



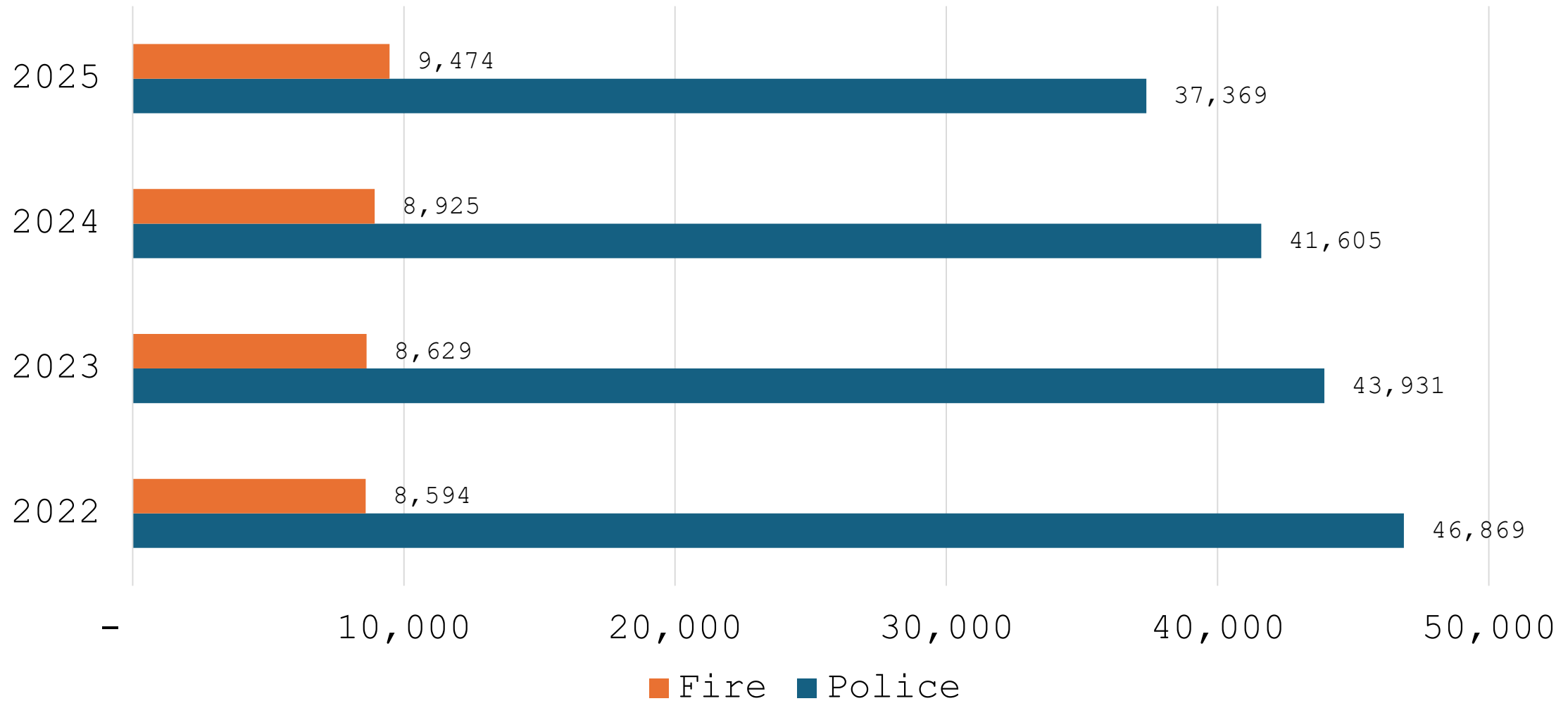
Alternative Response to Service Phase 2 Recommendations & Discussion

