



City of Chicago

Crisis Intervention Advisory Committee

Recommendations Report

October 2019



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Acknowledgements

The Chicago Mayor's Office would like to thank the following members of the Crisis Intervention Advisory Committee for their ongoing participation in the Advisory Committee and for their work in helping the City identify problems and recommend solutions to improve the City's responses and services for people with mental and behavioral health needs:

Advocate Illinois Masonic

Arnold Ventures

Behavioral Health Consortium

Bobby E. Wright Comprehensive Behavioral Health Center

Chicago Department of Family and Support Services

Chicago Department of Law

Chicago Department of Public Health

Chicago Fire Department

Chicago Police Department

Cmdr. Marc S. Buslik (Ret.)

Communities United

Community Counseling Centers of Chicago (C4)

Community Renewal Society (CRS)

Cook County Health

Cook County Public Defender's Office

Cook County Sheriff's Office

Cook County State's Attorney's Office

Equip for Equality

Fred Friedman

Habilitative Systems Inc.

Human Resources Development Institute

Illinois Department of Human Services, Division of Mental Health

Illinois Guardianship and Advocacy Commission

Jesse Brown Veterans Affairs Medical Center

The Kennedy Forum Illinois

Lutheran Social Services Illinois

National Alliance on Mental Illness Chicago

Next Steps

Office of Emergency Management and Communications

Organizing Neighborhoods for Equality: Northside (ONE Northside)

Region XI EMS

Sinai Health Systems

Swedish Covenant Hospital

Thresholds

TASC's Center for Health and Justice (CHJ)

Trilogy Behavior Health

UIC/Jane Addams College of Social Work

University of Chicago Urban Labs

University of Illinois Hospital & Health Sciences System

Introduction

Purpose

In July of 2019, the City of Chicago’s Mayor’s Office requested that the City’s Crisis Intervention Advisory Committee (CIAC), chaired by the Mayor’s Office, draft and present recommendations to the City on how to improve its overall response to residents in need of assistance with mental and behavioral health concerns. This report shares the full list of recommendations drafted by the subcommittees of the CIAC. This report serves as an initial set of recommendations from the CIAC; however, it is important to note that the CIAC will continue to provide input on City initiatives relating to mental and behavioral health and make additional recommendations throughout its existence.

Background

In January of 2019, the Chicago Mayor’s Office folded its Mental Health Steering Committee, which launched in the fall of 2016, into a new advisory committee called the Crisis Intervention Advisory Committee (CIAC). Pursuant to paragraphs 128 and 132 of Chicago’s Consent Decree,¹ the advisory committee must be chaired by the Mayor’s Office and meetings must take place at least quarterly. The initial meeting was held on January 28th, 2019 and was attended by over 60 individuals from nearly 40 different organizations. Membership for the CIAC was determined by the Mayor’s Office in accordance with the requirements set by the consent decree.² The second CIAC meeting was held on April 22nd, 2019, at which time, by-laws and subcommittees were proposed, discussed, and later voted on and approved by the full CIAC. The decision as to which subcommittees to include in the CIAC was heavily influenced by paragraph 129 of the consent decree and was approved by the CIAC membership.³

In June of 2019, subcommittees were announced to the CIAC and all members were given the opportunity to select which subcommittee they wished to participate in. Descriptions of the subcommittees’ scope of work was included and participation was encouraged, but not required. Additionally, there were no limits on the number of people per subcommittee and members could be a part of multiple subcommittees if they chose.

¹ *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill.), Dkt. 107-1 (hereinafter “Consent Decree”), at ¶128,132

² Consent Decree, ¶ 132

³ Consent Decree, ¶ 129

Each of the subcommittees held their first meetings in July, at which time, members of the subcommittees collectively developed mission statements, discussed new projects which included developing recommendations for the City as required by the consent decree,⁴ and selected co-chairs for the subcommittee. Between July and October, each subcommittee met at least monthly, with some meeting more frequently.

