

# Oak Park ECHO

Engaging Communities for Healthy Outcomes

Alternative Response to Calls for Service

November 12, 2024

# Overview



- Background
  - Phase I
  - 911 Dispatch Data
- ECHO Phase II
  - Program
  - Analysis
  - Alternatives
- Next Steps
- Questions

# Background



The Village's Alternative Response to Calls for Service program, Engaging Communities for Healthy Outcomes (ECHO), was developed to address the evolving community safety needs of the Village and is designed to serve as a **flexible two-year pilot program** that strategically enhances and expands the Village's current emergency response service levels.

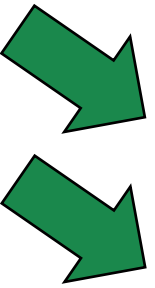
This model was developed as an outcome of:

- Community calls for a reimagining of public safety that began in 2019
- The State's passage of the Community Emergency Services and Support ACT (CESSA) in 2021
- The BerryDunn Community Safety Study which was finalized in 2022
- The Village Manager's Alternative Response Task Force for Mental Health Crisis (Taskforce) recommendations from 2023
- The Village Board's Adopted Goals for 2024-2025
- Meetings with operating departments, and key service providers and partners
- The Board budgeted \$1.1MM in FY24 for Alternative Response to Calls for Service
- Phase I was adopted by the Board on June 11, 2024

# Background – ECHO Phase I



**Staff identified four primary goals for a pilot program:**

- 
1. Limit police involvement with 911 calls for service seeking mental and behavioral health support (alignment with CESSA and the Alternative Response to Calls for Service Task Force)
  2. Provide an unarmed response to low-risk calls for services that may be unrelated to a mental health crisis
  3. Enhance services in alignment with the Board of Trustees' goals or other organizational needs including rapid response to issues related to unhoused residents, community trauma, and training
  4. Ensure the program is responsive to the needs of the community via a data-informed, financially stable two-year pilot program that considers Village's resources and obligations

# Background – ECHO Phase I



## ECHO Phase I – Adopted 6/11/2024

### Community Care Navigation

Program manager and two (2) mental health clinicians

- Follow-up and warm handoff to other community service providers
- Rapid response to direct-to-Village calls for service or Village initiated calls related to unhoused community members, traumatic community events
- Subject matter experts within the organization
- Enhanced partnership with all service providers in community

### Service Response

Three (3) community service officers

- Unarmed community responders
- Non-mental health-related calls for service that do not require a sworn officer
- May respond to calls related to police reports for insurance purposes, parking, other ordinance violations

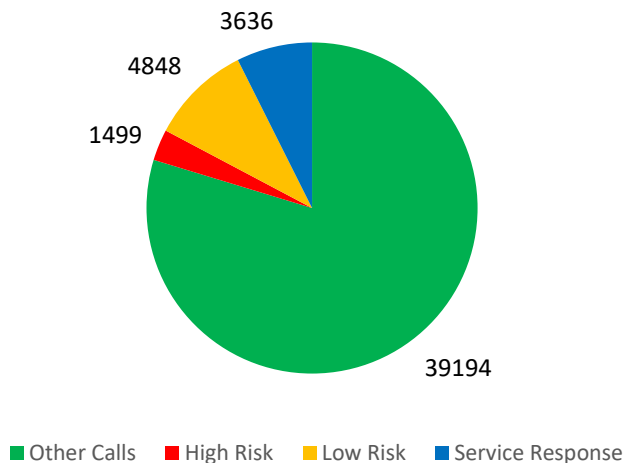
# Background – 911 Dispatch Data



Between June 1, 2023 and May 31, 2024, the Village of Oak Park received a total of 49,177 calls for service through the 911 dispatch center with average scene time of about 60 minutes for OPPD and 30 minutes for OPFD.

Over 20% of calls for service during this period would have been considered a good fit for an alternative response under the Village's proposed ECHO pilot program.