Overview

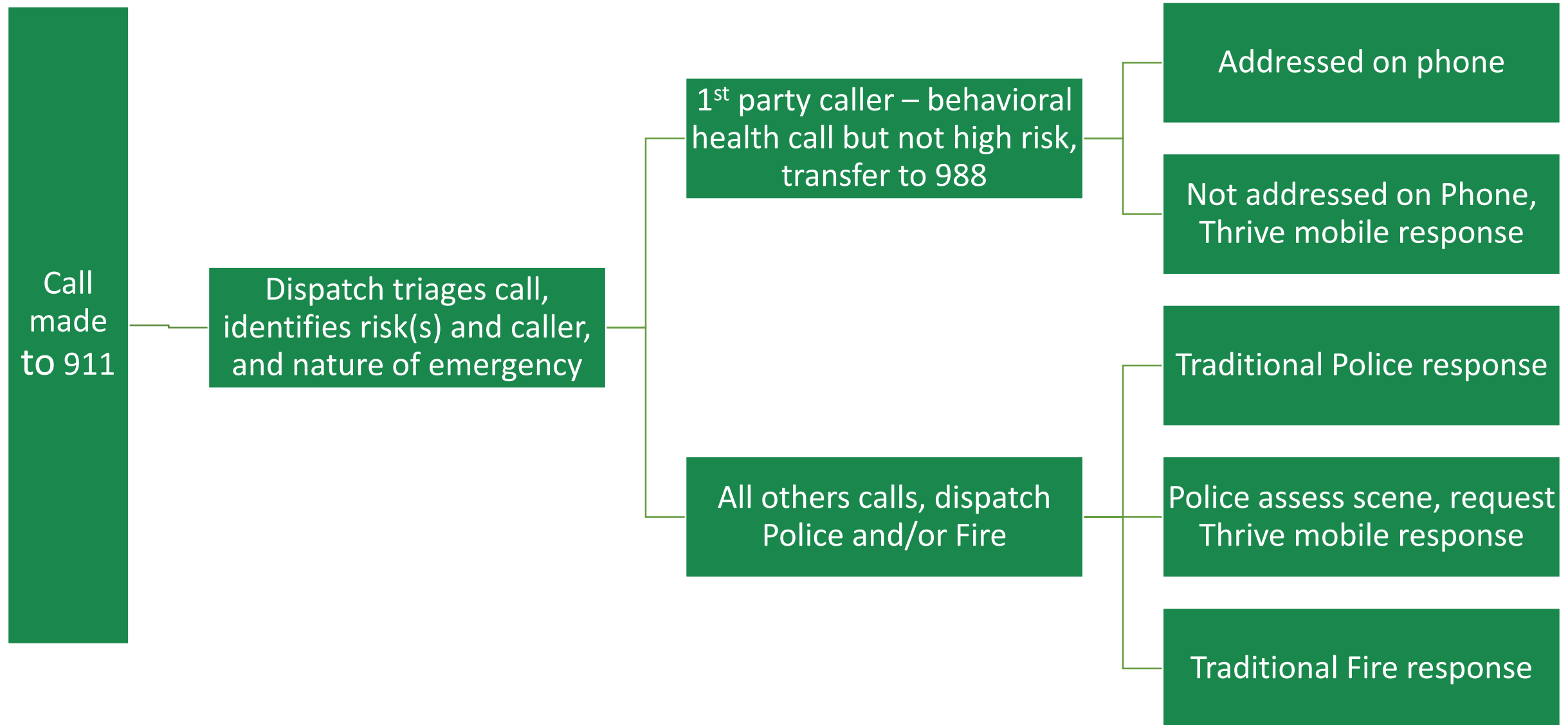


- **The system today**
- **Goals**
- **Recommended approaches**

2022 – 2025 Calls for Service



Current Dispatch Protocol



Current CESSA Diversion



*Assumptions:

- First person caller
- No immediate threats to life with threatening statements regarding self
- No lethal or non-lethal weapons present and no plans to secure them
- No physical assaultive behavior, minor or no verbal threats
- No known history of acts of violence; symptoms of serious mental illness
- Active intoxication with little or no signs of physical distress
- Unknown current status of individual with no presumption of immediate threat to life; known history of mental illness
- No Criminal activity
- Caller must consent to 988 transfer

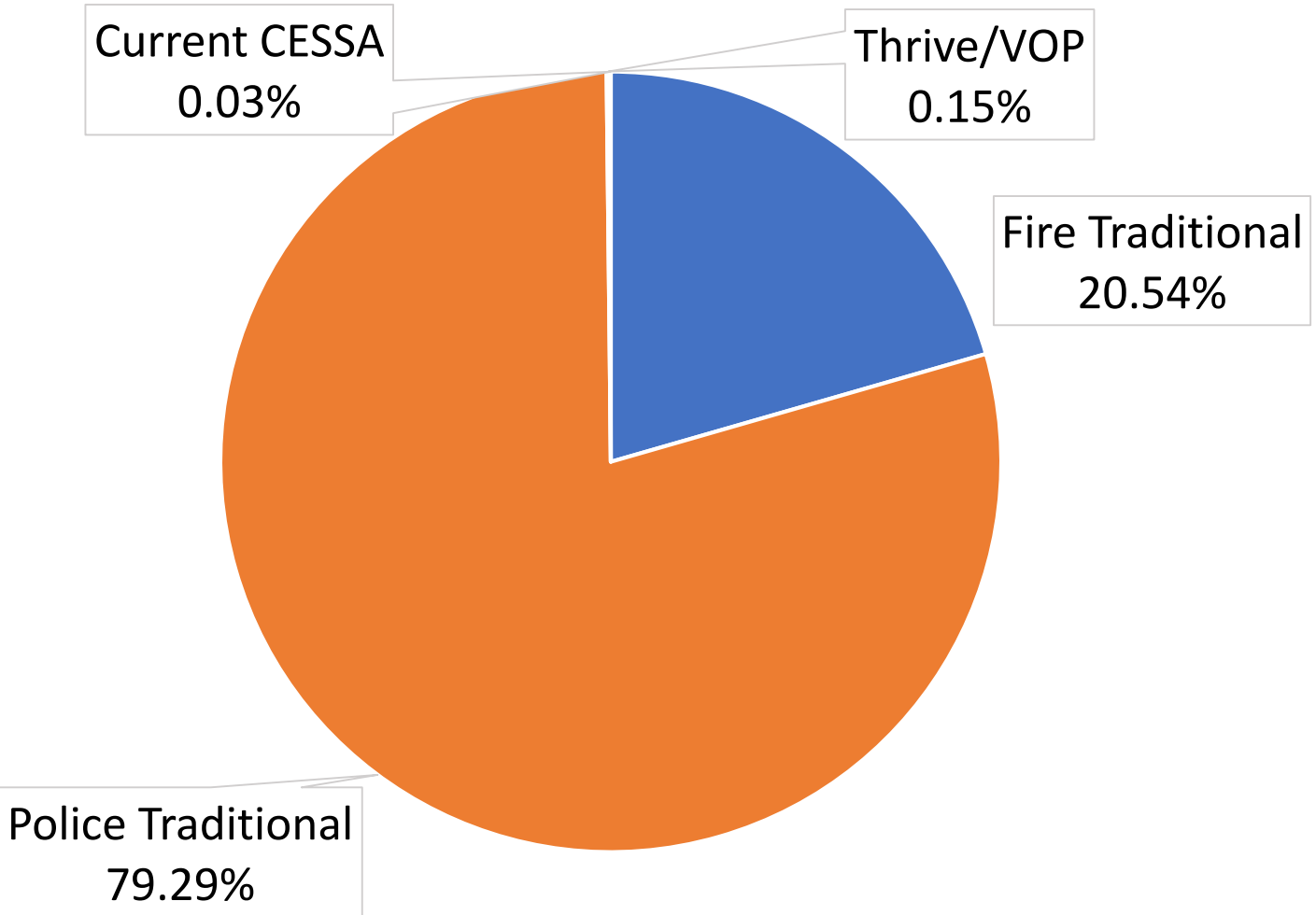
Current CESSA Diversion



- Crisis Intervention
- Involuntary Committal
- Mental Health
- Psychiatric Abnormal Suicide
- Suicide


