CITY OF CHICAGO’S
Crisis Intervention Advisory Committee

Recommendations Presentation
October 28th, 2019
In 2016, the Mayor’s Office launched the Mental Health Steering Committee (MHSC). The MHSC was active until the end of 2018.

In January 2019, pursuant to paragraph 128 of the Consent Decree, the City launched the Crisis Intervention Advisory Committee (CIAC).

The CIAC consists of over 40 partners including local, County, and State government agencies, service providers, hospitals, community groups, advocacy groups, and persons with lived experiences.
Duties of the Crisis Intervention Advisory Committee (CIAC)

Meet quarterly. (para. 130)

Assist in identifying problems and developing solutions and interventions designed to improve outcomes for individuals in crisis who require City services. (para. 128)

Evaluate current policies and practices. Provide the City guidance on crisis response-related policies, procedures, training of City agencies, including CPD and OEMC (para. 130, 135-137, 147,150-52)

Explore new strategies. Assist the City in developing and expanding current strategies for responding to individuals in crisis. (para. 130)

Review new initiatives. Opportunity to provide input on CIT-related programs, policies, and trainings.

CPD’s CIT refresher training (para. 99)
Per paragraph 131 of the consent decree, the City is required to ask the CIAC to identify in writing recommendations on ways the City can improve its overall mental and behavioral health response. Those recommendations include:

- Develop or enhance crisis response-related policies, procedures, and training of City agencies
- Increase municipal and community resources and alternative response options
- Identify and evaluate the steps necessary to develop non-criminal justice responses to individuals in crisis
In July, we launched 4 sub-committees to focus on different areas around mental and behavioral health.

- Coordinated Response Sub-committee
- Community Engagement & Awareness Sub-committee
- Data Collection & Evaluation Sub-committee
- Diversion & Best Practices Sub-committee
131. The City will address the feedback and recommendations identified by the Advisory Committee, including **identifying recommendations that it will adopt, and the plan for implementation, in the Crisis Intervention Plan.** The City will **respond to each of the recommendations made by the Advisory Committee.** The response will include a description of the actions that CPD has taken or plans to take with respect to the issues raised in the recommendations. **If the City declines to implement a recommendation, it will explain the reason(s) for declining.**
Coordinated Response Subcommittee

Co-Chairs

Dr. Eddie Markul, EMS Medical Director, Advocate Illinois Masonic Medical Center / EMS Chicago

Lieutenant Antoinette Ursitti, CIT Coordinator, Chicago Police Department
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.
Pursuant to paragraph 130 of the Consent Decree, the Crisis Intervention Advisory Committee is required to provide feedback and input on all crisis response-related policies of City agencies, including the Chicago Police Department and the Office of Emergency Management and Communications.

The Coordinated Response Sub-committee reviewed 11 CIT-related policies from CPD and OEMC over the last 3 months and provided the agencies with written feedback on any concerns or potential changes to the policies. CPD and OEMC will review the feedback and present any changes to the policies to the CIAC.

With the review of CPD and OEMC policies completed, the sub-committee will begin reviewing all CIT-related policies for the Chicago Fire Department.
Recommendation One

The City should explore a robust coordinated response model to send an appropriate response to each unique emergency call. This could include Chicago Police officers, Chicago Fire Department, clinicians, social workers, case managers, deflection of calls to mental health hotlines, and more.
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- Emergency calls for mental health needs are responded to by only first responders.
- 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.
- City should convene a working group to continue research on developing and recommending a robust coordinated response model best suited for Chicago.
Recommendation Two

The City should work with willing emergency medical and 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.
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• 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.

• No standardized process exists for when police officers bring a person in need of emergency mental health treatment to these facilities.

