



Village of Oak Park

Alternative Response to Calls For Service

Proposed Model

Presentation Roadmap

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- 911 & 988 Services
- Oak Park's Emergency Response System
- Proposed Program Design
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Overview

The proposed model for Alternative Response to Calls for Service was developed to address the evolving needs of our community and is designed to serve as a **flexible two-year pilot program** that strategically enhances and expands the Village's current 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

Village Goals for Program

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)

- Rapid Community Response to low-risk mental/behavioral health calls that are dispatched through 911
- Rapid Co-Response for moderate to high risk mental/behavioral health calls that are dispatched through 911
- Community Care Navigation Response that partners with emergency responders and community clinicians to connect community members with adequate resources and care so they do not need to rely on 911 for services

This program is not designed to be a replacement for 988 – the National Suicide and Crisis Lifeline.

Village Goals for Program

Provide an unarmed response to low-risk calls for services that may be unrelated to a mental health crisis

- Divert low-risk calls for service to unarmed Community Service Officers (CSO)
- Such calls for service include taking police reports for property damage incidents, minor thefts and motor vehicle accidents, falls and other injury occurring on public property, parking and/or other local ordinance violations.

Village Goals for Program

Enhance services in alignment with the Board of Trustees' goals or other organizational needs:

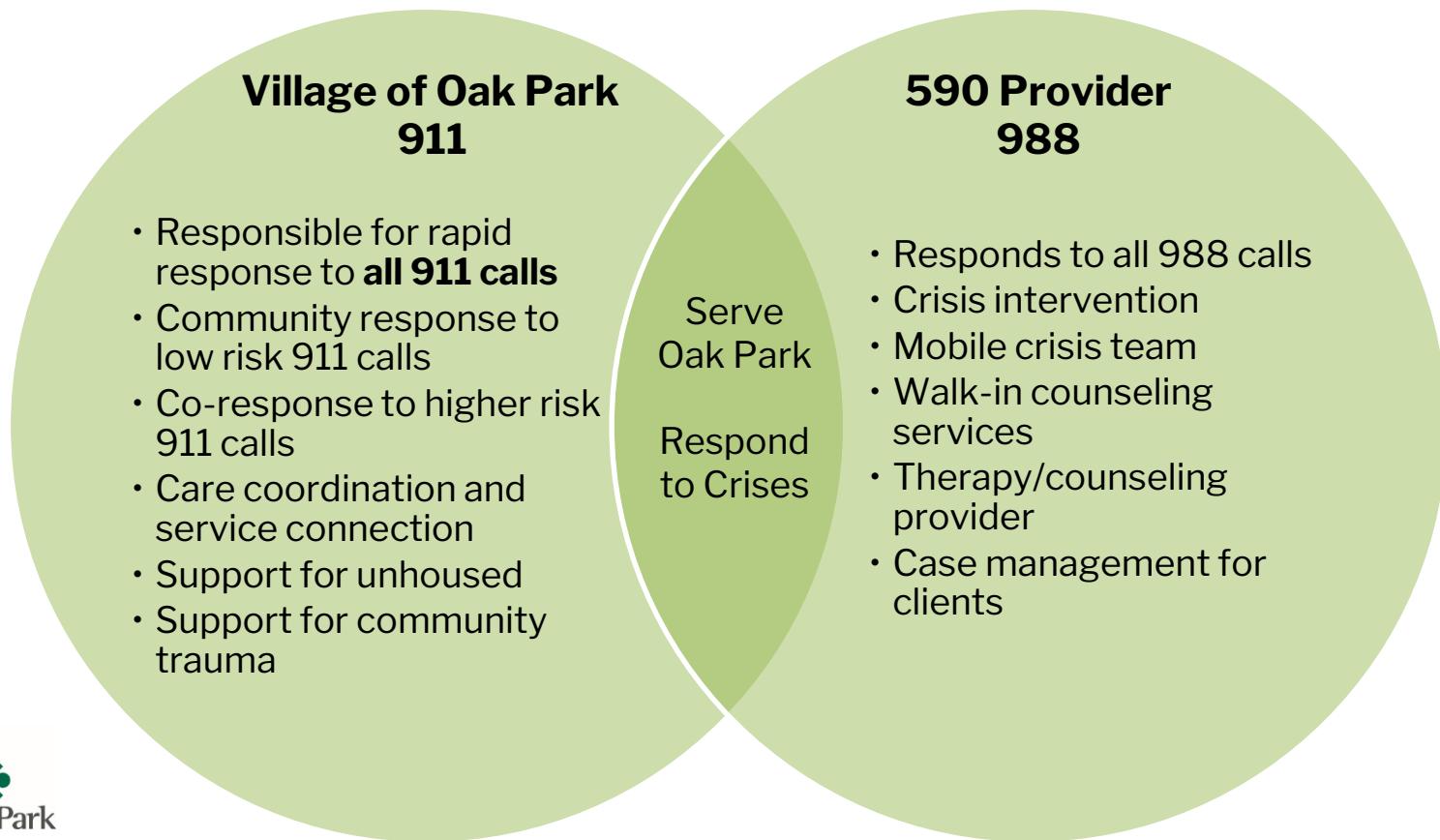
- Rapid Response support for unhoused residents in collaboration with Housing Forward
- Village Response to community trauma or crisis (e.g. resources and support for witnesses to violent crime or other community crisis)
- Village-led community or organizational training related to mental health or crisis response
- Equity embedded in the Village's response
- Interdepartmental collaboration and coordination following calls for service