On October 28th, 2019, at the CIAC's fourth-quarter meeting, each of the subcommittees presented to the Mayor and City officials their recommendations for how the City can improve its overall response for residents in need of assistance with mental and behavioral health concerns. Following the presentation and report listing all recommendations, the City is required to respond to each recommendation detailing what steps will be taken if the City decides to move forward with the recommendation or providing reasons for declining the recommendation.⁵ Additionally, in early 2020, the City is required to publish a written Crisis Intervention Plan which must include feedback and recommendations from the CIAC.⁶

Recommendations Process

Paragraphs 130 and 131 of the consent decree require the City to request the CIAC to identify and provide guidance on various ways the City can improve its overall response to residents in need of assistance with mental and behavioral health concerns within 365 days. These recommendations should consider opportunities to develop or enhance crisis response-related policies, procedures, and training for relevant City agencies, ways to increase municipal and community resources, and ways the City can develop non-criminal justice responses to individuals in crisis. Additionally, the CIAC will continue to meet quarterly to review and recommend additional improvements that the City can make.

In July of 2019, once the four subcommittees were established, the Mayor's Office requested that each subcommittee begin to explore what improvements the City could make to its overall response to residents in need of assistance with mental and behavioral health concerns and to put those into recommendations to present to the City. The subcommittees focused their recommendations around both the requirements of the consent decree and around the mission statements that members of each subcommittees drafted and adopted. It was requested that the recommendations be presented to the City during the next quarterly CIAC meeting.

⁴ Consent Decree, ¶ 131

⁵ Consent Decree, ¶ 131

⁶ Consent Decree, ¶ 122

Since July, at the direction of the Mayor's Office and the Co-chairs, the subcommittees met at least monthly, some meeting more frequently, to discuss, research, and develop ideas for how the City can improve its efforts to address mental and behavioral health challenges and what the group will ultimately recommend. By early October, each of the subcommittees had several recommendations agreed upon and drafted. The initial recommendations report will be presented to the City on October 28th, at the CIAC's fourth quarter meeting.

Policy Review

A major responsibility of the Crisis Intervention Advisory Committee is to provide guidance on all crisis response-related policies, procedures, and training of City agencies, including the Chicago Police Department (CPD) and the Office of Emergency Management and Communication (OEMC).⁷ In order to streamline this process, the policy review component fell under the scope of Coordinated Response Subcommittee. All members of the CIAC were made aware that policy review would take place with this Subcommittee and all were invited to participate.

CPD identified nine policies relevant to this review. An additional two policies from OEMC were also identified and included. The Mayor's Office and CPD's CIT Coordinator worked to develop a timeline that allowed for members of the Subcommittee to review all fourteen policies starting in late July and concluding at the end of October. Most often, the timeline listed for one to two policies to be reviewed each week. Additionally, calls were held every Friday during the review process to allow members of the Subcommittee to ask questions, obtain clarification, and provide feedback with the CIT Coordinator and members of CPD and OEMC.

The Coordinated Response Subcommittee completed their policy review of CPD and OEMC policies in mid-October. Following their review, CPD and OEMC will make any necessary edits or changes to their policies as a result of the feedback provided from members of the Subcommittee. While policies from the Chicago Fire Department (CFD) are not required by the consent decree to be reviewed by the CIAC, the Mayor's Office has requested that the Coordinated Response Subcommittee conduct a review of those as well to ensure CFD crisis-related policies are up to date and consistent with other first responder agencies. Additionally, the Subcommittee will soon begin reviewing and providing input to CPD on the CIT refresher training, pursuant to paragraph 99 of the consent decree.⁸

⁷ Consent Decree, ¶ 130

⁸ Consent Decree, ¶ 99

Recommendations

Coordinated Response Subcommittee

Mission Statement

The Coordinated Response Subcommittee within the Crisis Intervention Advisory Committee is focused on improving the system and processes of mental health response and service delivery in Chicago across various stakeholders and specifically among first responders. The Subcommittee will review and deliver evidence-informed recommendations on new and existing CIT-related policies and recommend new initiatives that promote global access to information, collaboration across agencies and stakeholders, efficient and effective policies and procedures, and consistency in response.

