ALTERNATIVE CALL RESPONSE TASKFORCE | MENTAL HEALTH

Report | Recommendations for the Village of Oak Park

2023

Report Prepared By:
Alternative Call Response Taskforce Co-Chairs,
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Allison Davenport, CEO, Riveredge Hospital

REPORT OUTLINE

1. EXECUTIVE SUMMARY

As the co-chairs of the Village Manager's Alternative Call Response Taskforce for Mental Health Crisis (the Taskforce), we are pleased to present this report detailing the process, input, and final recommendations to advise the Village Manager on matters pertaining to the most suitable alternative calls for service model for the Village of Oak Park to specifically help individuals suffering from a mental health crisis.

Over the last five months, the Taskforce engaged in hundreds of hours of education, analysis, and discussion about our current model of mental health crisis response and our desired state. We reviewed best practices in crisis response, considered evidence-based models being implemented throughout the country, and engaged nearly 100 community members in frank and honest conversations about how we can improve the lives of individuals experiencing a mental health crisis as well as their loved ones.

First and foremost, there was a clear and concise message that we must reduce the role of police officers in mental health crisis. The mission of the Oak Park Police Department is to "provide high-quality law enforcement services that are accessible to all members of the community." Mental illness is not a law enforcement issue. Regardless of whether police officers are well-intention and compassionate, they are not the best trained and most effective intervention for people experiencing a mental health crisis. We recommend building a new infrastructure of crisis response that is not rooted in a law enforcement lens, but is instead rooted in a human-centered and healing approach for our community.

In addition, more attention must be paid ***after*** a crisis intervention to connect individuals with services and resources that are trauma-informed, promote healing and recovery, and can assist with preventing future crisis. Too often crisis response is viewed as an isolated "problem" to "be solved". This approach is not appropriate in a mental health crisis, and instead can be counterproductive and result in harm of someone. The Village must promote better access to the treatment and services that promote healthy outcomes and reduce future crises.

The Taskforce also determined that community education must be a key component to any systems change. We routinely heard confusion around when to call 911 or 988, what to ask for in a mental health crisis, and a general lack of understanding of the resources in the community. In addition, we reviewed data where calls to 911 were reported as one matter by the caller, but the scenario and disposition were quite different once a responder was on the scene. Crises are rarely black and white and easy to report. However, education around who to call when and what information to provide can provide substantial benefits community wide.

Finally, all of these recommendations must be implemented within a diversity, equity, and inclusion lens. The profession of mental health is very white and very female, which does not represent the diversity of Oak Park. In addition, we know that the rates of treatment for brown and black individuals are lower than their white counterparts, which increases the probability of acute or crisis needs. Cultural needs when it comes to race, ethnicity, gender, sexual orientation, and neurodiversity must be part of the systems change.

We are grateful for the opportunity to instigate meaningful change in our community. As residents of Oak Park, we are invested in promoting our collective mental health. This is one step in that direction and we look forward to being a part of the implementation.

We hope that the Village Manager, in addition to the Village of Oak Park Board of Trustees, will approach these recommendations with the passion, commitment, and sense of urgency that was devoted to developing them.

Sincerely,

Allison Davenport
Chief Executive Officer
Riveredge Hospital

Cheryl Potts
Executive Director
Community Mental Health Board of Oak Park

2. HISTORY | BACKGROUND

The Alternative Calls for Service Taskforce, established by Oak Park Village Manager Kevin Jackson, is an initiative resulting from the Oak Park Community Safety Project. In direct response to the murder of George Floyd in May 2020, Oak Park residents voiced a critical need to examine the VOP's Police Department use-of-force polices, police training, technology (i.e. body cameras) and determine the best ways to improve how the police can support the Oak Park community.

After passing a resolution in support of the Obama Foundation's Pledge to address police violence and systematic racism, the Village completed a series of listening sessions to receive feedback regarding the Oak Park Police Department. Additionally, a Request for Proposals for an independent assessment of policing, training, accountability and community engagement of the Oak Park Police Department was issued. BerryDunn was chosen as the third-party consultant to help achieve the board's community safety goals. The final report was presented to the Village of Oak Park in November 2022. One of the primary recommendations presented within the BerryDunn report was to develop a comprehensive alternative calls for service response plan and seek approval from the Village Board on the new model. The Alternative Calls for Service Taskforce launched shortly thereafter.