Village Goals for Program

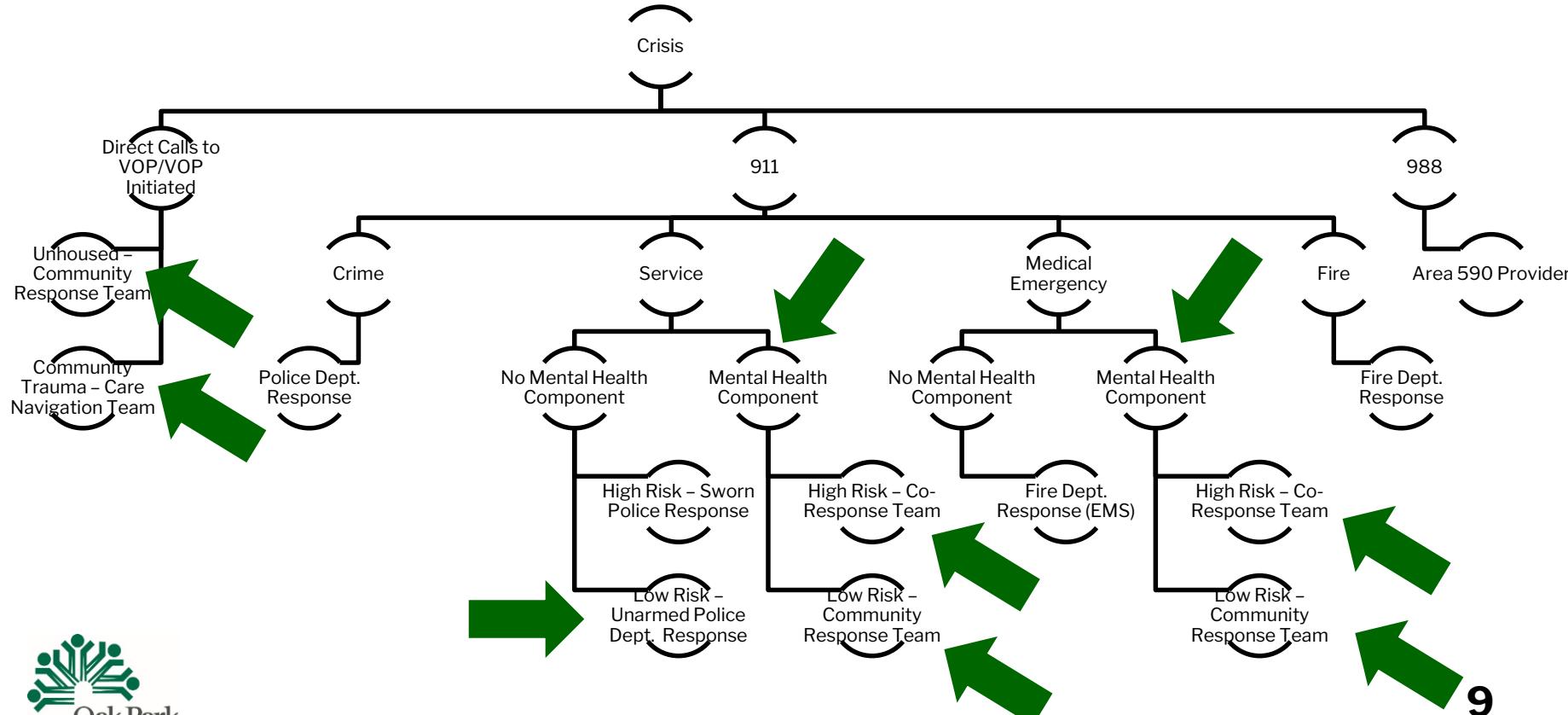
Ensure the program is responsive to the needs of the community

