Health & Human Relations

RESOLUTION

WHEREAS, Chicago is facing a mental health crisis that has only intensified since the start of the COVID-19 pandemic, with many residents lacking access to mental health services following years of divestment in our mental health infrastructure and a reduction in the number of City-run mental health clinics from 19 to only 5; and

WHEREAS, It is estimated that over 20% of police calls for services nationwide involve a mental health or substance use crisis, and, for many police departments, requests for services involving a health or substance use crisis are growing; and

WHEREAS, In 2019, Chicago Police Department (CPD) officers responded to more than 40,000 calls with a mental health component; and

WHEREAS, Officers report that these encounters can be problematic because people with mental health conditions may not respond well to traditional police tactics, creating frustration among officers who feel like they are required to respond to situations that the mental health system should handle, including repeated calls for non-crime-related services for individuals who need treatment, taking officers off their beats and away from fulfilling CPD's core mission of protecting the lives, property, and rights of all people, maintaining order, and enforcing the law impartially; and

WHEREAS, CPD's responses to mental health crises have even proven fatal in some instances, including the Quintonio LeGrier case, and legal settlements for police misconduct in these and other cases now exceed $100,000,000 annually; and

WHEREAS, Effective models of alternative responses to mental health crises, neighbor disputes, and other incidents have proven successful; and

WHEREAS, In early 2021, Austin, Texas, changed its 911 protocol so that operators ask, "Are you calling for police, fire, EMS, or mental health services?", and, if the caller requests mental health services, the call is transferred directly to a clinician—as a result of this change, Austin transferred almost 4,500 calls to clinicians, 3,600 of which didn't require any police response; and

WHEREAS, The Director of Austin Police Department's Emergency Communications Division, Lieutenant Ken Murphy, predicted that this protocol will divert about 10% of 911 calls to clinicians, avoiding needless police encounters, providing better-targeted services, and saving taxpayers as much as $9 million each year; and

WHEREAS, the Crisis Assistance Helping Out On the Streets (CAHOOTS) program in Eugene and Springfield, Oregon dispatches mobile mental health crisis intervention teams consisting of a medic and a crisis worker trained in trauma-informed care and de-escalation to provide services such as crisis counseling, suicide prevention/intervention, conflict resolution, substance abuse, housing crises, non-emergency medical care, and transportation in the Eugene-Springfield metropolitan area; and

WHEREAS, CAHOOTS responds to approximately 20% of all calls for service to the Eugene and Springfield Police Departments, and only 1% of calls directed to the CAHOOTS program required additional support from police; and

WHEREAS, The Eugene Police Department estimates that CAHOOTS saves the department $8.5 million on average annually—nearly 12% of their $68 million budget; and

WHEREAS, The STAR program in Denver, which began as a pilot program before quickly being expanded city-wide, responded to 48% of welfare check, trespassing, and unwanted persons

calls flagged by dispatchers, and in the first six months, none of these responses led to police involvement; and

WHEREAS, According to a 2022 study by researchers at Stanford University, STAR reduced low-level crimes (like trespassing and public disorder offenses) by 34%, preventing almost 1,400 criminal offenses; and

WHEREAS, Denver's adoption of a civilian responder model did not result in an increase in serious crime, demonstrating that a more tailored response to mental and behavioral health crises can yield substantial individual and population-level safety benefits; and

WHEREAS, The Stanford University study also found that "the direct costs of having police as the first responders to individuals in mental health and substance abuse crises are over four times as large as those associated with [the STAR] model"—not including additional savings gained from reduced healthcare utilization associated with diverting individuals from costly emergency room visits and hospitalizations; and

WHEREAS, Civilian responder programs have also been adopted or proposed in other cities, including Austin, Denver, San Diego, San Francisco, Oakland, Albuquerque, and New York; and

WHEREAS, Chicago's Crisis Assistance Response and Engagement (CARE) Pilot Program launched its first mental health crisis response teams in September 2021 and has responded to 986 calls for service without use of force or arrest. The CARE program seeks to ensure that 911 calls with a mental health component are responded to by teams that include behavioral health professionals with resources to address unmet health and social needs; and

