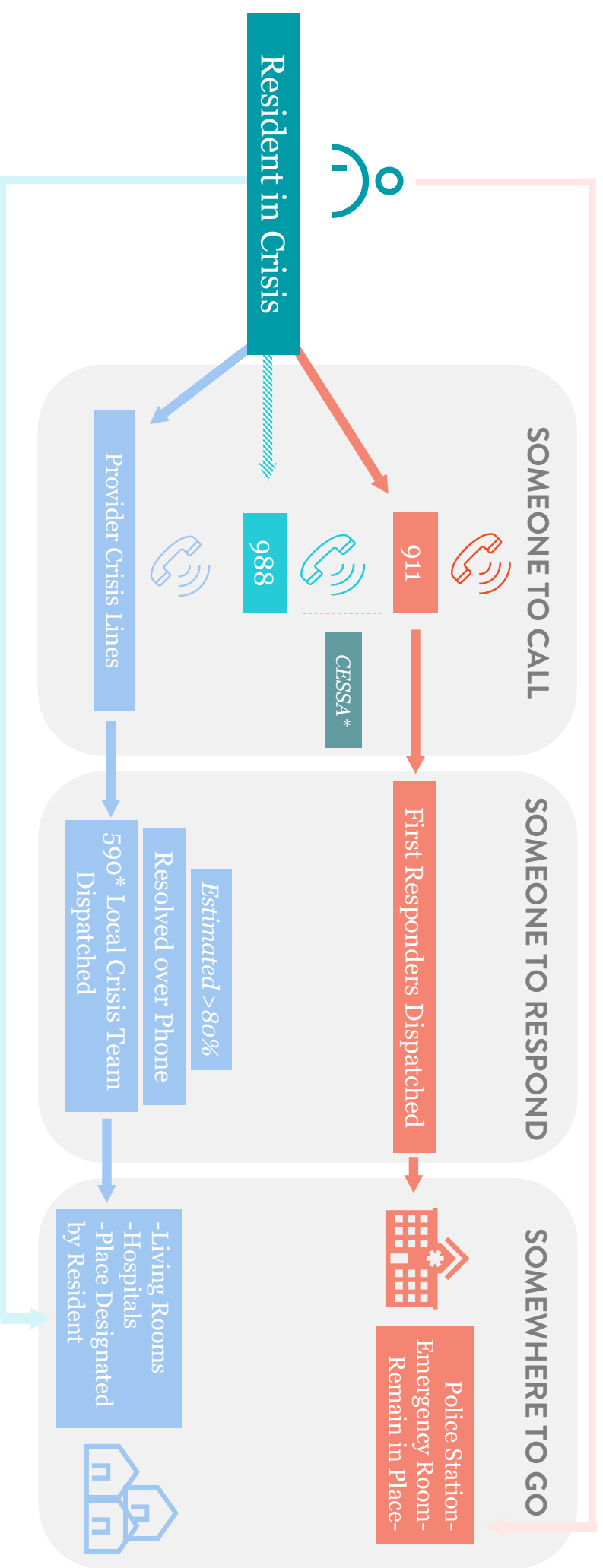
- What obstacles do we face?
- Could any of our weaknesses prevent us from meeting our goals?
- What do we need to make sure we continue to do?
- Is the system comprehensive to meet response needs?
- What do we need to remain successful?

OPPORTUNITIES

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Alternative Health Intervention and Response

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix



Alternative Health Intervention and Response

SWOT Analysis – Someone to Call

STRENGTHS

- The County and Task Force is talking about mental health needs of all, including public & first responders
- Current training opportunities about mental health and crisis response for first responders (911)
- The Task Force has support of the County to identify best option and leverage existing tools
- Outlined universal goal – access to mental health response for all

WEAKNESSES

- Front-line workers need more education about resources available and how to bridge them together, from call to response to follow-ups
- Off regular hour response capacity (esp. holidays & weekends)
- Some people may not feel comfortable calling the police (911)
- Accountability across agencies during large scale changes can be challenging

- Streamline mental health crisis resources provided to front-line workers
- Build on statewide relationships
- Need for coordination across County agencies, the Task Force could lead this
- Make sure community knows the alternative calling options
- Public education campaign & ongoing public education to limit crisis need confusion (market numbers to call)

- Sustainability of current systems – funding, resources, staffing, etc.
- Educating the public on who and when to call – we don't want people to feel confused in a time of crisis
- Overall response, we don't want to place first responders in danger – keep clinicians and responders safe