This Taskforce was established with the goal of bringing mental health experts, community members and specialists to the table, providing an opportunity for them to advise on an enhanced mental health response model in Oak Park. More specifically, the primary objectives of the Taskforce were as follows:

A. Review and understand the "Essential Calls for Service Evaluation Report" drafted by Berry Dunn to determine if its recommendations are a viable alternative to Oak Park Police Department's current response model.
B. Review and understand Oak Park Police Department's current alternative calls for service response model.
C. Review and understand the different alternative calls for service models currently in use at various police departments across the country.

The recommendations presented within this report have been developed and approved more than 95% of the Taskforce members. These specific recommendations are in direct support of individuals suffering from a mental health crisis.

3. TASKFORCE MEMBERS

- Co-Chair, Cheryl Potts - Community Mental Health Board of Oak Park
- Co-Chair, Allison Davenport - Riveredge Hospital
- Kevin Barnhart - Citizens Police Oversight Committee (CPOC)
- Paula Baker - Community Member
- Grace Martin - Community Member
- Deacon Wiley Samuels - Community Member
- Victoria Perisee-Johns - Community Member
- Lynda Schueler - Housing Forward
- Armando Smith - Housing Forward
- Alan Taylor - Love With Courage
- Carey Carlock - Mosaic Counseling Center
- Kimberly Knake - National Alliance on Mental Illness (NAMI)
- Shelly Lustrup - National Alliance on Mental Illness (NAMI)
- John Mayes - National Alliance on Mental Illness (NAMI)
- Dr. Ushma Shah - Oak Park Elementary School District 97
- Greg Johnson - Oak Park-River Forest School District 200
- John Harris - Oak Park Homelessness Coalition
- Robert Simmons - Oak Park Library
- Gavin Morgan - Oak Park Township
- Megan Traficano - Oak Park Township
- Jan Arnold - Park District of Oak Park
- Jenny Doyle - Riveredge Hospital
- Caroline Heskett - Rush Hospital
- Dino Rumoro - Rush Hospital
- Elaine Phillips - Thrive Counseling Center
- Jenni Rook - Thrive Counseling Center
- Sarah Wiemeyer - Thrive Counseling Center
- Anita Pindiur - Way Back Inn
- Brian Staunton - West Suburban Consolidated Dispatch Center

4. PROCESS OVERVIEW

4A. Description of Introductory and Educational Sessions

In order to develop initial informed and thorough recommendations, the Taskforce planned structured educational sessions as an opportunity to understand both our current model and various models across the country. The Taskforce invited various representatives to meetings to present a high-level overview of the model in review. Each presentation incorporated a focus on the history, development, workflow and purpose of the model. Additionally, representatives detailed budgetary considerations, community input/feedback and data associated with call response. All Taskforce members expressed keen interest in understanding our current model and areas of opportunity reflected in external models.

Date of Meeting	Outline/Purpose	Outcome
October 7, 2022	Discussed initiation of the Taskforce, purpose and proposed Taskforce members.	Finalized Taskforce invitation list and shared with Village of Oak Park staff.
November 17, 2022	Taskforce Meet and Greet | Overview of goals and purpose.	Welcomed Taskforce members | Village of Oak Park staff outlined goals, expectations, purpose. Brief presentation reviewing BerryDunn report.
November 28, 2022	Reviewed VOP Police Department Current Calls for Service Model and Data | Thrive Model Presentation | CESSA Law Overview	Discussed logistics, process and barriers associated with current model. Discussed DEI and cultural competencies necessary for success.
December 12, 2022	Formal review of BerryDunn Report. Secondary review of Current Calls for Service Model.	Taskforce requested a secondary review of current model to ensure full understanding and analysis.
January 9, 2023	Education Session exploring the Denver STAR Model and West Suburban Consolidated Dispatch Center process.	Denver STAR presentation detailed workflow, staffing requirements, co-responder structure, budgetary considerations and DEI principles. West Suburban Consolidated Dispatch Center presentation detailed workflow, case examples, staffing structure, 2021/2022 data, barriers, and state limitations.

January 23, 2023	Education Session exploring the Oak Park Police Crisis Intervention Training, McHenry County Alternative Response Model, and Mental Health Crisis Services for Youth (SASS).	In-depth review of CIT course requirements, completion rates, training emphasis. McHenry Co presentation detailed workflow, social worker expansion, budgetary considerations, staffing structure, response times, DEI principles, barriers. Discussed SASS structure and common crisis response scenarios, considerations, barriers, and the prescriptive policies that the state process has on crisis response for youth.