**** Estimated Call Volume Per Month: One (1) call per month**

Breakdown of Current Dispatch Protocol




Goals



 BerryDunn

**Key Staffing and
Operations Review for
Village of Oak Park**

Version 1.0


 Oak Park

[No Title]

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Submitted on:
November 3, 2022

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 Oak Park

**ALTERNATIVE CALL
RESPONSE TASKFORCE |
MENTAL HEALTH**

Report | Recommendations for
the Village of Oak Park

2023

Report Prepared By:
Alternative Call Response Taskforce Co-Chairs,
Cheryl Potts, Executive Director, Community Mental Health Board of Oak Park
Allison Davenport, CEO, Riveredge Hospital

Goals



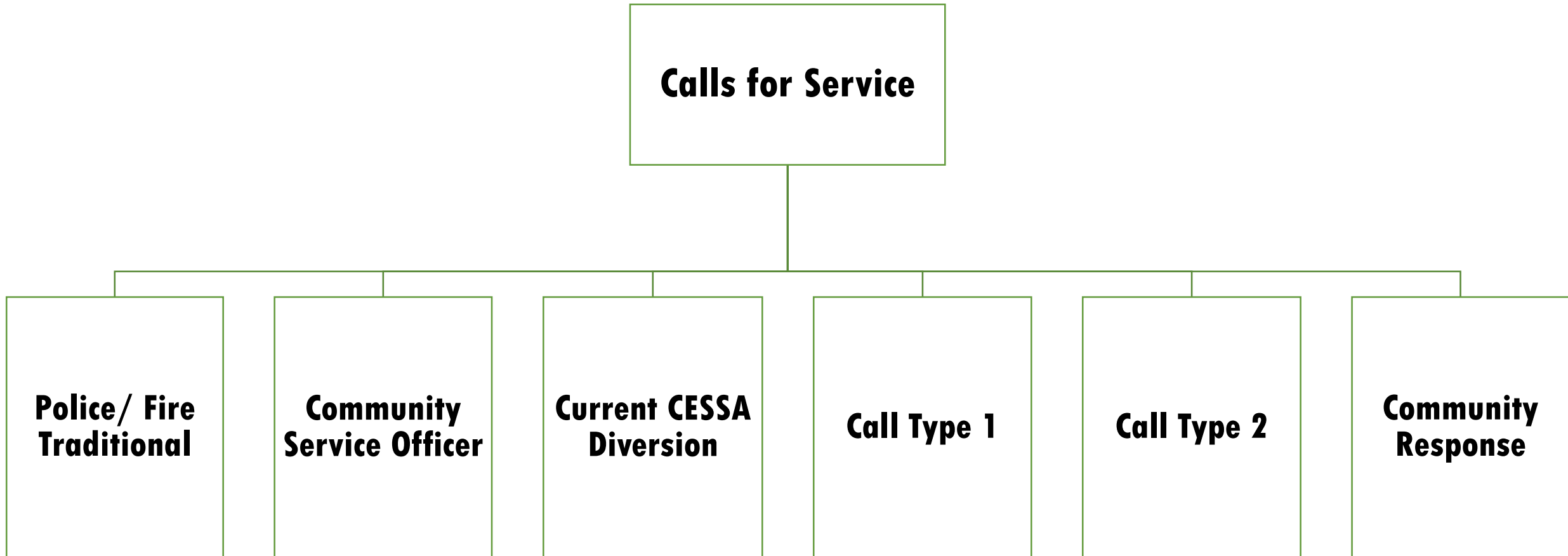
Berry Dunn Report

- **Develop a comprehensive alternative CFS response plan**
- **Covers telephone response calls, mental health crisis calls, and social service calls.**
- **CSOs, mental health workers, social workers, etc.**

