TNT Working Group: Alternate Response Community Consult

1/17/2024

1/30/2024

Agenda [90 min]

1. **Introductions, updates, and expectations** [15 min]

2. **Presentations** [40 min]
   1. Jessica Gimeno, Access Living Mental Health Policy Analyst
   2. Lee Ann Reinert and Dr. Lorrie Jones, IDHS
   3. Tiffany Patton, Sr. Director of Crisis Services, CDPH; Gabby Mitchell, Clinician

3. **Discussion**: What does success look like for 911-dispatched, city-run alternate response? [25 min]

4. **Report Out** [10 min]

Intros, Updates & Expectations

Introductions [in the chat]

- Name

- Pronouns

- Organizational or Departmental Affiliation

- Favorite winter drink

Please add your organization/departmental affiliation to your Zoom name so we can sort you into breakout rooms and make sure we are mixing folks up

Guiding Principles for our Meetings

- Intent vs. Impact

- It's okay to disagree; differences make us stronger

- Step Up, Step Back

- Be Present

- Never Say Never

- Honor confidentiality: what's said here stays here; what's learned here leaves here

- Always feel free to ask questions

- Anything you'd add/change for our group?

Goals for this meeting

- Build group knowledge of the alternate response landscape: state regulation and resources currently being deployed

- Detailed discussion of the role of 911-dispatched alternate response, keeping landscape learnings in mind

Scope

The Treatment Not Trauma working group recommends the City of Chicago build out **permanent alternate response services** to meet behavioral health needs. The care provided should be **trauma informed, holistic, and rooted in the needs and experiences of its users, their families, and communities**. This report provides both a vision for **city-wide alternate response** as well as **detailed recommendations** for how the City can move towards this goal over **the next 3 years**. *[metrics for success will be added in 2024]*

Role of the AR Subgroup

Develop a suggested framework and roadmap for the City to expand non-police response for behavioral and mental health crises

What does it mean to talk about Alternate Response?

- **Parameters set by the Mayor and City Council**
  - Focused on response for behavioral and mental health crises
  - Does not center police
  - Building towards city-wide service

- **Parameters set by Steering, informed by subgroup members & community consults**
  - Focus on building a plan for the next 3 years with an eye towards long term vision
  - Trauma informed, holistic, rooted in the experiences of its users, their families, and communities

- **Parameters set by existing infrastructure**
  - Current positions are a crisis clinician and an EMT, both housed at CDPH

Presentations

Presentations

- CESSA History & Background: Jessica Gimeno, Mental Health Policy Analyst, Access Living

- Current State Regulation: Illinois Department of Human Services

- Alternate and Co-Response History: Tiffany Patton, Sr. Crisis Director, Chicago Department of Public Health; CARE Crisis Clinicians

Crisis Assistance Response and Engagement (CARE)

Tiffany Patton-Burnside, LCSW

Senior Director of Crisis Services

Chicago Department of Public Health

PROGRAM PARTNERS

▪ CARE is a partnership between multiple city/state agencies, overseen by the Mayor's Office. Each agency has its own internal organizational structure and policies.

Agency	Key CARE Roles & Responsibilities
Mayor's Office	Program oversight, strategy development, and communications
Office of Emergency Management and Communications (OEMC)	Dispatch 911 calls to CARE teams, develop call scripts and protocols related to call-taking and dispatch, work with CDPH clinicians in the 911 call center
Chicago Fire Department (CFD)	Staff Community Paramedics on MDR, AR, and Opioid Response teams, work with AIS on vehicle maintenance, manage data integrity and compliance
Region 11 EMS	Provide medical oversight to CFD Paramedics and OEMC Medical Dispatchers, support protocol development and training, conduct data quality assurance and improvement
Chicago Police Department (CPD)	Staff CIT Officers on MDR teams, manage telecommunications and PDTs, conduct personal safety training and support
Chicago	Staff Mental Health Clinicians on MDR and AR

CARE Program Timeline

September 2021: Launched first 2 multidisciplinary response teams on **North and South Sides**