4B. Description of Taskforce Work Sessions

After all educational sessions were completed, the Taskforce reconvened to initiate work sessions, during which we would analyze all models of service. We utilized a *SWOT* analysis format, identifying the Strengths, Weaknesses, Opportunities, and Threats of each model. The common themes across each analysis were then discussed and subsequently utilized as the foundation for development of priorities and pillars for our first draft of recommendations.

Date of Meeting	Outcome
February 6, 2023	The recommendations identified in the BerryDunn Report were reviewed and ranked by the Taskforce in order of necessity and priority. Taskforce breakout groups began *SWOT* analysis for the current calls for service model.
February 13, 2023	Taskforce continued analysis of current calls for service model. Taskforce breakout groups completed *SWOT* analysis for the Denver STAR program. Taskforce breakout groups completed *SWOT* analysis for the McHenry Co. alternative response model.
February 27, 2023	Common themes across all analyses were reviewed by the Taskforce. Recommendations were identified and discussed under the following initial overarching areas of focus: • Efficient/effective assessment of mental health crisis from dispatch to ensure quickest response • Team composition and responsibilities • Coordination between FD/EMS/PD/MH • First responder culture towards mental health • CIT training

	• Post-crisis response • Education/community support of the model • Diversity • Communication between FD/EMS, PD, and mental health providers • Data sharing, analysis, and use

4C. Acknowledgment of Community Input

The Taskforce placed a significant emphasis on community input into the recommendations. While the Taskforce membership represented a broad cross-section of Oak Park demographics and expertise, we recognize that the recommendations set forth in this document have the potential to impact all individuals who live, work, and play in our community. For that reason, we hosted numerous input sessions, both virtual and in-person, comprised of both group session as well as one-on-one discussions.

The Taskforce is grateful for the personal, vulnerable stories and insights with which community members trusted us. Community members shared stories, either their own or of a family member, that included first-hand experience with mental health crisis and the current model of response. The Taskforce was intentional and deliberate in our conversations to ensure that we did not retraumatize individuals in their sharing of their personal stories. To that end and to protect the confidentiality of those who shared their stories, the Taskforce made a decision to refrain from acknowledging names of participants in this document. However, we would like to extend our gratitude to them for enriching these recommendations.

In addition, we would like to acknowledge and thank the organizations that assisted us with engagement in the broader community: Certified Recovery Support Specialists at NAMI Metro Suburban, One Earth Collective, Race Conscious Dialogues, Rest Your Crown, Revolutionary Youth Action League (ROYAL), Sugar Beet Food Co-op, and Your Passion 1st, among others. **In total, the Taskforce held eight group input sessions and seven one-on-one meetings engaging 89 Oak Park community members. Formal and informal community input sessions were held throughout March and April.**

Some of the unedited feedback we received includes:

- “Oak Park has bracelets that people with disabilities can wear to alert the police to their disability. Assume everyone is wearing a bracelet.”
- “People need to know when to call 911. Just because you are uncomfortable doesn’t mean that it is a threat.”
- “We need to stop othering in Oak Park. It doesn’t matter if the crisis is because of drugs or mental illness. If someone needs help they need help. They don’t need judgment.”
- “I was not physically hurt by the police when they came. But I felt like a problem that needed to be fixed and not a human.”
- “We need somewhere else to go besides the hospital.”
- “Police are hired and trained through a paramilitary lens. Their role is based on aggression (“law enforcement”, “threat response”), not social work.”
- “Mental health is healthcare. A police officer is not the first person in mind to deliver a baby. Why would we send them for a mental health emergency?””