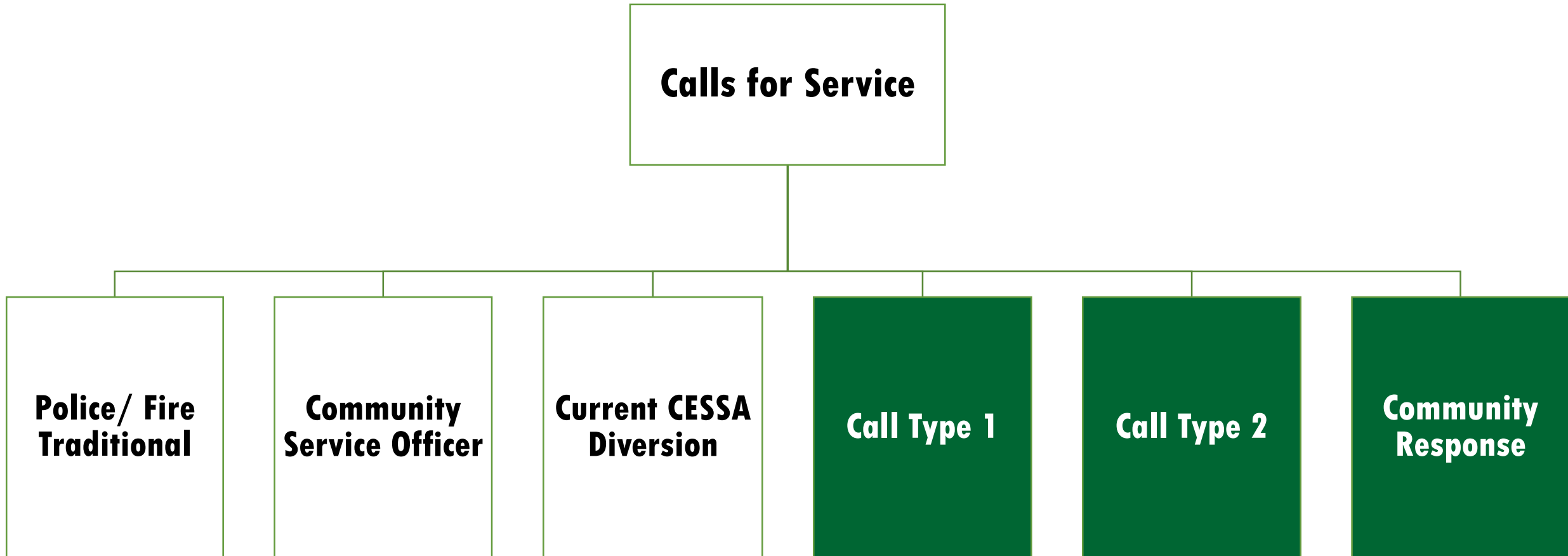
Mental Health Taskforce

- **Reduce Police involvement in appropriate mental health crisis calls**
- **Utilize behavioral health professional as primary responders whenever appropriate**
- **Expand post-crisis support and service connections**