VOP Calls for Service - 6/30/23-5/31/24



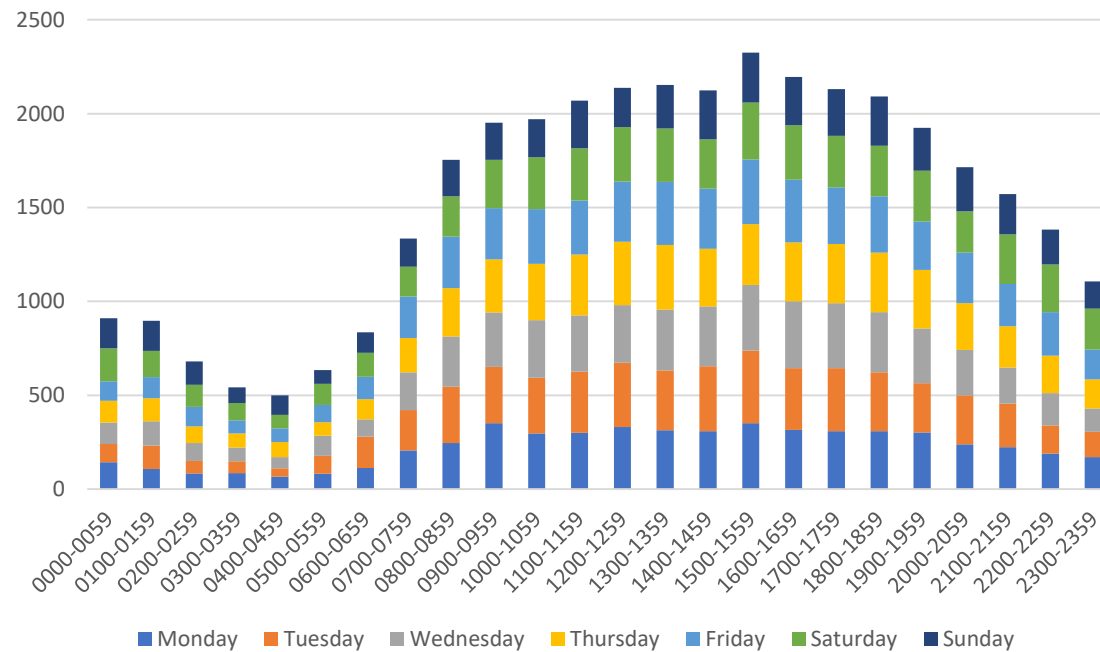
Alternative response includes:

- Unarmed “service response” through non-sworn community service officers in the police department
- Respond with trained clinicians for low-risk mental or behavioral health-related calls designed to connect callers with appropriate social services
- Co-Response coordinating licensed clinicians with police and fire staff for high-risk mental or behavioral health-related calls for service

# Background – 911 Dispatch Data



911 Calls for Service by Day and Time – All Calls

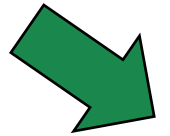


	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0000-0059	143	98	113	117	104	175	161
0100-0159	108	124	129	123	113	139	160
0200-0259	84	67	94	89	104	118	124
0300-0359	86	63	73	74	71	91	84
0400-0459	67	44	60	80	73	72	103
0500-0559	82	95	108	71	92	113	73
0600-0659	112	168	92	107	120	127	109
0700-0759	206	215	201	182	223	157	151
0800-0859	245	300	268	258	273	215	195
0900-0959	351	301	289	282	273	257	198
1000-1059	296	297	307	300	292	275	203
1100-1159	301	324	301	324	288	278	253
1200-1259	331	342	307	338	320	290	210
1300-1359	314	318	324	344	336	285	231
1400-1459	308	346	320	306	320	263	260
1500-1559	352	386	349	324	345	303	266
1600-1659	315	330	355	314	335	289	258
1700-1759	309	336	346	314	303	274	248
1800-1859	309	313	320	317	300	269	264
1900-1959	302	263	290	313	257	271	228
2000-2059	238	261	242	249	270	219	236
2100-2159	224	231	193	220	224	265	215
2200-2259	190	149	173	199	231	254	186
2300-2359	170	135	124	155	160	218	144