- “When I see a police officer, I think something is wrong, something is bad. When I am in a mental health crisis, the last thing I want to feel is that I am bad.”
- “There is no way around it… if someone is around you with a gun and club, you immediately feel unsafe. Especially if you are Black or Brown.”
- “Many of the challenges we face are rooted in the breakdown of the family and community. Our responses have been transactional instead of caring for the whole person.”
- “We reduce people to their problems and symptoms. Mental health is largely white women, who don’t represent or have a connection with the individuals who experience trauma in the streets.”
- “When individuals are from the community, are an active part of the community, and are visible in the community, there is a level of investment. There is something comforting about being cared for by community Aunties and Brothers, whether they are your blood or your chosen family. When they respond to a mental health crisis, there is already a level of trust and compassion that is in place. We need more Aunties and Brothers than we need clinicians.”
- “The system (among all of our society’s systems) are racist. Our language perpetuates that and teaches our kids that they are the legacy of that.”
- “White people use terms like implicit bias and white supremacy in an attempt to “claim responsibility”. Even if they are well-intentioned, they are claiming only the label without truly understand and internalizing the definition of that label. What they are doing is surface level and performative as opposed to deeply owning what it means (theft of privilege, oppression, rape, murder). Without people identifying with that deeper meaning, change cannot happen. It will continue to be surface level and performative.”
- “We need to take more action to change the way we observe and talk about racism in our community instead of merely labeling it.”
- “I think our police officers in Oak Park are so much better than in other parts of the country. But they are still police officers, not social workers. They should not be called in unless it is absolutely necessary.”
- “Emergency response is meant to be quick. But when it comes to mental health, the fix is rarely quick. We need better investment into care. The goal should not be just to resolve the situation, it should be to help people get better.”
- “As a former Chicago police officer, CIT training is critical. You never know what situation you will walk into, whether on a call or just on patrol. CIT gives tangible skills to help. In addition, I often found that the social workers were often worried about the safety of the scene and we were able to help with that in a compassionate way.”
- “When I would be out on patrol, we would notify the dispatchers about who was in the field with CIT training. That way if a mental health crisis arose, the dispatcher knew to reach out to the officers who were better trained.”

5. DEFINITION OF TERMS

- The Village – Village of Oak Park
- FD – Oak Park Fire Department
- EMS – Oak Park Emergency Medical Services
- PD – Oak Park Police Department
- West Con – West Suburban Consolidated Dispatch Center (911 response for Oak Park)
- CESSA – The Community Emergency Services and Supports Act (CESSA) is an Illinois law that requires 911 to coordinate with mobile mental health response services being developed by the Illinois Department of Mental Health.
- 988 – Designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States. Colloquially known as the “mental health 911”.
- Mental health crisis contractor – This contract currently exists between Thrive Counseling Services and the Oak Park Police Department. This Taskforce does not have authority to recommend a specific contractor for mental health services, but our discussions and recommendations are based on enhancements built around this current relationship.
- 590 Crisis Program - A 24/7/365, mobile crisis response available for anyone, anywhere, at any time in crisis. 590 can provide crisis intervention along with linkage and coordination to services. 590’s main focus is to ensure safety and stabilize the individual in crisis in the community, if possible. F590 services are available in-person at the location of the crisis or virtual (phone or video). 590 will work cohesively with other community agencies, local hospitals, first responders and the 988 Regional Crisis Call Hubs. This program is funded through the State of Illinois and Thrive Counseling Center is the 590 Provider for Oak Park.

6. LIMITATIONS TO RECOMMENDATIONS

At the time that this process was conducted and the report was prepared, there were also discussions at the federal and state levels to re-evaluate response models for mental health crisis and the policies that govern them. Specifically, in the State of Illinois, advocates are influencing these changes through a new law referred to as CESSA.

On August 25, 2021, Illinois Governor J.B. Pritzker signed into law the Community Emergency Services and Supports Act (CESSA), also known as the Stephon Watts Act. This new legislation 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. This marks a significant change in policy. The implementation details for this new law have been tasked to the Secretary of the Department of Human Services, who is working in concert with the 911 Administrator at the Illinois State Police, the EMS administrators under the purview of the Illinois Department of Public Health, and Statewide and Regional Advisory Committees to be established through appointment by the Secretary.

The CESSA Act created a Statewide Advisory Committee "to review and make recommendations for aspects of coordinating 911 and the 988 MCR system most appropriately addressed on a state level" to achieve the intent of the legislation. The Statewide Advisory Committee serves as the oversight and governance structure for the implementation of this legislation under the auspice of the Secretary of the Department of Human Services.

Regional Advisory Committees, utilizing the pre-existing EMS Medical Directors Committee structures under the Department of Public Health's eleven (11) EMS regions, are charged with the development of regional best practices and protocols consistent with the realities of the locale. Once approved at the regional level, these protocols and best practices will be presented to the Statewide Advisory Group for review and approval prior to submission to the Illinois Department of Public Health for final approval pursuant to the EMS Act. The Regional Advisory Committees includes representative from this Taskforce.