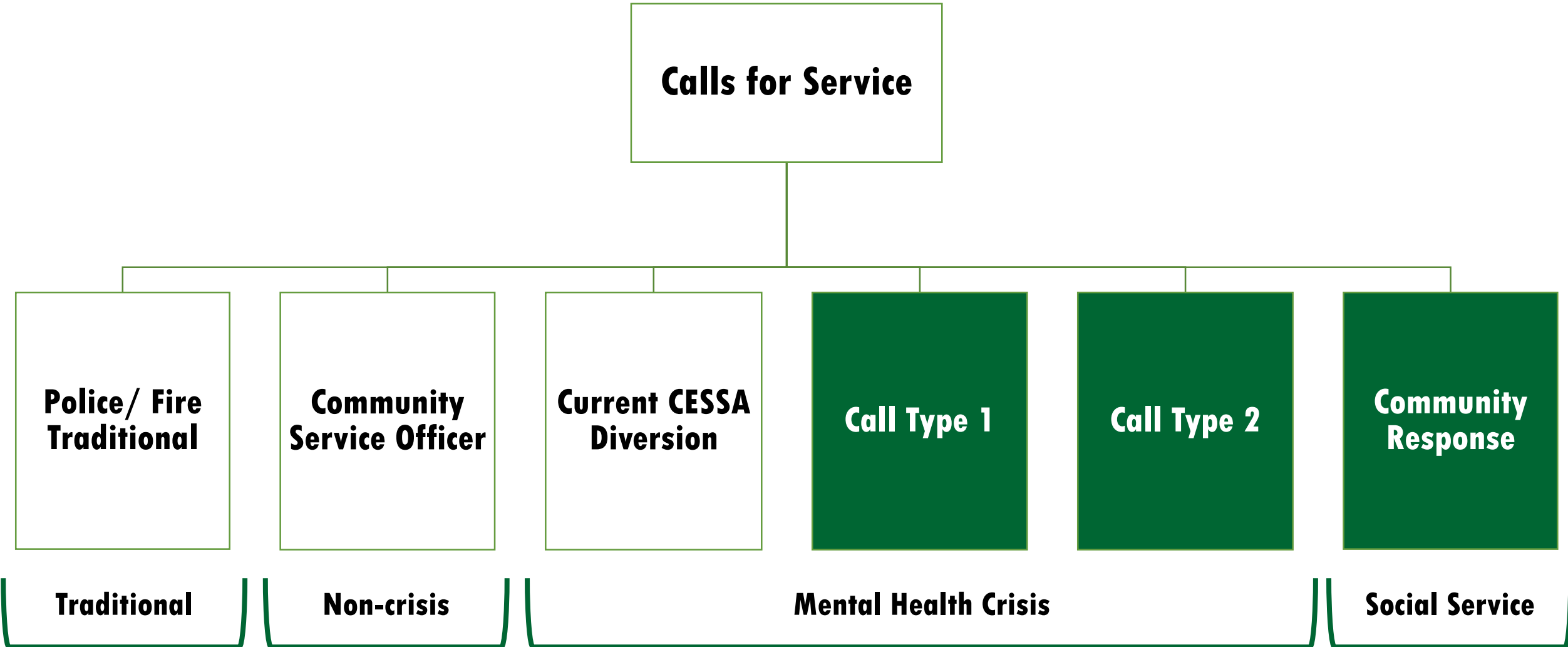
Service Approach



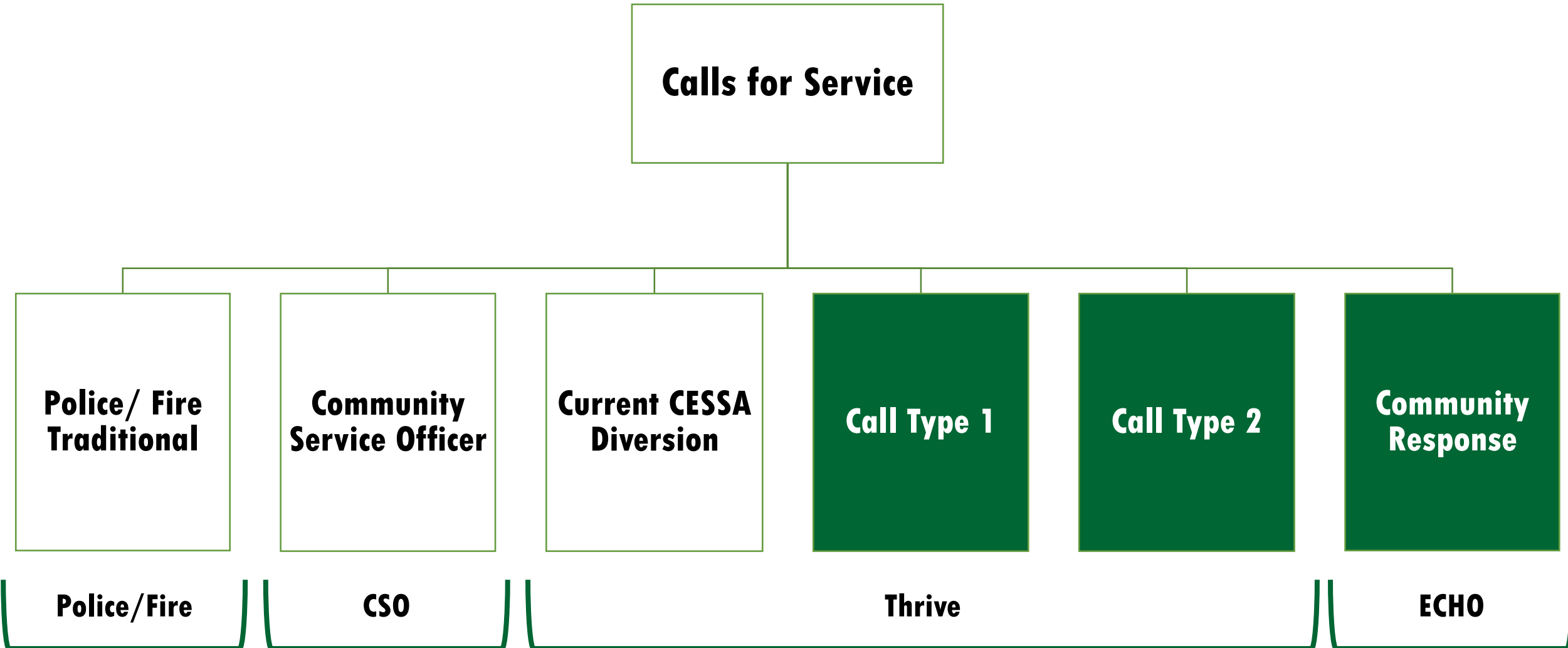
Service Approach



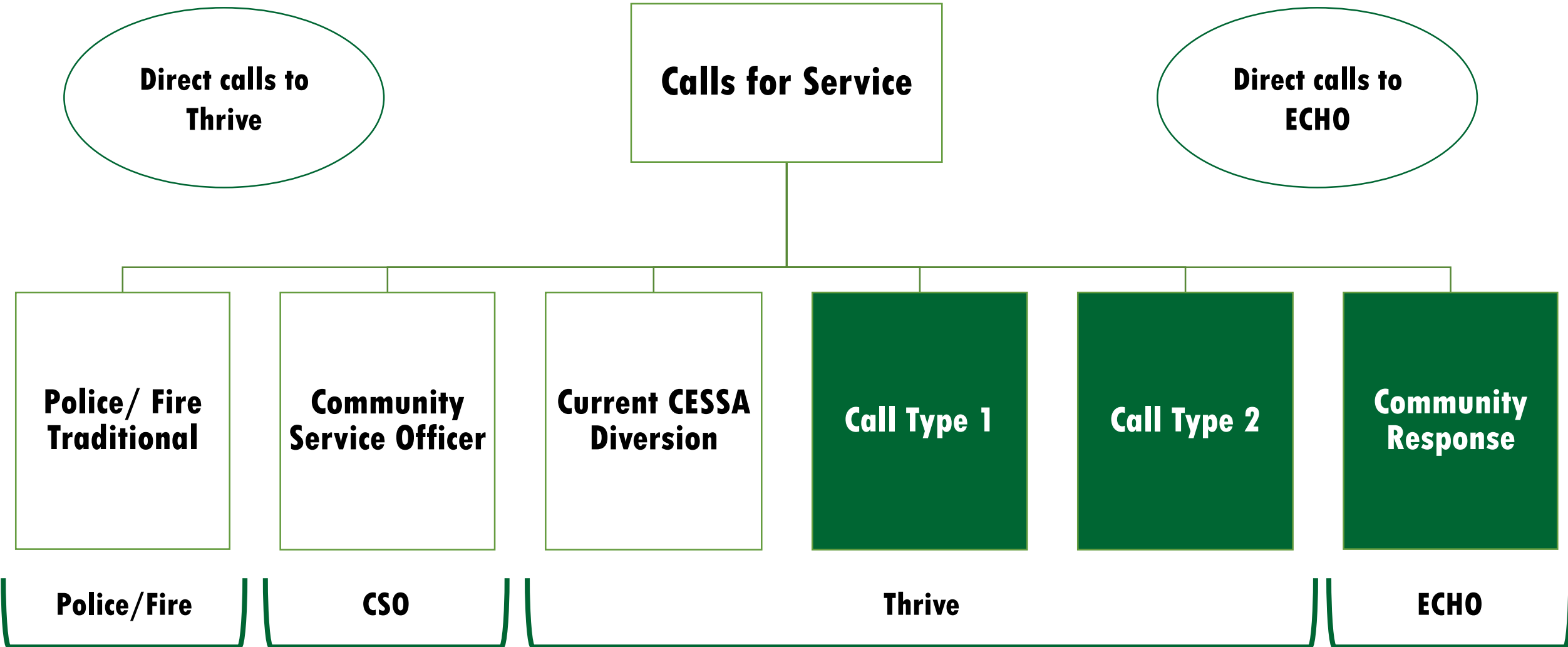
Service Approach



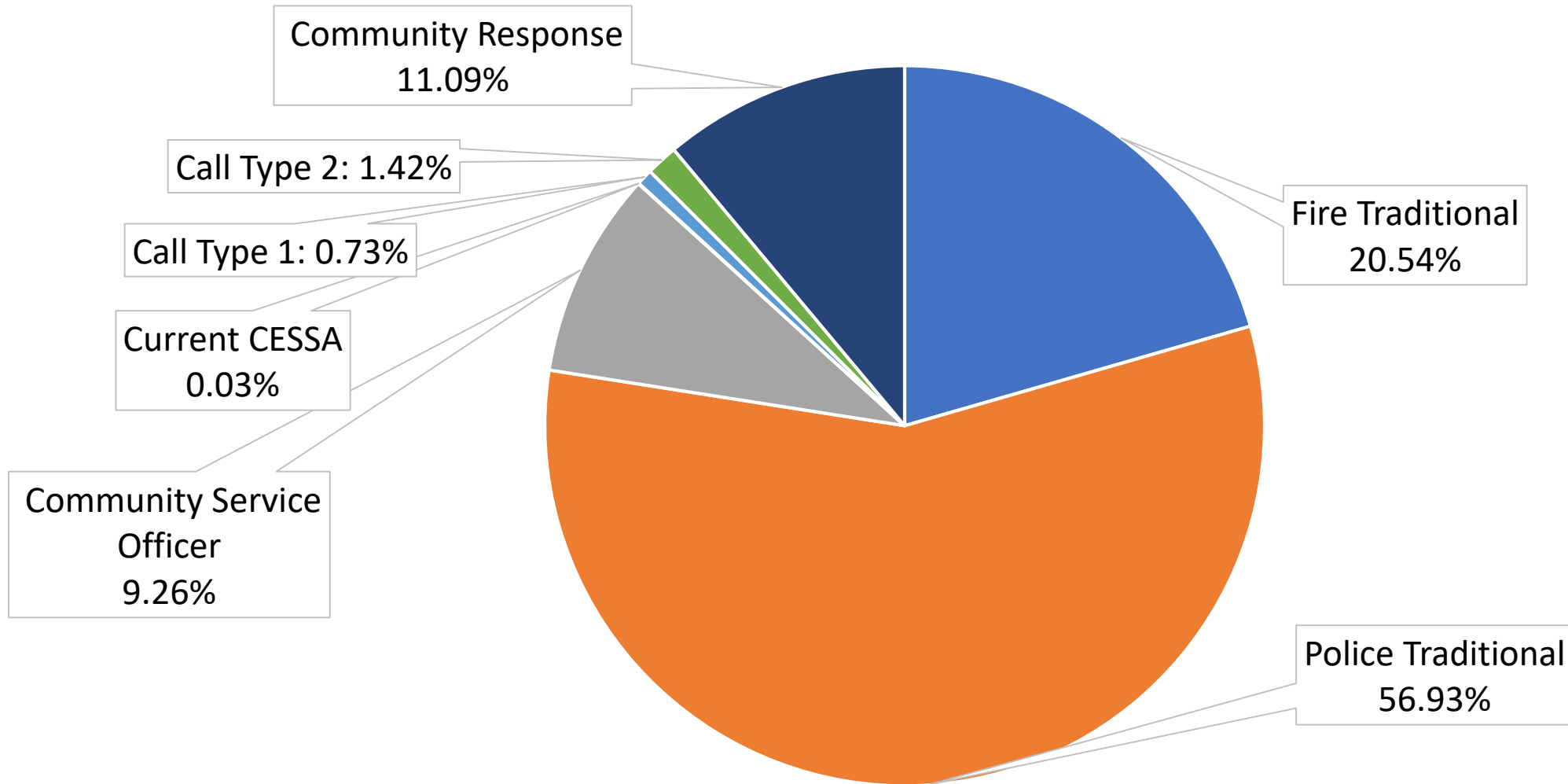
Service Approach



Service Approach



Proposed Call Types



** If the nature of the call changes while officers are on scene, Police may request a response from Thrive or E.C.H.O.*

911 Dispatch



- Unlikely to need changes to IGA to authorize alternative response by Village contractor (Thrive)
 - Will still need buy-in from other WestCom members
- Village staff, Thrive, and WestCom will begin work in July 2026 to set up an alternative response system for Oak Park in the new CAD/RMS system
 - Would be built in new CAD/RMS system (Tyler), so not possible prior to go-live (December 2026)
 - Would align with State interim risk-level matrix
- Continued CESSA implementation is significant unknown

Alternative response evolution



2026

- Work with WestCom to set up alternative response protocols
- Continue existing ECHO Pilot
- Continue existing contract with Thrive
- Develop community education plan
- Monitor CESSA rollout

Alternative response evolution



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2027

- Bridge from co-response to alternative response with WestCom
- Launch expanded Thrive partnership
- Continue ECHO program
- Explore ECHO expansion
- Review performance measures to assess needed 2028 changes
- Monitor CESSA rollout

Alternative response evolution



2026

- Work with WestCom to set up alternative response protocols