OPPORTUNITIES

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Alternative Health Intervention and Response

SWOT Analysis – Someone to Respond

STRENGTHS

- While providers are still working to scale up capacity, there is currently full coverage of Suburban Cook County
- The County has the building blocks (ETSB, health system, etc.) for a robust someone to respond system
- Demonstrated health care providers in the field already, we should continue building expertise of providers
- Suburban Cook County has an independent system

WEAKNESSES

- Overall system fragmentation
- Capacity for expected calls is not where it needs to be
- Public unaware of resources may not be well known
- Lack of coordination between mobile service provider, Sheriff, ETSB and training

- Bridge the continuum of care to help those most in need
- Public engagement/awareness campaign for mobile response options
- Decrease system fragmentation – build coordination and collaboration between current partners
- Expand work of service providers in business currently
- Support current calls and prevent more future calls by building somewhere to go

- New pilot and other ideas would be building on system fragmentation
- Risk of sustainability and resources to meet the demand
- Unknown demand
- Sub. Cook County has a unique landscape causing safety concerns
- Lack of workforce, especially workers with lived experience and behavioral health staff (make sure County hiring efforts doesn't cause further strain)
- End result will always be limited by gaps in Somewhere to Go

OPPORTUNITIES

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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?

- 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 county
- 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.)

- 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

OPPORTUNITIES

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Public Comments



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Alternative Health Intervention and Response Task Force Meeting 5 – 6/22/2022

Dr. Kiran Joshi, Cook County Department of Public Health

Cook County Sheriff's Department - Elli Petacque Montgomery, LCSW & Jason Hernandez



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Agenda

1. Call to Order & Introduction
2. Minutes Review
3. Treatment Response Teams Presentation
4. SWOT Analysis Review & Discussion
5. Next Steps
6. Public Comments



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Treatment Response Teams Presentation

*Ellie Petacque Montgomery, LCSW -- Cook County Sheriff, Director of Mental Health
Advocacy & Treatment Response Team Programs*

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Q&A

Ellie Petacque Montgomery, LCSW -- Cook County Sheriff, Director of Mental Health Advocacy & Treatment Response Team Programs

Jason Hernandez - Executive Director of Intergovernmental Affairs for Cook County Sheriff's Office

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SWOT Analysis Review

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Alternative Health Intervention and Response

SWOT Analysis

STRENGTHS

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OPPORTUNITIES

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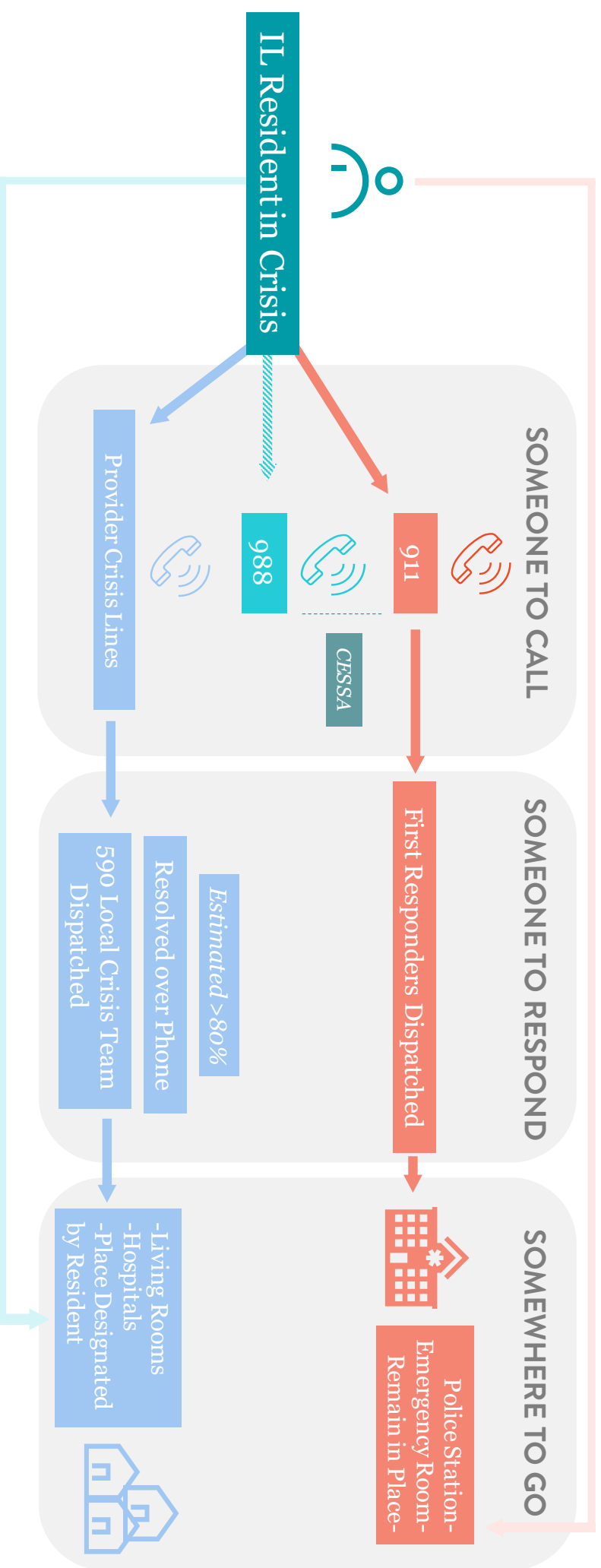
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Alternative Health Intervention and Response