Co-Chairs

Dr. Eddie Markul, EMS Medical Director, Advocate Illinois Masonic Medical Center / EMS Chicago
Lieutenant Antoinette Ursitti, CIT Coordinator, Chicago Police Department

Members

Advocate Illinois Masonic
Chicago Department of Public Health
Chicago Fire Department
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Community Renewal Society
Cook County Health
Cook County Sheriff's Office
Illinois Guardianship & Advocacy Commission
Jesse Brown Veterans Affairs Medical Center
National Alliance on Mental Illness of Chicago
Office of Emergency Management and Communications
Organizing Neighborhoods for Equality: Northside (ONE Northside)
Thresholds

Recommendations

- 1. The City should establish a robust coordinated response model tailored to the needs of the City to ensure an appropriate response option for emergency calls involving an individual in crisis.**

In Chicago, emergency calls for mental health needs are responded to by first responders. Many of these crises are associated with serious mental illness while others may arise from additional diverse challenges faced by Chicagoans. Several major cities across the Country have created and implemented programs that utilize first responders and mental health providers in a coordinated and comprehensive manner that provides more than one option to fit the variety of emergency mental health needs of a city.

We recommend that the City convene a working group comprised of the Chicago Department of Public Health, Chicago Fire Department, Chicago Police Department, the Office of Emergency Management and Communications, healthcare providers, service providers, academic partners, mental health advocates, and persons with lived experience to continue research on developing and recommending a robust coordinated response model best suited for Chicago.

- 2. The City should work with willing emergency departments, mental health facilities and first responders to develop a uniform process for when first responders bring an individual in crisis for emergency mental health services.**

There are at least 45 hospitals, medical centers, and mental and behavioral health-related facilities providing emergency services for a medical or mental health event that are available for a resident or visitor to the City of Chicago.⁹ Yet with such vast resources, no standardized process exists for when police officers bring a person in need of emergency mental health treatment to these facilities. We believe inconsistent processes affect public safety and treatment outcomes and should be addressed as a priority of the City.

Negative experiences encountered by an individual while obtaining emergency mental health services has implications for the willingness of an individual to rely on and engage these systems when most needed. Uniform and agreed upon processes within each of these systems fosters trust in individuals requiring emergency services and creates a mechanism for accountability of each system. Police officers increasingly are being called to respond to individuals in crisis and facilitate the immediate connection to emergency health services. In doing so, police officers working to ensure a warm handoff may encounter a wait time of up to several hours at emergency facilities due to a number of factors, unnecessarily delaying the officers' return to service to handle other assignments.

⁹ Chicago Police Department Special Order SO6-08

The City should convene a working-group comprised of first responders, facilities providing emergency medical and mental health services, mental health providers and advocates, and persons with lived experience to identify issues related to facilitating emergency mental health services for individuals in crisis and promote a collaborative response that ensures the safe, prompt, and dignified treatment of individuals. The working group should create agreed upon expectations that addresses these challenges and, with the support of the City, secure formalized agreements between partners. Specifically, we believe the approved mental health intake facilities identified by the Chicago Police Department Special Order of Approved Medical Facilities should all be invited to participate in this process with a commitment to involve other facilities that can increase capacity and access to emergency mental health services.

3. The City should implement local systems coordination meetings between mental health intake facilities, first responders, service providers, managed care organizations, and persons with lived experience to exchange information, obtain feedback, problem solve, and build greater collaboration around mental healthcare outcomes.

Individuals who experience a crisis requiring an emergency response often interact with several systems, including first responder agencies, mental health intake facilities, service providers, and managed care organizations. Each system maintains distinct information that is crucial to the care and recovery of persons affected by mental illness or co-occurring conditions requiring an emergency response.