- Continue existing ECHO Pilot
- Continue existing contract with Thrive
- Develop community education plan
- Monitor CESSA rollout

2027

- Bridge from co-response to alternative response with WestCom
- Launch expanded Thrive partnership
- Continue ECHO program
- Explore ECHO expansion
- Review performance measures to assess needed 2028 changes
- Monitor CESSA rollout

2028 and beyond

- Strategic expansion of Thrive work based on 2027 assessment
- Continue ECHO program
- Review performance measures to assess needed 2029 changes

Thrive Partnership



- Multiphase approach, building off current partners to expand capacity and trust over time along side further state-level implementation
- Initial mandated co-response transitioning to alternative response in 2027
- Focus on mental health calls

Call Type 1 2025 Call Volume & Trends



Call for Service Code	Volume of Calls
CRISIS INTERVENTION	197
INVOLUNTARY COMMITAL	3
MENTAL HEALTH	10
PSYCHIATRIC ABNORMAL SUICIDE	112
SUICIDE	19

Call Type 2 2025 Call Volume & Trends



Call for Service Code	Volume of Calls
ASSAULT OR SEXUAL ASSAULT	8
CHILD ABUSE NEGLECT	5
DOMESTIC DISTURBANCE	613
HARASSMENT	44

Thrive Partnership



- 2027 – Phase 1
 - Support a response for Call Type 1 calls
 - Crisis Intervention
 - Involuntary Committal
 - Mental Health
 - Psychiatric Abnormal Suicide
 - Suicide
 - Appx. 2025 calls: 233
 - Continue providing 24/7 as needed support for all call types
 - Appx. 2025 calls: 70
 - Training, structured debrief meetings, and participation in roll call