As of the writing of this report, it is unclear when the work of the Regional Advisory Committees will be complete or what changes we can expect to see from the State Advisory Committee. Given the state’s ultimate authority over key parts of the crisis response systems (including 911 dispatch, 988 roll out, roles and limitations of PD/FD/EMS), the following recommendations must be considered as evolving over the course of the next few years. The ultimate system we would like employed may not be achievable in the short-run, but that does not mean that future considerations should not be taken for their implementation. In the meantime, there are a significant number of steps we can take in the meantime, which are detailed in the following recommendations.

7. RECOMMENDATIONS

1. **MOBILIZE FAST** The Village must prioritize a process that maximizes efficiency and efficacy of assessment at the dispatch level and on the ground to ensure the quickest and most appropriate response. The goal should be to get mental health professionals on the scene as quickly as possible during a mental health crisis. As the Taskforce analyzed the current 911 process with West Suburban Consolidated Dispatch (West Con), there were various constraints identified as a result of state law that impact the ability of 911 dispatchers to adequately and reliably assess if a call is rooted in a mental crisis versus any other crisis. Because of this, there are short-term steps to improve our current system and longer-term recommendations to take us to the optimized state of crisis response.

   Items for consideration in the short term:
   - Clearly define the parameters that constitute a "mental health crisis" and determine the appropriate method of assessment at dispatch that results in an appropriate on-the-scene response.
   - Promote access to mental health crisis services through either the 988 call line or through the 590 provider 24/7/365 crisis line (currently managed by Thrive Counseling Center), both which result in faster dispatch to a mental health crisis where no safety threat is present.

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

2. **STAFF SMART** The Taskforce firmly believes that police are not the appropriate first responder in most mental health crises. In both Taskforce and Community Input meetings, stakeholders identified the fact that the presence of police can exacerbate a mental health crisis. However, there are instances where, in addition to mental health services, the individual in crisis may be a safety threat to himself/herself/themselves or others and/or the mental health crisis may be paired with a medical need. Because of this, the Village must recruit and retain a high quality, interdisciplinary team that includes the PD, FD/EMS, and mental health crisis workers to respond to mental health crises. While contractually separate from the Village personnel, this team should be embedded in Village operations with access to PD, FD/EMS, and all related reports that involve mental health crises. This staffing must prioritize dispatch of mental health crisis workers alone or with PD/FD/EMS when deemed necessary (i.e. safety or medical concern) in an effort to avoid escalation on the scene and employ trauma-informed approaches to each interaction.

Items for consideration in the short term:

- Contract two layers of mental health staffing: (1) crisis workers who are clinically trained and dispatched to respond (24/7 staffing), and (2) social worker(s) or case manager(s) who are contracting with the Village and embedded on-site who can conduct more proactive outreach, post-crisis follow up to address root causes of crisis, and assist with creating an inclusive culture (M-F, 9-5 staffing).
- Prioritize hiring individuals who have lived experience and can contribute to crisis de-escalation. This includes but is not limited to the utilization of Certified Recovery Support Specialists (CRSS).
- When police officers are needed for a safety concern, do not dispatch armed, uniformed officers unless absolutely necessary. Instead maximize intervention by plain clothes officers with advanced mental health training who approach the scene with no sirens, no lights, and in unmarked cars.
- Provide opportunities to the mental health crisis contractor to be more integrated in the "team" by including in roll calls, trainings, ride alongs, etc.
- Work with the mental health crisis contractor to ensure wages, benefits, schedule, and responsibilities/supports are sufficient to retain qualified staff.

Items to consider when state guidance is issued:

- When contracting with an agency for the 24/7 mental health crisis workers, the Village must consider the appropriate staffing structure to (1) ensure the quickest dispatch possible, (2) the most appropriate staffing that reduces the need to dispatch police, unless there is a threat to safety, and (3) seamlessly integrates the PD, FD/EMS, and mental health crisis responders. This could include opportunities to dispatch mental health crisis response on its own and/or allow FD/EMS to call mental health crisis responders to the scene. Much work is being done at the state level to help lift barriers and support alternative methods of co-response. This should be monitored by the Village and policy change should be taken advantage of as policies evolve.