We believe that the City's support of regularly facilitated meetings between these stakeholders will ensure information-sharing in a manner that protects privacy rights of individuals and enhances the outcomes for individuals adversely impacted by siloed systems. Local systems coordination meetings will provide a collaborative forum for identifying issues, problem solving, and learning and creating best practices for providing service to individuals in crisis. We expect such coordination will result in improved processes for each system and better experiences for individuals in need of mental or behavioral health services.

4. The City should increase its capacity to provide more opportunities for crisis response and awareness training to the relevant personnel of the Chicago Police Department, Chicago Fire Department, and the Office of Emergency Management and Communications.

Currently, there are over 2,900 sworn officers of the Chicago Police Department who are Certified CIT Officers. Although state CIT certification is limited to law enforcement, intensive training for all first responders on recognizing and responding to signs and symptoms of mental illness and co-occurring conditions can greatly enhance the overall response provided to individuals in crisis.

We recommend the City work with the Chicago Fire Department, Chicago Police Department, Office of Emergency Management and Communications, and Hospital Emergency Communications Clinicians to identify the crisis response and

awareness training needs of each agency and ensure resources and capacity sufficient to timely train personnel. One particularly successful curriculum, the interagency Crisis Identification and Management course, brings together CFD, CPD, OEMC, and Emergency Department personnel for an 8-hour class that enables participants to learn how to most effectively work together when responding to a service call involving a person in crisis. The City should commit the necessary support that allows each agency to train fully the appropriate personnel within a reasonable time frame. Additionally, the City should continue its investment in the professional development of first responders in crisis response by ensuring ongoing interagency refresher training upon completion of the initial course.

In working to identify the crisis response and awareness training needs of the Chicago Fire Department, Chicago Police Department, and Office of Emergency Management and Communications, the City should pay special attention to supervisory personnel and ensure appropriate members in each agency receive 40-hours of Basic CIT or similar crisis response and awareness training beyond the 8-hour Crisis Identification and Management course. Further, the City should ensure that first responder wellness and self-care is addressed in crisis response and awareness training in recognition of the impact of vicarious trauma and compassion fatigue on personal and professional lives.

Diversion & Best Practices Subcommittee

Mission Statement

The mission of the Diversion & Best Practices Subcommittee of the Crisis Intervention Advisory Committee (CIAC) is to focus on strategies that, when appropriate, deflect and/or divert individuals with substance use or mental health disorders, whether or not in crisis, away from the criminal justice and emergency medical systems, and into community-based treatment and facilities as best clinically indicated for the person with the goal to improve treatment outcomes and reduce utilization of first-responder resources. The rationale for deflection and diversion is that the untreated, underlying behavioral issue is the reason for the, often repeated, contact with the justice and emergency medical systems.

The CIAC Diversion and Best Practices Subcommittee will make recommendations that draw upon national best practices and standards consistent with cultural norms and values, take into account the social determinants of health and mental health, lead to integration of various systems and services, promote a holistic approach to service provision, and incorporate a racial equity framework.

Co-Chairs

Jac Charlier, Executive Director, TASC's Center for Health and Justice (CHJ)

Steven Brown, Director of Preventive Emergency Medicine, University of Illinois Hospital & Health Sciences System

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Chicago Department of Family and Support Services

Chicago Department of Public Health

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Community Counseling Centers of Chicago (C4)

Community Renewal Society

Cook County Health

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University of Illinois Hospital & Health Sciences System