Call Approach



1. **Dispatch:** 911 dispatches a Police Officer (and EMS in some cases) and alerts Thrive.
2. **Assess:** Officers assess the scene for safety while Thrive remains staged.
3. **De-escalate:** Once cleared for safety, the officer disengages and Thrive works towards de-escalation.
4. **Deliver:** The clinician delivers de-escalation and trauma-informed responses to resident in crisis.
5. **Connect:** The clinician works to assess needs for resident in crisis. Once de-escalated, the clinician provides a warm hand-off for follow-up support from other Thrive team members or E.C.H.O. as appropriate.
6. **Support:** In a situation like an involuntary commitment, the clinician may also connect family members or the neighbor in crisis to E.C.H.O. for follow-up support.
7. **Transport:** When necessary, EMS will transport resident to appropriate community-based care.

Thrive Partnership



- 2027
 - 24/7 on call support
 - Crisis team (existing)
 - 7 Crisis Therapists
 - 5 Engagement Specialists
 - 1 Crisis Intervention Specialist
 - Co-response
 - Monday through Friday
 - 8am to 8pm
 - Crisis team (existing)
 - 1 Therapist (new)
 - 1 Engagement specialist (new)

Proposed FY27 Budget

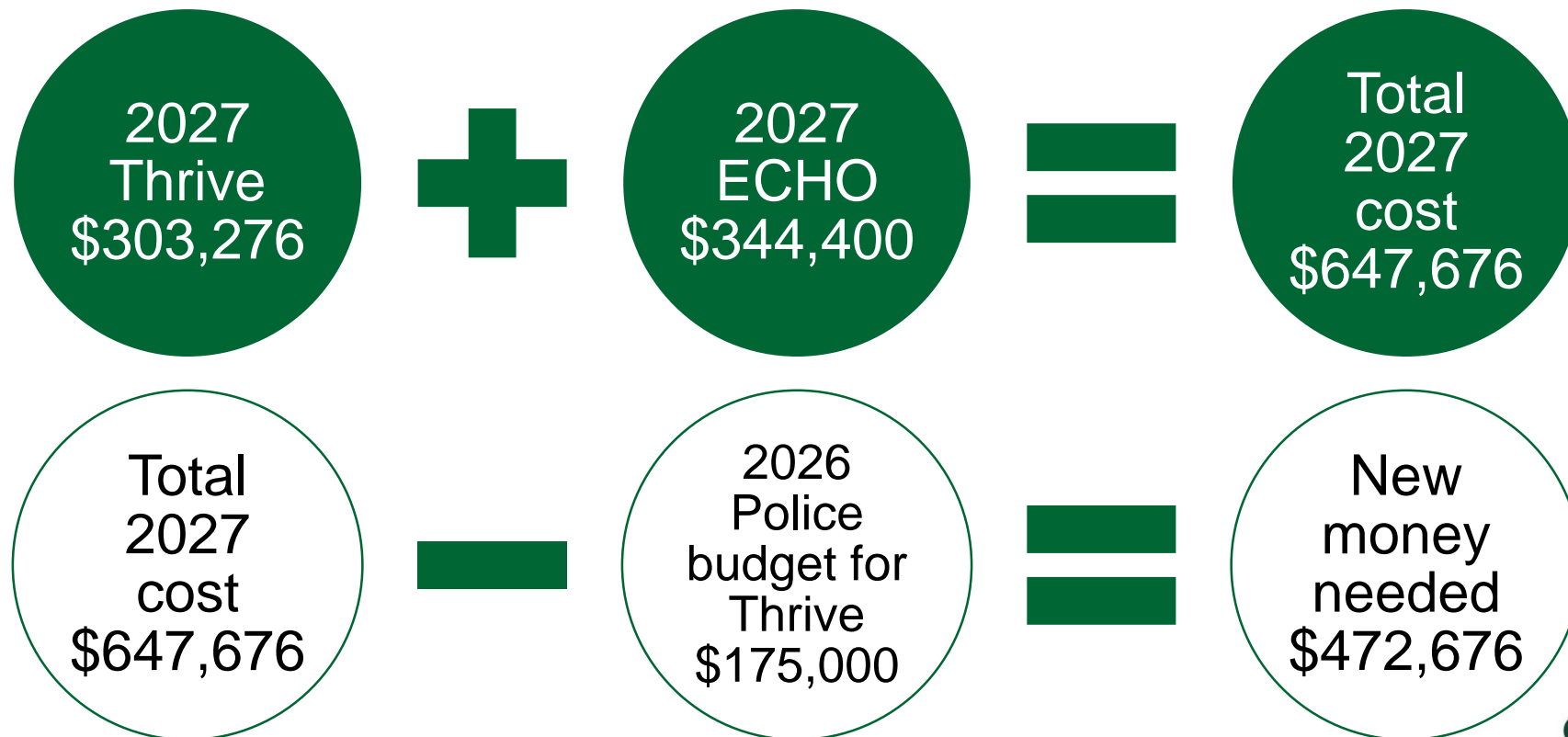


Category	Associated Costs
Salary w/Fringe Benefits	\$125,500
Therapist (new)	
Engagement Specialist (new)	
Current support contract	\$166,000
Trainings and onboarding	\$1,518
Supplies and Gear	\$474
Technology	\$9,630
Mileage	\$154
Total	\$303,276

Staff recommendation



- Include the cost of expanding the Thrive partnership and the current level of ECHO staffing in the core operating budget for 2027



Expanded E.C.H.O.