- Two-year pilot program
- Data-informed
- Financially sustainable
- In alignment with collective bargaining parameters

911 and 988 Services



Emergency Response System



Proposed Program Detail (911 Calls)

Community Response Team

- Low risk mental/behavioral health related 911 calls or VOP initiated calls
- Include VOP mental health provider and peer support specialist, paramedic **and/or** police officer depending on nature of call
- May respond to calls related to falls, invalid assist, confused person, panhandler/unhoused

Co-Response Team

- High risk mental/behavioral health 911 calls
- Include a VOP licensed mental health provider, paramedic and police officer
- May respond to calls related to overdose, suicide ideation, domestic disturbance, involuntary committal

Community Care Navigation

- Follow-up service connection for neighbors who have engaged with Community Response Team or Co-Response Teams
- Includes a VOP mental health provider and peer support specialist

Service Response

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

Community Response Team

Community Response Teams (CRT) serve five (5) major functions:

1. **Identify** appropriate 911 calls that will receive a response.
2. **Dispatch** teams of skilled responders through 911 pending call code or VOP initiated response.
3. **Arrive** on the scene in less than 10 minutes from time of dispatch.
4. **Deliver** person-centered, trauma-informed care.
5. **Transport** neighbors to the appropriate community-based care, when necessary, by VOP EMS.

Team: MSW and Peer Support Specialist. A paramedic and/or CIT-trained officer may be included in the initial response, however will exit scene upon confirming appropriate response is in place.

Community Response Team Scenarios

Community Response Team (CRT) provide trauma-informed care for 911 calls for service involving non-violent behavioral and mental health needs, dispatching a team of skilled and compassionate first responders.

Noise Complaint:

- Caller contacts the police regarding a loud neighbor intentionally slamming door
- CRT (Police, Social Worker, Peer Support Specialist) respond. Police officer clears for safety and then defers to clinician and peer support specialist.
 - Social Worker will help de-escalate situation and provide neighbors with resources
 - Neighbor is experiencing mental illness, police have been dispatched 15 times
 - Team can work with local organizations to support resources and the police to reduce call volume
 - Clinician and Care Navigation Team will provide follow-up support within 48 hours after response

Fall:

- Caller contacts 911 regarding an relative who has fallen.
- CRT (Paramedic, Social Worker, Peer Support Specialist) respond. Paramedic triages medical emergency
 - Social Worker works with relative to identify any service needs, provide individual and family resources
 - Relative is elderly and has multiple needs
 - Team can work with local organizations such as the township to support resources
 - Clinician and Care Navigation Team will provide follow-up support within 48 hours after response

Co-Response Team

Co-Response (CoR) entails a joint response from departments and serves seven (7) major functions:

1. **Dispatch:** 911 dispatches a CIT-trained officer, EMS, and a licensed clinician when there appears to be a higher risk of physical harm.
2. **Assess:** CIT officers assess the scene for safety.
3. **De-escalate:** The clinician supports the CIT officer in de-escalation.
4. **Deliver:** The clinician delivers therapeutic de-escalation and trauma-informed responses to neighbors in crisis.
5. **Connect:** The clinician works to assess needs and connect family and/or neighbors in crisis to community-based care where appropriate.
6. **Support:** In a situation like an involuntary commitment, the clinician may also support family members or the neighbor in crisis throughout the process.
7. **Transport:** When necessary, EMS will transport neighbors to appropriate community-based care