# ECHO Phase II



**Staff identified four primary goals for a pilot program:**



1. Limit police involvement with 911 calls for service seeking mental and behavioral health support (alignment with CESSA and the Alternative Response to Calls for Service Task Force)
2. Provide an unarmed response to low-risk calls for services that may be unrelated to a mental health crisis
3. Enhance services in alignment with the Board of Trustees' goals or other organizational needs including rapid response to issues related to unhoused residents, community trauma, and training
4. Ensure the program is responsive to the needs of the community via a data-informed, financially stable two-year pilot program that considers Village's resources and obligations



# ECHO Phase II



## VOP-led Program – Phase II

### Community Care Team

- **LOW RISK** mental/behavioral health-related 911 calls
- Include mental health clinician and peer support specialist, paramedic **and/or** police officer as needed depending on nature of call
- Responds to 911 calls related to falls, invalid assist, confused person, panhandler/unhoused

### Co-Response Team

- **HIGH RISK** mental/behavioral health-related 911 calls
- Include a licensed mental health clinician, paramedic and police officer
- Responds to calls related to overdose, suicide ideation, domestic disturbance, involuntary committal

### Staffing and Operations

- One (1) Program Director – hired under Phase I
- Two (2) Licensed Providers (LCSW, LPC)
- Two (2) Clinicians (MSW) – hired under Phase I
- Two (2) Peer Support Specialists
- Operating 5-7 days per week, 10-12 hours per day based on 911 Dispatch Data, Village-employed staff on call overnights/weekends for high-risk mental/behavioral health-related calls for service, arrival on scene within 30 minutes

# ECHO Phase II



## Thrive-led Program – Phase II

### Tier I – Moderate to High Risk Co-Response

- **MODERATE to HIGH RISK** mental/behavioral health-related 911 calls
- Include crisis therapist and engagement specialist; paramedic and police officer as needed
- Responds to 911 calls related to overdose, suicide ideation, domestic disturbance, involuntary committal

### Tier II – Low Risk Mental Health Support

- **LOW RISK** mental/behavioral health-related 911 calls
- Include a crisis therapist and engagement specialist; paramedic and police officer as needed
- Responds to calls related to confused person, neighbor dispute, noise complaint, school enforcement, welfare checks

# ECHO Phase II



## Thrive-led Program – Phase II

### Staffing and Operations

- One (1) Program Coordinator
- Two (2) Crisis Therapists – equivalent of 2.0 FTEs
- Two (2) Engagement Specialists
- Dedicated Village Crisis Team assigned to work primary shift during peak hours with secondary/backup coverage provided by Thrive's existing crisis team
- Concurrent dispatch by the police department for Tier I Calls (if implemented pre-CESSA)
- Thrive staff on scene within 30 minutes during program operations for Tier II Calls
- **Model A** schedule operating M-F 8am-12am OR **Model B** schedule operating M-Sa 8am-8pm
- Staff on call overnights and weekends, arrival on scene within 60 minutes during off-hours

# ECHO Phase II



## VOP-led Program

- VOP Staff
- Direct Dispatch (On scene within 10 minutes)
- 5 to 7 days/week
- 10 to 12 hrs/day based on call volume
- VOP staff on call overnight for high-risk calls
- Budget of ~\$600,000

## Thrive-led Program

- Contract with Thrive
- Notified by police\* (On scene within 15-30 minutes)
- Model A: M-F 8am-12am
- Model B: M-Sa 8am-8pm
- Thrive staff on call overnight for high-risk calls
- Budget of ~\$655,474
- Not recommended but could provide full-service for nights and weekends. Resulting budget estimate ~\$1.3MM