- Expansion of EHCO would further implement recommendations of Berry Dunn
- Role
 - Continue Care Coordination services for Fire and Police
 - Begin Care Coordination as needed for Thrive responses
 - Begin co-response to Community Response call types, with potential to phase out Police/Fire response over time (appx. 3,300 calls a year)
- Would call Thrive for support as needed

Community Response Call Types



- Child Custody Dispute
- Juvenile Investigation
- Lost Child
- Missing Adult
- Missing Juvenile
- Missing Returned
- Remove Unwanted
- Runaway
- Welfare Check
- Curfew Violation
- Unconscious Fainting
- Solicitor Complaint
- Notification
- Identity Theft
- Illegal Consumption by a Minor
- Confused Person
- Lost Child
- Missing Returned
- Vagrant
- Panhandler
- Truancy

Community Response 2025 Call Volume & Trends



Calls for Service	Volume of Calls	Calls for Service	Volume of Calls
Solicitor Complaint	56	Juvenile Investigation	28
Unconscious Fainting	294	Missing Adult	65
Child Custody Dispute	70	Curfew Violation	1
Identity Theft	77	Illegal Consumption by a Minor	2
Remove Unwanted	1,753	Missing Juvenile/Runaway	95
Welfare Check	1,680	Person down	264
Notification	17	Lost Child	19
Missing Returned	30	Vagrant	454
Confused Person	16	Panhandler	292
Truancy	1		

E.C.H.O. Response Approach



- 1. Dispatch:** 911 dispatches a Police Officer (and EMS in some cases) and alerts E.C.H.O.
- 2. Assess:** The officer assesses the scene for safety. E.C.H.O. remains staged until needed.
- 3. Connect:** E.C.H.O. addresses the needs for the resident, stabilizes the situation.
- 4. Transport:** When necessary, EMS will transport resident to appropriate community- based care.
- 5. Support:** E.C.H.O. connects the resident(s), family, and/or neighbor in need to follow up supports.

Expanded E.C.H.O.



- Three shifts
 - Shift 1:
 - 11:30am – 8pm
 - 1 Program Supervisor and 4 co-responders
 - Tuesday – Saturday or Sunday - Thursday
 - Shift 2:
 - 8:30am - 5:00pm
 - 1 Program manager and 2 Care Coordinators
 - Monday - Friday
- Overlapping shifts enhance coverage and enable seamless, coordinated continuity of care across partners.

Expanded E.C.H.O.



- Team of 8
 - One program manager (current)
 - Oversees day-to-day operations, ensures efficient and compassionate service delivery, develops training programs, manage calls for service and collaborates with local organizations while addressing needs of unhoused residents.
 - Two Care Coordinators (current)
 - Connector of services, follows up with residents to connect with follow-up support
 - Professionals with case management experience
 - One supervisor (add)
 - Supports the program manager with increased hours of the shift outside of the typical 8:30 – 5:00pm Monday – Friday, strengthens partnerships, tracks data and compliance, addressing needs of unhoused residents.
 - Four Co-responders (add)
 - Professional who responds alongside Police/Fire to de-escalate situations, reduces time of first responders on scene, works to connect to long-term solutions and reduction of calls for service
 - Range of backgrounds to serve range of call needs, including Social Work, Peer Support, Criminal Studies, Community Engagement, Case Management, and who possess strong cross-sector knowledge, crisis response skills, and the ability to navigate diverse community needs in field-based settings with first responders.

Proposed FY27 Budget



Category	Associated Costs
Salary w/Fringe Benefits	\$910,083
Program Manager (1 current)	
Program Supervisor (1 new)	
Care Coordinator (2 current)	
Co-Responder (4 new)	
Printing	\$5,000
Trainings	\$5,000
Uniforms	\$2,500
Technology (5 - iPads, cell phones, workstations)	\$15,100
CAD Radio license	\$1,152
Operational Supplies	\$10,000
Total	\$948,835

Staff recommendation



- Authorize staff to continue exploring expansion in 2027
 - Connect with community partners
 - Integrate lessons learned/ changes from Thrive expansion
 - Integrate impacts from CESSA rollout

Performance Measures



Metric	Who Reports	Goal
# and % of total calls where law enforcement were present with alternative team	Thrive, E.C.H.O.	Understand why calls still require police, fire, or EMS support after clearance for solo alternative response.
# of calls appropriate for alternative team that were not responded to by alternative team	PD	Understand why eligible calls were not responded to by the alternative response team.
# repeated calls for same individual	E.C.H.O., PD, Fire, Thrive	Measure impact of alternative responses on high-need/ high volume cases. Understand the need/solution.
# of calls diverted to alternative responses, including walk-in and calls to VOP	PD, E.C.H.O., Thrive	Impact on workload of traditional first responders.

Performance Measures



Metric	Who Reports	Goal
Time on scene by call type	PD, Fire	Impact on workload of traditional first responders. Opportunities to transition call types from co-response to alternative response.
# calls resulting in referrals to resources by resource type	Thrive, E.C.H.O.	Understanding and mapping service needs and system gaps.
# calls where mental health is referenced	E.C.H.O., PD, Thrive	Tracking the diversion call types to Thrive for mental health co-response.
Response time until arrive on scene vs engagement	Thrive, E.C.H.O., PD	Efficiency to reduce police enforcement and clear for safety.

Performance Measures



Metric	Who Reports	Goal
# and % of dispatched calls that result in no alternative response engagement	Thrive, E.C.H.O., PD	Assess call types/traits that should not transition to alternative response or co-response.
# calls by call origin (e.g. self dispatch, 911, 988, etc.)	Thrive, E.C.H.O.	Understanding access points and community use patterns.
Time spent on scene by call type	Thrive, E.C.H.O.	Duration of time alternative responders remain on scene across encounters
# and % of dispatch requests received during designated core operating hours vs off-hours	Thrive, E.C.H.O.	Monitor the distribution of dispatch requests during core and off-hours to ensure staffing levels align with community demand.

Next Steps



- Review by Finance Committee and identification of funding sources
- WestCom alternative dispatch discussions
- Continued ECHO expansion conversations/ research
- Education campaign development



Thank You!