Team: LCSW, EMS, and CIT Officer

Co-Response Team Scenarios

Overdose – Resident's Home

- CoR Team is dispatched. Police arrive on scene first, use Narcan to revive individual
- FD arrives on scene with two (2) vehicles
 - Once medicine is administered, subject cannot refuse going to hospital
 - Narcan can only block for so long before more is needed
- Hospital, treatment can begin in emergency room
- Social worker responds and help support family and subject with resources, trauma support care
- Clinician and Care Navigation Team will provide follow-up support within 48 hours after response

Suicidal Ideation

- CoR Team is dispatched, FD arrives will “stage” blocks away, wait for an all clear from the police
- PD ensures safety of the scene, PD is in charge of the scene. Once FD arrives onsite, subject becomes an EMS patient. PD is still responsible for scene, safety, and security
 - EMS - if there is an injury and transport
 - Social worker to help de-escalate subject and assess, serves as resource to family/people surrounding area
 - Once scene is cleared for safety, PD remains out of sight unless needed and remains onsite if someone is in custody. PD will be involved if the subject is combative and requires transport by EMS
- FD can transport subject to hospital if situation de-escalates. FD will transport patients even if the situation is not de-escalated. Very important when working with involuntary committals of subject
- Social worker responds and help support subject and family with resources
- Clinician and Care Navigation Team will provide follow-up support within 48 hours after response

Community Care Navigation

Peer Support Specialist and Social Worker entails a joint response from staff and serves five (5) major functions:

- 1. Two-person teams:** Navigator teams are made up of One (1) peer support specialist and one (1) social worker.
- 2. Follow-up:** Navigators follow up with neighbors who meet with our Community Response Team (CRT) or Co-Responders (CoR). They may also follow up with families, providing in-person and/or remote-based care following the initial encounter.
- 3. Continuation of care:** Care Navigators are informed about neighbor's needs through the teams and Police and Fire Departments. Navigators strive for a warm handoff to ensure linkage to care and to minimize people having to retell their story.
- 4. Respond in pairs:** When following up in person, Navigators will respond in pairs.
- 5. Multiple check-ins:** Based on each neighbor's needs, Navigators may check in multiple times to support.

Team: LCSW/MSW and Peer Support Specialist

Community Care Navigation Scenarios

Following an initial encounter of crisis responders provide in-person or phone-based follow-up care to the individual(s) until the care they need is completed. Community Care Navigation may also work on the following:

- Build relationship with Senior Housing to ensure the residents have extra wraparound services
- Rapid response to calls to the parks and in community for unhoused residents and build relationship with Housing Forward to ensure residents have access to resources
- Support calls regarding youth (e.g. school refusals)
- Reduce use of emergency room
- Decrease number of people who experience multiple crises or recurring calls to 911
- Provide trauma informed response when community crisis arise
- Follow-up support within 48 hours after response for all calls

Service Response

Community Service Officers (CSOs) are non-sworn, unarmed members of the police department who primarily staff the Police Department's front desk. Service response by CSOs serves the following goals:

- 1. Call Diversion/Field Response:** Divert some low-risk calls for service with no mental health component to unarmed responders.
- 2. Types of calls:** CSOs may respond to calls for service seeking police reports for property damage incidents, minor thefts and motor vehicle accidents, falls, and other injuries occurring on public property. CSOs could also respond to parking or other local ordinance violations.