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

Items for consideration in the short term:

- Policies and procedures must comply with legal statutes around confidentiality and protected health information.
- Conduct the racial equity analysis on all policy and procedure changes.
- Establish "champions" within the FD/EMS, PD, and mental health crisis contractor to promote collaboration and break down silos.
- Engage the Villages of Forest Park and River Forest in dialogue regarding opportunities for coordination of policies and procedures.

4. **EMPHASIZE WORKPLACE CULTURE** Both the Taskforce and Community Input meetings highlighted the fact that despite efforts to minimize PD/FD/EMS involvement in mental health crises, there will be times when it is necessary for those first responders to be on-site with the mental health crisis workers. Because of this, the Taskforce is requesting that the culture of PD/FD/EMS treat disability (including mental health crisis) as the rule and not the exception; any call to response could include special needs that require a human-centered approach. Individuals living with dementia, psychosis, autism and other mental illnesses may not be immediately able to respond to orders given by first responders due to confusion, lack of understanding, hallucinations, sensory challenges, and/or inability to verbalize. Because of this, the Taskforce recommends that the Village promote a culture that respects and prioritizes the mental health of the community and its responders.

   Items for consideration:
   - Continue to pursue the goal to have 100% of primary police response personnel to be Crisis Intervention Team (CIT)-trained.
   - Establish a subset of officers who self-select to engage in more intensive training around co-regulation and de-escalation techniques (i.e. Crisis Prevention Institute). These highly trained officers can be those who are prioritized to support mental health crisis counselors in an on-site response if needed.
   - Require annual “refresher” training regarding mental health for all FD/EMS, PD, and mental health crisis responders.
   - Require all first responders to be trained in trauma-informed practices and human-centered approaches.
   - Require all first responders to be trained on disability sensitive approaches.
   - Pursue “combined” trainings between FD/EMS, PD, and mental health crisis responders in an effort to build trust, collegiality, and shared language around mental health.
   - Promote and encourage opportunities for all responders to seek and engage in mental health services to assist with managing the trauma inherent to the job.

5. **INVEST BEYOND THE INCIDENT** Both the Taskforce members and Community Input emphasized the fact that crisis response for mental health should not be limited to the on-site activities of the first responders. Establishing post-crisis response policies and procedures to ensure that residents who experienced a mental health crisis are appropriately linked with ongoing services is not only human-centered, but it has also been found to be effective in reducing the number of future crises. The Village should prioritize the creation of a post-crisis program to further connect those with needs to community-based services.

   Items for consideration:
   - Continue working with community partners to develop places for individuals to receive care to assist in a crisis or to prevent escalation to crisis (i.e. Living Room Programs).
   - (See recommendation #2) embed social worker(s) or case manager(s) (through contract with a mental health provider) who is responsible for post-crisis case management and care coordination with the goal to increase health outcomes and reduce recidivism. This staff member can also engage those who were

impacted by the crisis, including families, children, and caregivers. This person is also responsible for building relationships with community partners to ensure access to care.
To ensure a culture of continuous learning and human-centered follow-up, facilitate regularly-scheduled (twice a month) meetings between FD/EMS, PD, and mental health crisis responders with the intent to review data, assess what works and does not work, provide individual case consultation (if needed), close the communication loop on incidents, and check in with responders on their own mental health.

6. **EDUCATE AND ENGAGE THE COMMUNITY** Significant conversation in both the Taskforce and Community Input meetings discussed the need for investment into community education. This education ranges the gamut from education around the various ways to seek crisis care (911, 988, etc.), understanding the difference between discomfort and a threat, and understanding how to effectively help someone when they are in a crisis. The Taskforce recommends that the Village provide education and outreach that increases recognition of the crisis response model and helps to build trust within the community.