Recommendations

- 1. Under the auspices of the CIAC and the Diversion and Best Practices Subcommittee, the City will ensure there is a sufficiently resourced, single, unified, systems-level oversight body and framework for deflection and diversion that will:**
 - Within 120 days, establish a shared vision, purpose, and outcomes for deflection and diversion practices among first responders, the treatment and recovery community, the community of people with lived experience, and people who are at risk of being deflected. This culturally competent approach should encompass race, ethnicity, sexual orientation, gender, and disability.
 - Promote acceptance among police, treatment providers, and the community of a shared and ongoing responsibility to collaborate on public safety and community wellbeing.
 - Foster an ongoing culture of deflection and diversion as one of three routinely trained, promoted, and practiced go-to options for law enforcement: deflect/divert, take no action, arrest.
 - Within 180 days, coordinate all deflection and diversion efforts operating in Chicago.
 - Within one year, ensure that the framework is viable and that it presents credible, real-time options for police and the people who have been deflected/diverted through ensuring e.g. growing and building mental health and substance use disorder treatment capacity as is required for real-time, sustainable deflection and diversion.
 - Allow for rapid and transparent systems-level data collection, operational analysis, evaluation, metrics, and decision-making, and to demonstrate collective impact and accountability against the agreed upon shared outcomes.
- 2. Working with the CIAC, the City should prepare an assessment of current deflection and diversion practices operating within Chicago.**

There are several deflection and diversion initiatives already operating in Chicago, however, to date, there has not been a comprehensive assessment of those programs. Without a proper assessment, it is challenging to determine the strength of deflection and diversion practices that already exist and evaluating what works, what doesn't work, and where more efforts are needed.

We recommend that the City prepare a robust assessment detailing the deflection and diversion practices that exist in Chicago today. The assessment will include the scale and scope of mental health, substance use, and trauma treatment

along the continuum of care, as well as housing and support services available for deflection and diversion. The assessment will incorporate youth and adult efforts.

3. Working with the CIAC, the City should prepare a report of national deflection and diversion practices for both mental health and substance use disorders, including co-occurring disorders.

Cities across the country have been developing new and creative programs to address deflection and diversion practices in an effort to prevent individuals with mental health or substance-use disorders from entering the criminal justice system.

The report, done also with relevant stakeholders, will detail deflection and diversion efforts and best practices being used in other cities across the country. This will include specification of target populations and use of evidence-informed practices and practice-based evidence that is consistent with cultural norms and values. This report will be compared to the Chicago-specific assessment, and a gap analysis will be prepared that provides recommendations for a robust, scalable, and sustainable programming.

4. Based on the assessments provided in recommendations 2 & 3, working with the CIAC, the City, in partnership with service providers, advocates, and healthcare organizations should identify health care and human services needed to ensure ongoing care coordination and a successful transition to community-based services.

Once recommendations 2 & 3 are completed, the City and its relevant partners will be able to better evaluate what care and services are needed for individuals living with mental-health or substance-use disorders. The focus will be on building wellness and self-sufficiency as individuals begin to manage their health conditions while navigating the complex requirements of public systems.¹⁰ The City should work with the CIAC, service providers, advocates, healthcare organizations, and persons with lived experiences to evaluate the reports from recommendations 2 & 3 to identify health care and human services needed to ensure ongoing and sufficient care coordination.

In order to do this, data will need to be shared across agencies and systems. For more on this, see the related recommendation from the CIAC Data Subcommittee for data sharing among the Chicago Police Department, Chicago Fire Department, Office of Emergency Management and Communication, and community-based treatment and services.

5. The City should support the ongoing work of the City's Interagency Task Force to Reduce Homelessness to explore new opportunities to provide adequate housing for individuals with mental health needs and substance use disorders, including those who are justice

¹⁰ TASC Specialized Case Management Model, January 2019

involved or high utilizers. Additionally, the Chicago Police Department should join the Task Force.

Supportive housing for individuals with a history of mental health or substance-use disorders should be a priority for the City. While there currently are some organizations providing supportive housing, there is still a concerning shortage of adequate housing. According to the Chicago Coalition for the Homeless, in 2014, 25% of homeless individuals residing in shelters had mental health needs, and 19% of individuals living unsheltered had mental health needs.¹¹

The City should direct that its departments and sister agencies who are members of the City’s Interagency Task Force to Reduce Homelessness to continue to explore new opportunities to provide supportive housing for individuals with mental health needs and substance use disorders. This includes the creation of a referral pathway to supportive housing for individuals who are homeless by utilizing the city’s Flexible Housing Pool. Adequate supportive housing is a proven diversion effort that “leads to more housing stability, improvement in mental health symptoms, reduced hospitalization and increased satisfaction with quality of life, including for participants with significant impairments, when compared to other types of housing for people with mental illnesses.”¹²

Additionally, we believe that the Chicago Police Department should be included on the Interagency Task Force to Reduce Homelessness so that they can provide their support and insight from a crisis-response perspective.