June 2022: Launched 1st alternate response team on **Southwest Side**

January 2023: Launched Opioid Response Team on **West Side**

March 2023: expansion of eligible call types, age range, and launch of 4th response team in **the Loop**

Summer 2023: Launch 2 more teams in **Far North and Far South (Postponed)**

Fall 2023: CDPH announced to create health worker positions and CFD/CPD roll off program slated for 2024

Late 2023: Pilot Sobering Center and Stabilization Housing as alternate destinations

Winter 2023/24: TnT working group formed to inform ordinance

CARE Team Operating Locations

Current CARE Districts ●

Opioid Response Team ●

2023 Expansion Districts ●
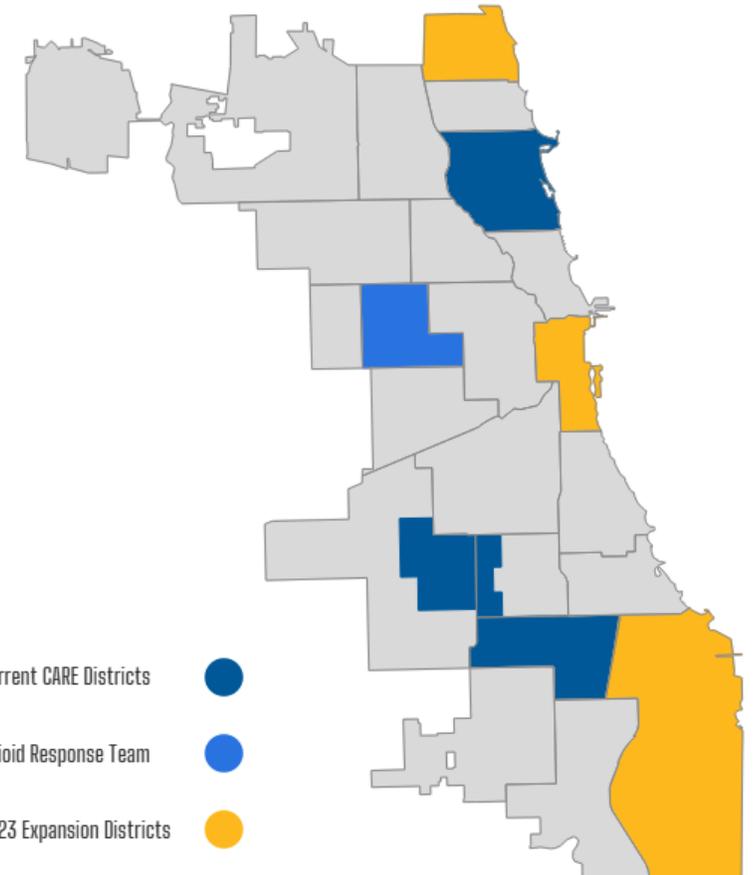
CARE Program: What to Expect

CARE Teams respond to a range of calls as the only unit or together with police. Sometimes, police may arrive first and then call the CARE Team for assistance.

When they arrive on scene, the CARE Team can:
- De-escalate the person in crisis and conduct a brief psychosocial and needs assessment
- Transport a person to the hospital (non-emergently), crisis stabilization center, shelter, clinic, or other location
- Make referrals to treatment, help navigate housing or shelter needs, and support around socioeconomic needs (employment, food access, etc.)
- Work with family, friends, or staff on scene to provide information and resources on supporting people in crisis
- Follow up at 1, 7, and 30 days after the initial encounter with the individual
- Provide basic clothing, hygiene items, food gift cards, bus passes, and harm reduction supplies

Discussion

Jamboard

JAMBOARD

Report Out

- **Share 1-2 top lines from your group's discussion**
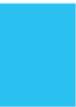
Feedback: What do YOU need to contribute to this group and ensure we are a success?

- What was helpful in this meeting?

- What could have been improved about this meeting?

- What resources, tools, or adjustments would help you fully participate?