   Items for consideration:
   - Consider branding the program to increase community recognition (i.e. CAHOOTS, Denver STAR, Chicago CARE)
   - Increase visibility of mental health crisis response teams through more proactive engagement in community events, videos on websites, yard signs, social media, block parties, etc.
   - Communicate a clear definition of what is meant by “mental health crisis” and coach individuals on how to request the appropriate response if there is a need for dispatch. This could include a basic script with key words that help dispatch in assessing the situation.
   - Educate the community on 988 and the availability of the 590 program crisis telephone line (Thrive Counseling Center).
   - Educate individuals on what to expect when engaging with crisis response, including who is likely to be on the scene and how long it can take for the responders to arrive.
   - Expand community education regarding engagement with the new model to the broader community including but not limited to the front line staff at the Oak Park Public Library, Park District of Oak Park, restaurants, and businesses.
   - “Rebrand” this type of crisis response as being more compassionate in its nature so that community perception is more in line with the reality of the response.
   - Educate children from an early age the difference between a criminal/safety crisis call and a mental health crisis call.
   - Provide opportunities for the community to provide input in implementing and refining the model.
   - Provide opportunities for those who engaged in crisis services related to mental health to give feedback on their experience.

7. **ENSURE EQUITY AND INCLUSIVITY** The Taskforce and Community Input meetings included conversations about the disproportional threat that BIPOC individuals face during a mental health crisis. There are many national high profile as well as unknown

cases of BIPOC individuals experiencing mental health crises who are killed or significantly injured by law enforcement. All aspects of the alternative call response model for mental health must be developed, executed, and evaluated using diversity, equity, and inclusion (DEI) as a lens.

Items for consideration:

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

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

Items for consideration:

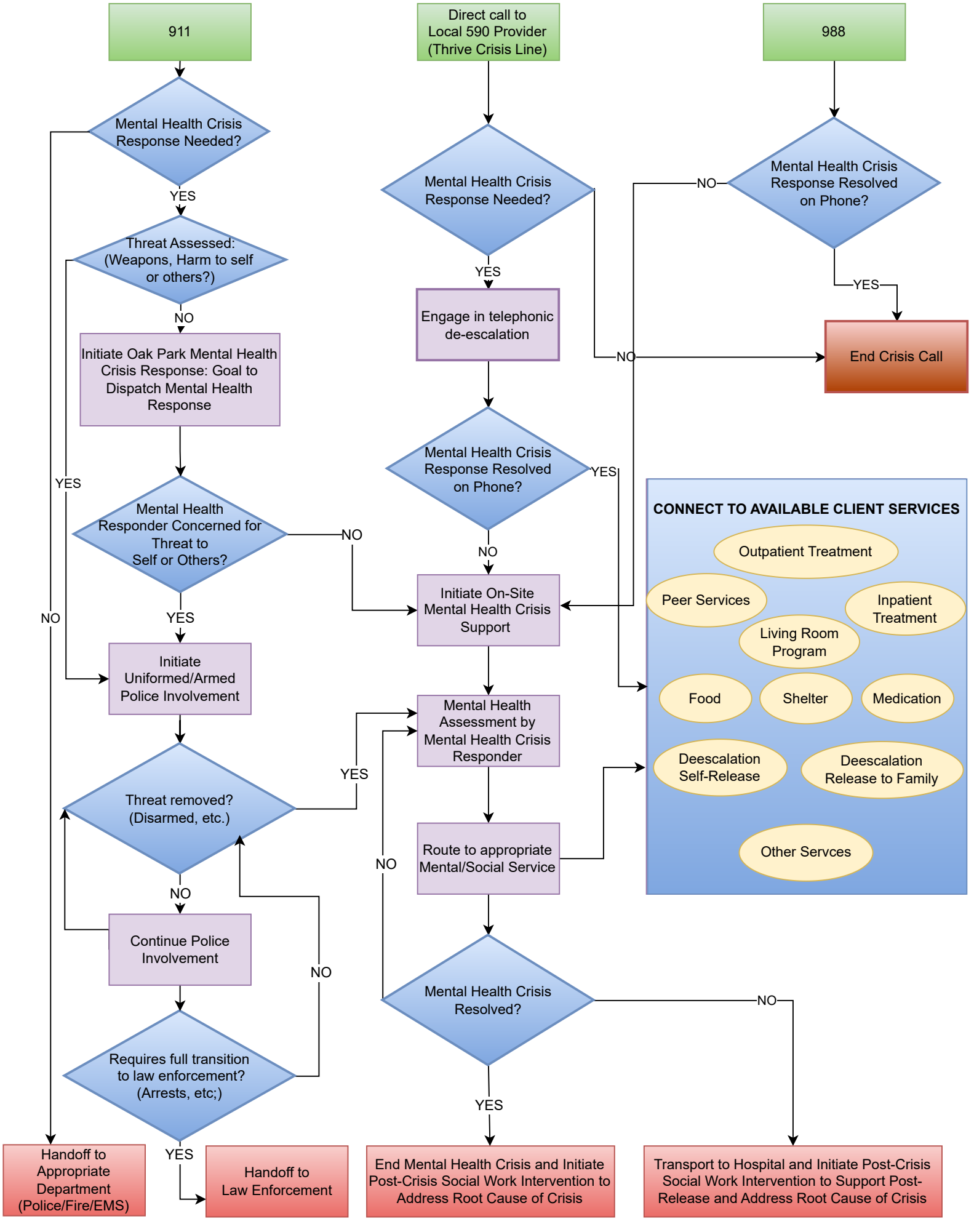
- Working with West Con, adopt a records management solution that is effective in procuring data relevant to identifying the needs of the community.
- Make available data on crisis calls to the 590 program 24/7/365 crisis line (Thrive Counseling Center), including aggregate number of calls, aggregate number of missed calls, response time, call types, final disposition, and other metrics.
- Ensure a data workflow that captures information from dispatch through final disposition. Ensure that these data are shared with FD/EMS, PD, and the mental health contractor to “close” the information loop on cases.
- Establish concrete goals and metrics that will be measured.
- Provide an annual report to the public on the program metrics and outcomes.