Suburban Cook County Mental & Behavioral Health Crisis Calls Matrix



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Alternative Health Intervention and Response

SWOT Analysis – Someone to Call

STRENGTHS

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WEAKNESSES

- Front-line workers need more education about resources available and how to bridge them together, from call to response to follow-ups
- Off regular hour response capacity (esp. holidays & weekends)
- Some people may not feel comfortable calling the police (911)
- Accountability across agencies during large scale changes can be challenging
- Fragmentation & scarcity in 911 alternatives and their capacity

- Streamline mental health crisis resources provided to front-line workers
- Build on statewide relationships
- Need for coordination across County agencies, the Task Force could lead this
- Make sure community knows the alternative calling options
- Public education campaign & ongoing public education to limit crisis need confusion (market numbers to call)
- Medicaid Rule 132

- Sustainability of current systems – funding, resources, staffing, etc.
- Educating the public on who and when to call – we don't want people to feel confused in a time of crisis
- Overall response, we don't want to place first responders in danger – keep clinicians and responders safe
- Missed opportunities with the impending 988 rollout
- Ability to handle 988 rollout call capacity at local centers

OPPORTUNITIES

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Alternative Health Intervention and Response

SWOT Analysis – Someone to Respond

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WEAKNESSES

- Overall system fragmentation
- Capacity for expected calls is not where it needs to be
- Public unaware of resources may not be well known
- Lack of coordination between mobile service provider, Sheriff, ETSB and training
- Need thorough assessment of safety risks before entering crisis situations

- Bridge the continuum of care to help those most in need
- Public engagement/awareness campaign for mobile response options
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- New pilot and other ideas would be building on system fragmentation
- Risk of sustainability and resources to meet the demand
- Unknown demand
- Sub. Cook County landscape causing safety concerns
- Lack of workforce capacity, especially workers with lived experience and behavioral health staff (make sure County hiring efforts doesn't cause further strain)
- End result will always be limited by gaps in Somewhere to Go
- Sustained financing and resources needed

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Alternative Health Intervention and Response

SWOT Analysis – Somewhere to Go

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Next Steps



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Public Comments



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Alternative Health Intervention and Response Task Force Meeting 7 – 7/20/2022



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Agenda

1. Call to Order & Introduction
2. Minutes Review
3. Report Discussion
4. Public Comments



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Report Discussion

Requests for public comments or questions should be sent to maryalice.carroll@cookcountyhealth.org.



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Alternative Health Intervention and Response

Report Discussion Report Timeline

- Tuesday, July 26: Task Force Member Reviews Due
- Monday, August 1: Updated draft sent to Task Force Members for final review
- Tuesday, August 2: Task Force Member final feedback due
- August 3: Task Force Vote & Submission
- August 3-26: Public Comment

Report Outline

- I. Alternative Health Intervention Response Task Force
- II. Behavioral Health Crisis Response Landscape
- III. Suburban Cook County Crisis Response Landscape & Findings
- IV. Recommendations
- V. Appendix



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Public Comments



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Alternative Health Intervention and Response Task Force Meeting 8 – 8/3/2022

Avik Das, Esq, Justice Advisory Council
Dr. Kiran Joshi, Cook County Department of Public Health



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Agenda

1. Call to Order & Introduction
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Report Discussion

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Alternative Health Intervention and Response Report Discussion

Report Timeline

- August 3rd: Task Force Vote & Submission to Legistar
- August 3rd – September 2nd : Public Comment Sessions



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Public Comments



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