¹¹ Chicago Coalition for the Homeless, the Facts Behind the Faces. <http://www.chicagohomeless.org/wp-content/uploads/2015/02/2015-Fact-Sheet.pdf>

¹² Dennis P. Culhane, et al., The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York, New York Initiative, HOUSING POLICY DEBATE 13.1 (2002), at 137-38.

Data Collection & Evaluation Subcommittee

Mission Statement

The Data Collection and Evaluation Subcommittee of the Crisis Intervention Advisory Committee works to promote effective use of data in the City’s mental health response processes with a goal of improving mental health and substance-use disorder service access, delivery, and referral. The Subcommittee will make recommendations that involve improving the sharing of data and information, promoting accountability, streamlining data sources, and clear data evaluation for the public.

Co-Chairs

Jac Charlier, Executive Director, TASC's Center for Health and Justice (CHJ)
Joanne Farrell, Director of EMS Compliance, Chicago Fire Department

Members

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Chicago Police Department
Community Renewal Society
Illinois Department of Human Services, Division of Mental Health
National Alliance on Mental Illness of Chicago
Office of Emergency Management and Communications
TASC's Center for Health and Justice (CHJ)

Recommendations

- 1. The Office of Emergency Management and Communications should conduct an audit looking at how call-takers share with police and fire dispatchers if a call is mental or behavioral health related, and how dispatchers use that information to deploy proper resources.**

When a call is made to 911, a Police call-taker at the Office of Emergency Management and Communications (OEMC) uses trained techniques to determine if the call has a mental or behavioral health component to it. The call-taker then must alert the relevant dispatcher(s) (fire or police) of the specific component so that dispatchers can properly deploy the proper resources.

OEMC should conduct an audit looking at how call-takers share information with dispatchers, and how dispatchers use that information to deploy resources. The purpose of this audit is to ensure that communication is effective and transparent

from the moment a call comes into OEMC to when services are deployed. Additionally, the audit will could help identify areas to improve how resources are deployed, such as how to determine if police, fire, or both are needed to be deployed.

2. The City should integrate data from the Chicago Police Department, Chicago Fire Department, and Office of Emergency Management and Communications on interactions with individuals with a mental health or overdose component.

Currently, the Chicago Police Department (CPD), the Chicago Fire Department (CFD), and Office of Emergency Management and Communications (OEMC) all use separate systems to track calls and interactions with individuals with mental health needs or with an overdose component. This limitation in information sharing prohibits first responders in the field from seeing relevant information for an individual, especially if the individual has a history of making calls to 9-1-1, recently had a medical transport from CFD, or an interaction with a CPD officer.

The City should build a database that allows CPD officers, CFD first responders, and OEMC personnel to share information on interactions and events with individuals with a mental or behavioral health component. This information should be accessible in real-time to first responders working in the field when a call comes in.

3. The City should work with local, County, and State government agencies, and local mental health and drug treatment service providers, to develop a system that allows for each organization to have access to relevant care management data on individuals that come in contact with first responders and service providers.

Currently, there is no infrastructure in place that allows first responders to access any medical or care management information for an individual if they come in contact with someone.

To promote deflection and diversion through continuity of care and case management, we recommend that the City work with relevant stakeholders to build a system that allows for information sharing between first responders and medical care service providers. The information being shared will help inform first responders if an individual in need of mental or behavioral health services already has a history with a service provider or case manager and can allow the first responder to divert the individual to a support system already in place.