8. NEXT STEPS | ACKNOWLEDGMENT OF CHANGE MANAGEMENT PRINCIPLES

The recommendations we have presented within this report reflect a commitment to continued transformation and evolution. The Taskforce understands that in crisis management, the evolution of one system of care to another must be taken with intention and great care so not to disrupt a safety net on which so many rely. It is imperative that the principles of change management be considered and followed for sustained community impact and success. There must be an ***understanding*** among leadership; direction and focus to reach desired outcomes. Ongoing ***communication*** related to system progress must be consistent, timely, purposeful and effective. This focus directly addresses the clear community desire to remain informed and educated. A thorough plan which incorporates regular ***assessment and analysis*** of the new system should be employed, gathering key data to inform next steps and decision-making. Progress must always be measured.

Finally, it is with great fervor that we suggest the continued ***engagement and feedback*** of the Oak Park community. There can be no true assessment of such deeply personal experiences without the input and voice of those who have been impacted.

IDEAL PATHWAYS TO MENTAL HEALTH CRISIS RESPONSE IN OAK PARK



Racial Equity Tool

Step 1: What is your proposal and the desired results and outcomes?

1. Describe your policy, program, practice or budget decision:

2. What are the intended results within the Village of Oak Park?

3. What is the intended outcome within this organization?

4. What does this proposal have an ability to impact?

Children and youth	Health
Community Engagement	Housing
Contracting Equity	Human Services
Criminal Justice	Jobs
Economic Development	Parks and recreation
Education	Planning and Development
Environment	Transportation
Food access and affordability	Utilities
Government Practices	Workforce Equity
Other: _____	

Step 2: What's the data? What does the data tell us?

1. Will the proposal have impacts on specific neighborhoods, areas, or regions? What are the racial demographics of those living in the area?

2. What does the population level data, including quantitative and qualitative, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?

3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?

4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?

Step 3: How have communities been engaged? Are there opportunities to expand engagement?

1. Who are the most affected community members who are concerned with or have experiences related to this proposal? How have you involved these community members in the development of this proposal?

2. What has your engagement process told you about the burdens or benefits for different groups?

3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?

Step 4: What are your strategies for advancing racial equity?

1. Given what you have learned from research and stakeholder involvement, how will the proposal increase or decrease racial equity? Who would benefit from or be burdened by your proposal?

2. What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?

3. Are there complementary strategies that you can implement? What are ways in which existing partnerships could be strengthened to maximize impact in the community/ How will you partner with stakeholders for long-term positive change?

4. Are the impacts aligned with your community outcomes defined in Step 1?

Step 5: What is your plan for implementation?

1. Describe your plan for implementation.

2. Is your plan:

   Realistic

   Adequately funded

   Adequately resourced with personnel?

   Adequately resourced to ensure on-going data collection, public reporting and community engagement?

   If the answer to any of these questions is no, what resources or actions are needed?

Step 6: How will you ensure accountability, communicate, and evaluate results?

1. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?

2. What are your messages and communication strategies that will help advance racial equity?

3. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long haul?