WHEREAS, There are currently three types of CARE teams in the field: multidisciplinary response teams, composed of a Chicago Fire Department (CFD) paramedic, Chicago Department of Public Health (CDPH) mental health professional, and CPD Crisis Intervention Team (CIT) officer; alternate response teams composed of a CFD paramedic and CDPH mental health professional; and an opioid response team focusing on opioid overdose and substance-related calls, composed of a CFD paramedic and a peer recovery specialist; and

WHEREAS, CARE Teams are now providing services in police districts covering Auburn Gresham, Chatham, Chicago Lawn, East Garfield Park, Gage Park, Humboldt Park, Lakeview, Loop, Near South, North Center, Uptown, West Elsdon, West Englewood, West Garfield Park, and West Lawn; and

WHEREAS, In a city the size of Chicago, a civilian crisis response model can only meet the needs of our diverse communities if it is part of a robust mental health safety net system that delivers services to all residents regardless of health insurance status, immigration status, or ability to pay. This should include strengthening and expanding the existing network of CDPH mental health clinics while continuing to invest in the outpatient and crisis mental health nonprofit providers currently funded through the City. Together, these settings provided no-barrier mental health services in settings including clinics, shelters, and walk-in crisis centers, to over 73,000 residents in 2022; and

WHEREAS, Recognizing that crisis response works best when it is interwoven with sustained crisis prevention systems based on supportive interpersonal relationships with people living at high risk of behavioral and mental health crises, the Treatment Not Trauma (TNT) policy proposal will advance community mental health and shared safety by investing in a community care worker corps backed by City-run mental health centers, integrated with both mental health crisis call lines and non-police crisis response teams; and

WHEREAS, Designed around hiring both trained mental health workers to provide non-police crisis response and prevent crises by providing supportive everyday care to those who are at greatest

risk of mental health crises, police contact, violence, and hospitalization, the four key components of the TNT proposal are to: (1) reopen City-run mental health centers, including those that operate as 24-hour walk-in integrated service facilities; (2) hire necessary community care workers; (3) establish mobile crisis response and prevention dispatch infrastructure; and (4) provide sustained funding for TNT and integrate TNT into CDPH's broader community health initiatives; now, therefore,

BE IT RESOLVED, That we, the Mayor and the members of the City Council of the City of Chicago do hereby call upon the Committee on Health and Human Relations to hold a subject matter hearing to inform the City Council and City residents on various initiatives that the City could pursue and to discuss ways to expand access to mental health services across Chicago, including expanding City mental health centers, and expanding crisis response services.

Daniel La Spata	1st Ward	Derrick G. Curtis	18th Ward
Brian Hopkins	2nd Ward	Matthew J. O'Shea	19th Ward
Pat Dowell	3rd Ward	Jeanette B. Taylor	20th Ward
Lamont J. Robinson	4th Ward	Ronnie L. Mosley	21st Ward
Desmon C. Yancy	5th Ward	Michael D. Rodríguez	22nd Ward
William E. Hall	6th Ward	Silvana Tabares	23rd Ward
Gregory I. Mitchell	7th Ward	Monique L. Scott	24th Ward
Michelle A. Harris	8th Ward	Byron Sigcho-Lopez	25th Ward
Anthony A. Beale	9th Ward	Jessica L. Fuentes	26th Ward
Peter J. Chico	10th Ward	Walter Burnett, Jr.	27th Ward
Nicole T. Lee	11th Ward	Jason C. Ervin	28th Ward
Julia M. Ramirez	12th Ward	Christopher Taliaferro	29th Ward
Marty Quinn	13th Ward	Ruth Cruz	30th Ward
Jeylú B. Gutiérrez	14th Ward	Felix Cardona, Jr.	31st Ward
Raymond A. López	15th Ward	Scott E. Waguespack	32nd Ward
Stephanie D. Coleman	16th Ward	Rossana Rodríguez-Sánchez	33rd Ward
David Moore	17th Ward	William Conway	34th Ward