\*Direct dispatch may be available post CESSA implementation

# ECHO Phase II – VOP Program Analysis



- **Alternative Response as a Core Municipal Service**
  - Public safety is a core municipal service to ensure the well-being, safety and quality of life for residents
  - Increased transparency and public accountability
  - Engagement and partnership with a variety of community stakeholders and providers
- **Consistency, Accountability, Agility**
  - Clear governance and accountability – the Village Board retains full programmatic oversight
  - Unified standards, organizational alignment, and resource sharing across VOP operating departments
  - Ability to adapt to new technologies, policies or community needs without the constraint of external contracts or approval processes
- **Reinvestment of Resources into Community Needs**
  - Efficient use of taxpayer dollars – reinvestment of non-essential police funding into programs that support community safety, scaled directly to the community's needs
  - Positions Oak Park to receive state or federal grants focused on mental health, community policing or public safety reforms.

# ECHO Phase II – Thrive Program Analysis



- **Expertise, Specialization and Established Infrastructure**

- State identified mobile crisis provider for Oak Park and River Forest and member of the CESSA Implementation Regional Advisory Committee
- Thrive brings established experience, training infrastructure, and best practices in mental health crisis response, allowing for quicker implementation
- Outside social service providers may be perceived as more neutral and compassionate in a crisis situation than staff directly associated with law enforcement

- **Risk Management**

- May reduce Village legal and financial liability associated with managing crisis situations
- Predictable budgeting under a fixed contract, reducing the risk of unexpected expenses that may arise
- Provide the Village with monthly updates on residents' needs

- **Reduced Administrative Burden**

- Thrive administers program, including hiring, training and oversight. Village can focus more on policy-making and governance.
- Mental Health services may be billable to Medicaid for some patients through Thrive

# ECHO Phase II Alternatives



VOP-led Model	Hybrid Training Model	Hybrid Full Service Model	Hybrid Co-Response Model	Thrive-led Model
<ul style="list-style-type: none"><li>• VOP Staff</li><li>• Direct Dispatch (On scene within 10 minutes)</li><li>• 7 days/week</li><li>• 10 hrs/day</li><li>• CoR on call overnight</li></ul>	<ul style="list-style-type: none"><li>• VOP Staff</li><li>• Direct Dispatch (On scene within 10 minutes)</li><li>• 7 days/week</li><li>• 10 hrs/day</li><li>• CoR on call overnight</li><li>• Thrive Training &amp; Education for First Responders</li></ul>	<ul style="list-style-type: none"><li>• VOP Staff and Contract with Thrive</li><li>• VOP responds to low-risk 911 calls</li><li>• Thrive responds to high-risk 911 calls</li><li>• Low-risk response is 7 days/week</li></ul>	<ul style="list-style-type: none"><li>• VOP Staff and Contract with Thrive</li><li>• No staff dispatched for low-risk 911 calls, follow-up community care navigation only</li><li>• Thrive responds to high-risk 911 calls</li></ul>	<ul style="list-style-type: none"><li>• Contract with Thrive</li><li>• Notified by police* (On scene within 15-30 minutes)</li><li>• Model A: M-F 8am-12am</li><li>• Model B: M-Sa 8am-8pm</li><li>• High-risk on call overnight and weekends</li></ul>

\*Direct dispatch may be available post CESSA implementation

# Next Steps



- Continued implementation of ECHO Phase I including Service Response (CSOs) and Care Coordination
- Reconvene and provide an update to the Alternative Response Task Force for Mental Health Crisis; solicit feedback regarding proposed options
- Analyze study session feedback from Village Board and Taskforce and bring forward an action item/recommendation for the Board's consideration in early 2025
- Move forward with development of a comprehensive 988 campaign designed to raise awareness and provide clear, actionable information on mental health resources for community members in crisis or needing mental health support





Questions?