Because of the depth and importance of this information, it would be best if the City worked with a State agency to develop and house the database. Additionally, considerations should be made to ensure that the information shared does not conflict with any privacy or HIPPA laws.

4. The City should conduct another public campaign to encourage people to sign up for Smart911.

In September of 2018, Chicago launched Smart 911 and a subsequent campaign to encourage residents to sign up for the new system. A major component of Smart 911 allows for individuals with mental or behavioral health needs to input relevant information into Smart 911 which will then allow an emergency call taker at the Office of Emergency Management and Communications (OEMC) to be made aware of the individual's needs.

Additionally, when a person creates their profile, they can also include information such as medical history, doctor's information, or a service provider or case manager they might be working with. If the OEMC call-taker had this information when the person makes the initial call, they could potentially divert the individual to a listed service provider instead of calling for a first responder to assist. The City should launch another robust campaign to encourage residents to sign up for Smart 911 and put a focus on people with mental and behavioral health needs.

- 5. The City should develop a comprehensive process map showing how individuals are currently interacting with City agencies and flowing through the system from making an initial call to being referred to services or first responders.**

The City should work with the Office of Emergency Management and Communications (OEMC), the Chicago Fire Department (CFD), and the Chicago Police Department (CPD), to develop a comprehensive, unified process map showing each touch point agencies have with a person with a mental or behavioral health component after that individual makes a call to either 911 or 311. This map will be used to analyze data to identify gaps in services, barriers to access of City resources, and areas the City can improve the overall flow of calls with a mental or behavioral health component. The map should look at what events take place before and after an individual is connected with services.

- 6. The City should continue to support the Chicago Police Department's plan to create a public dashboard that shows how many CIT and overdose calls are received and where they are coming from.**

The Chicago Police Department (CPD) is currently in the process of developing a public dashboard that will show how many mental health and overdose calls are received and where they originate. The City should continue to support CPD's efforts to create and launch this dashboard.

Community Engagement & Awareness Subcommittee

Mission Statement

The mission of the Community Engagement and Awareness Subcommittee of the Crisis Intervention Advisory Committee is to engage all neighborhoods across Chicago in an effort to increase awareness among residents of mental health resources within communities. In addition, the Subcommittee will make recommendations that understand the unique challenges and represent the diverse needs of each Chicago neighborhood, and engage communities through many different avenues to increase education, access, and utilization.

Co-Chairs

Eric Wilkins, Communities United and Founder of Broken Winggz Foundation

Susan Doig, Chief Clinical Officer, Trilogy Behavior Health

Members

Chicago Department of Family and Support Services

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Chicago Police Department

Communities United

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Illinois Department of Human Services, Division of Mental Health

Illinois Guardianship & Advocacy Commission

The Kennedy Forum Illinois

National Alliance on Mental Illness of Chicago

Organizing Neighborhoods for Equality: Northside (ONE Northside)

Trilogy Behavior Health

Recommendations

- 1. The City should develop a comprehensive assessment of community feedback already received around mental and behavioral health needs and develop new mechanisms to obtain additional community feedback to fill any existing gaps.**

We recognize that numerous organizations and service providers have already held conversations with communities to receive input on the mental and behavioral health challenges and needs that communities face, however, much of that feedback is limited to specific neighborhoods of the City and may not reflect all parts of the City.

The City should work with stakeholders already involved in this work to develop a comprehensive assessment of what feedback from which neighborhoods already exists and from that assessment, identify where gaps in feedback exist and the City should then conduct new conversations to fill those gaps.

When developing new mechanisms to obtain community feedback, the City should consider both public meetings as well as anonymous methods that allow individuals to safely provide input, such as an online survey. Additionally, the City should consider cultural norms and disability status when developing any new mechanisms. We believe in order for the City to fully know and understand how to address the challenges residents face, there must be more thorough engagement around this topic. Proper community input will help the City best determine where to focus its efforts and resources to alleviate challenges communities face.