• City should convene a working-group 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.
Recommendation Three

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.
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.
- City’s support of regularly facilitated meetings 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.
Additional Recommendations

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.
Diversion & Best Practices Subcommittee

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
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.
Recommendation One

In collaboration with the CIAC, identify a single, unified, systems-level oversight body and framework for deflection and diversion that will:
In collaboration with the CIAC, identify a single, unified, systems-level oversight body and framework for deflection and diversion that will:

- Within 180 days, establish a shared vision, purpose, and outcomes for deflection and diversion practices between first responders (police, fire, and EMS), treatment, and

- Promote an acceptance between police, treatment providers, and community of a shared responsibility to co-produce public safety and community wellbeing (ongoing)

- Foster a 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 (ongoing)

- Within 180 days, align all deflection and diversion efforts operating in Chicago.

- Within one year, ensure the viability of the framework presents credible, real-time options for police and people deflected/diverted through ensuring (growing and building) mental health and substance-use disorder treatment capacity for sustainable deflection and diversion

- Allow for systems-level rapid and transparent data collection, operational analysis, evaluation, metrics, and decision-making, in accordance with shared outcomes and to demonstrate collective impact and accountability.
Recommendation Two

Prepare an assessment of current deflection and diversion practices operating within Chicago.
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- Service providers, medical facilities, and organizations are currently offering deflection and diversion practices for individuals with mental or behavioral health.
- The City should work with stakeholders to develop an assessment that lists what services are currently being offered in Chicago.
Recommendation Three

Prepare a report of national deflection and diversion practices for both mental health and substance use treatment, inclusive of co-occurring disorders.
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• City should work with relevant stakeholders to develop a report detailing diversion efforts and best practices being used in other cities across the Country.

• Report will help better inform the City and service providers of what deflection and diversion programs already exist and are working across the country.

• 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 program.
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.

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 involved or high utilizers. Additionally, the Chicago Police Department should join the Task Force.
Data Collection & Evaluation Subcommittee

Co-Chairs

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

Joanne Farrell, Director of EMS Compliance, Chicago Fire Department
Mission Statement

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

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.
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- CPD, CFD, & OEMC all use separate systems to track calls and interactions with individuals with mental health needs or with an overdose component.
- Lack of sharing prohibits first responders in the field from seeing relevant information for an individual.
- 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.
Recommendation Two

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 treatment data on individuals that come into contact with first responders and service providers.
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 treatment data on individuals that come into contact with first responders and service providers.

- No infrastructure in place that allows first responders to access any medical or treatment information for an individual if they come into contact with someone in crisis.
- City should 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.
Recommendation Three

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.
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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.

- City should work with the OEMC, CFD, & 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 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.

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

The City should continue to suppor 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.
Community Engagement & Awareness Subcommittee

Co-Chairs

Eric Wilkins, Communities United and Founder of Broken Winggz Foundation

Susan Doig, Chief Clinical Officer, Trilogy Behavior Health
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.
Recommendation One

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.
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.

- 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.

- City should work with stakeholders involved in this work to develop a comprehensive assessment of what feedback from neighborhoods already exists.

- Identify where gaps in feedback exist and the City should then conduct new conversations to fill those gaps.

- City should consider both public meetings as well as anonymous methods that allow individuals to safely provide input, such as an online survey. City should consider cultural norms and disability status when developing any new mechanisms.
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.
Crisis Intervention Advisory Committee

Community Engagement & Awareness Subcommittee

Recommendation Two

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.

- City should develop and launch a robust public relations campaign aimed at promoting awareness of mental and behavioral health resources currently offered throughout the City.

- Below are a handful of ideas that the City should consider when developing a public relations campaign:
  - Informing the community of resources available beyond police such as service providers and health clinics
  - 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 rebuild trust between residents and law enforcement
Recommendation Three

The City should expand resources to provide free mental health awareness and first aid trainings for community members.
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- City currently provides some funding for organizations to provide free trainings for community members on mental health awareness and first aid
- City should identify additional funding and resources to be able to expand these trainings City-wide and to conduct them more frequently
- Trainings should be easily accessible to all residents across the City
- These trainings could also target specific groups of people such as faith-based leaders, business owners, educators, etc
- City should develop a process that encourages and allows for more organizations and providers to be involved in providing community-based trainings
Questions