Team: Community Service Officers

New & Enhanced Services

The Alternative Response to Call to Services model will help to support the gaps identified throughout the community and through the task force. New and improved services include:

- Rapid mental health response through 911
- Care navigation following 911 calls for service
- Enhanced/rapid response & support for unhoused residents
- Mental health resources and expertise including trauma-informed care onsite at VOP
- Call review and debrief of first responders and mental health response teams

Staffing & Operations

- **Staffing**
 - Staff – FTE Positions
 - One (1) Program Director
 - Two (2) Licensed Clinical Social Worker (LCSW)
 - Two (2) Master of Social Work (MSW)
 - Two (2) Peer Support Specialist
 - Two (2) Community Service Officers (CSO)
- **Hours of Operation:**
 - Monday – Sunday, program operating for 10 hours per day
 - 3 Staff per shift: 1 LCSW, 1 MSW, and 1 Peer Support Specialist
 - 3rd Party Coverage for all other hours
- **Transportation:**
 - Social Worker/Peer Support will dispatch in a separate vehicle from the Police Department

Program Budget adopted in FY24 Budget

Proposed Budget Breakdown

Recurring Annual Expenses (R)	\$1,022,718
One-Time Expenses (O)	\$100,000

Proposed FY24 Budget		
Regular Salaries	\$660,000	R
<i>Program Director</i>	<i>(\$96,000-\$126,393)</i>	
<i>LCSW (2)</i>	<i>(\$81,000-\$100,000)</i>	
<i>MSW (2)</i>	<i>(\$62,000-\$70,000)</i>	
<i>Peer Support (2)</i>	<i>(\$52,000-\$56,500)</i>	
<i>Community Service Officer (2)</i>	<i>(\$47,917.35-\$62,597.20)</i>	
Fringe Benefits	\$252,718	R
Conference Trainings	\$20,000	R
Printing	\$3,000	R
<i>Brochures/Marketing Material</i>		
Operational Costs	\$7,000	R
Uniforms	\$5,000	R
Vehicles	\$80,000	O
<i>Two EV-Vehicles</i>	<i>(\$36,000-\$40,000)</i>	
Technology	\$20,000	O
<i>Laptops, Radios & Cell Phones</i>		
External Support	\$75,000	R
<i>Language access, 3rd party consultant</i>		
TOTAL BUDGET	\$1,122,718	

Measurable Goals & Impact

Category	Metric
Community Impact	Qualitative, via surveys/focus groups/interviews: community members reporting feeling safe to call 9-1-1
Community Impact	Qualitative, via surveys/focus groups/interviews: community members reporting interactions with the alternative responder program
Criminal Legal System	Officer hours saved
Criminal Legal System	Cost-savings calculation (\$ saved in police response, transport, involuntary commitment, etc.)
Demand/Supply for Alternative Response	# calls diverted from law enforcement
Demand/Supply for Alternative Response	#/% of total calls where alternative team was backup to law enforcement
Management and Collaboration	Qualitative, via surveys/focus groups/interviews: impact on workload of traditional first responders
Resource Connections	# calls where callers requested mental health services
Service Recipients	Demographic breakdown of individuals encountered - race, age, area of residence, un-housed/housed, gender
Service Recipients	# individuals served
Resource Connections	# individuals that received follow-up/# calls that received follow-up via phone or in-person

Mental Health Task Force Recommendations

Mobilize Fast	<ul style="list-style-type: none">Define parameters of a “mental health crisis”Promote access to mental health careEnsure dispatch training includes mental health assessment
Staff Smart	<ul style="list-style-type: none">Two layers of mental health staffingPrioritize hiring individuals with lived experienceEnsure the quickest dispatch possible with appropriate staff
Coordinate Policy & Procedures	<ul style="list-style-type: none">Conduct racial equity analysis on all policy and procedure changesEstablish “champions” within FD and PDEngage with Forest Park and River Forest
Workplace Culture	<ul style="list-style-type: none">100% of Police Force Crisis Intervention Team (CIT) trainedAll first responders have trauma-informed and mental health training
Beyond the Incident	<ul style="list-style-type: none">Human-centered follow-upEngage with residents impacted by crisisDevelop places for individuals to receive care in crisis and prevention
Educate & Engage	<ul style="list-style-type: none">Educate community on 988 vs 911 callsBrand the program for community recognition
Equity & Inclusivity	<ul style="list-style-type: none">All responders trained in DEI topicsHire individuals with lived experienceHost trainings and community sessions
Monitor & Improve	<ul style="list-style-type: none">Establish concrete goals and metrics to be measuredTrack workflow data from dispatch through final disposition

988 Campaign



- Introduce the 988 hotline as the new, easy-to-remember number for accessing mental health support services
- Emphasize the importance of seeking help for mental health concerns.
- Provide assurance of confidentiality and support for those struggling with suicidal thoughts or mental health crises.
- Inform on alternative resources and support available within the community

-News Release: Issue news releases to local media outlets to inform the broader community about the introduction of the 988 hotline. Offer interviews to journalists to provide further insight into the initiative.