2. A public relations campaign should be implemented to better inform the community about mental and behavioral health resources in the City. The objective and target audience of the communication should be determined following feedback from the first recommendation.

We believe the City should develop and launch a robust public relations campaign aimed at promoting awareness of mental and behavioral health resources and services currently offered throughout the City. Additionally, the campaign should also consider how to address the lack of trust between communities and government and law enforcement specifically around mental health.

Below are a handful of ideas that the City should consider when developing a public relations campaign:

- Creation of hard materials to hand out to communities such as pamphlets or resource cards. These could be designed to focus on specific areas of the City.
- Educating the public on how to distinguish the need between when to engage police and when to engage other resources (calling 311 vs 911).
- Publicly sharing success stories from the Chicago Police Department's Crisis Intervention Trained officers in an effort to both inform the public of these officers but also to rebuild trust between residents and law enforcement.
- Information about community policing and the Crisis Intervention Unit of the Chicago Police Department.
- Informing community of resources available beyond police such as service providers and health clinics.
- Additional needs that come as a result of community feedback solicited from recommendation number one.

3. The City should expand resources to provide free mental health awareness and first aid trainings for community members.

The City currently provides some funding for organizations to provide free trainings for community members on mental health awareness and first aid, but those trainings are limited because of a lack of resources.

The City should identify additional funding and resources to be able to expand these trainings City-wide and to conduct them more frequently. These trainings should be easily accessible to all residents across the City, not just certain neighborhoods. The trainings should also be mindful of the cultural norms in each neighborhood. These trainings could also target specific groups of people such as faith-based leaders, business owners, educators, etc. Finally, the City should develop a process that encourages and allows for more organizations and providers to be involved in providing community-based trainings.

Glossary

Behavioral Health – That part of the public and private health system that deals with mental health and substance-use disorders, either alone, or together in the case of co-morbidity. Commonly, behavioral health is colloquially divided into “mental health” and “drug treatment.”

CIT – The Crisis Intervention Team (CIT) model is a specialized police-based response to individuals experiencing a mental health crisis. The CIT model includes intensive training and partnerships with mental health providers and advocates, including families and individuals with lived experience. The CIT model features a 40-hour training that helps officers identify the signs and symptoms of mental illness; safely de-escalate situations involving an individual experiencing a mental health crisis; and connect an individual experiencing a mental health crisis to community mental health resources.

CIM – Crisis Identification and Management is an 8-hour class that brings together a multidisciplinary team of personnel from the Chicago Fire Department (CFD), Chicago Police Department (CPD), Office of Emergency Management and Communications (OEMC), and Emergency Departments to learn the role of each department in working together to effectively coordinate a response to a person with an emergent mental health need.

Deflection – Within the context of the criminal justice system, utilizing community-based behavioral health services such as mental health or substance-use treatment to move a person away from the criminal justice system without first and prior to the person having actually entered the justice system. In Deflection, the underlying behavioral health issue is the main driver of (often repeated) contact with the justice system, and so treating the underlying problems will best address the issue.

Within the context of Fire and EMS, utilizing community-based behavioral health services such as mental health or substance-use treatment to move a person away from an emergency department/room for services best provided

Diversion – Within the context of the criminal justice system, utilizing behavioral health services such as mental health or substance-use treatment, to move, when appropriate, a person who is already in the justice system out of a custodial justice placement (jail, prison) or further justice processing, and into community-based treatment.

EMS – Emergency Medical Services

First Responders – Trained professionals responsible for providing immediate aid in an emergency; for the purposes of this report, personnel of the Chicago Fire Department (CFD); Chicago Police Department (CPD); and Office of Emergency Management and Communications (OEMC).

HIPAA – Health Insurance Portability and Accountability Act (legislation that provides data privacy and security provisions for safeguarding medical information).

Smart911 – an online app that allows residents to create a custom 9-1-1 Safety Profile for themselves and or for their family. The profile will be visible to 911 call takers only when the person calls 911. Pertinent information can be shared with first responders responding to that person’s emergency call.