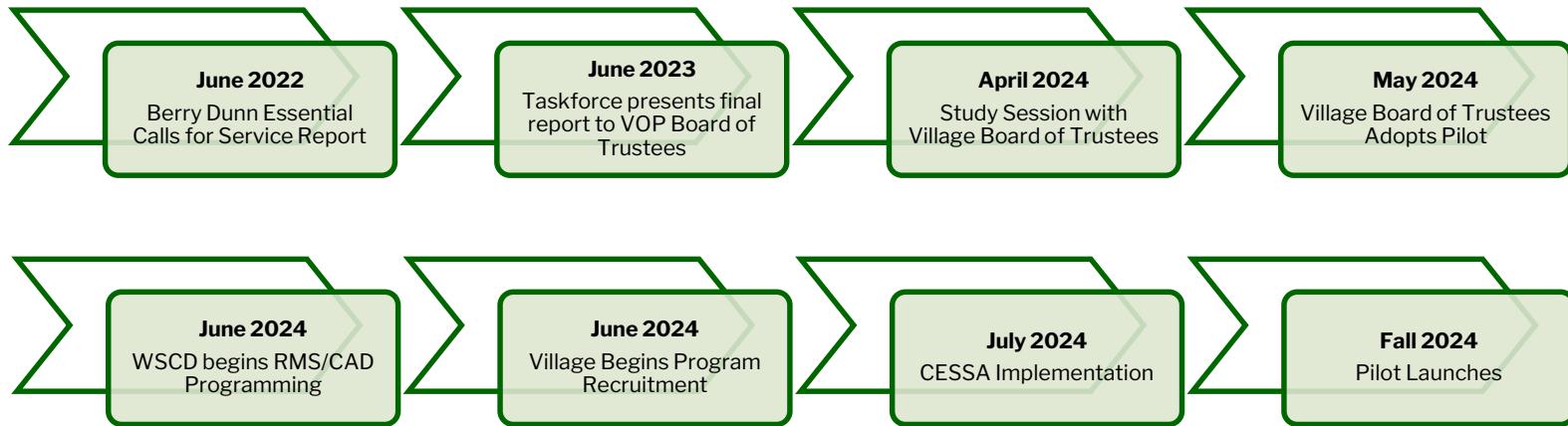
-Village Website: Utilize the Village of Oak Park website to publish a news release and FAQs about the 988 hotline, ensuring that information is prominently displayed on the homepage and easily accessible through navigation menus.

-Social Media: Share updates and announcements about the 988 hotline on the Village's social media accounts, including Facebook and X (formerly known as Twitter).

-Email Newsletters: Send out targeted email newsletters to residents subscribed to the Village' E-News and Health Department's Health Beat mailing lists, providing detailed information about the 988 hotline and its implementation date.

Also include in OP/FYI bi-monthly newsletter that is mailed to all residents.

Timeline & Next Steps



Proposed Program Names

E.C.H.O.

- Engaging Communities by Helping Others

G.R.E.A.T.

- Genuine and Responsive Engagement to Alternative Touchpoints

C.A.R.E.

- Community Alternative Response and Engagement

H.E.A.L.S.

- Holistic Engagement for Adaptive Lifeline Support Systems

Questions?

Key Acronyms

- Licensed Clinical Social Worker (LCSW)
- Master of Social Work (MSW)
- Crisis Intervention Team (CIT)
- Emergency Medical Services (EMS)
- Community Emergency Services and Support Act (CESSA)
- West Suburban Consolidated Dispatch Center (WSCDC)
- Community Response Team (CRT)
- Co-Response Team (CoR)
- Police Department (PD)
- Fire Department (FD)
- Village of Oak Park (VOP)
- Community Service Officer (CSO)