



# City of Chicago



Or2020-242

Office of the City Clerk

## Document Tracking Sheet

**Meeting Date:** 9/9/2020

**Sponsor(s):** Rodriguez Sanchez (33)  
La Spata (1)  
Taylor (20)  
Sigcho-Lopez (25)  
Ramirez-Rosa (35)  
Vasquez, Jr. (40)  
Martin (47)  
Hadden (49)

**Type:** Order

**Title:** Call for development of Chicago Crisis Response and Care System within Chicago Department of Public Health to be included in 2021 budget proposal

**Committee(s) Assignment:** Committee on Health and Human Relations

Meeting Date: September 9, 2020

**ORDER**

WHEREAS, the City of Chicago appropriated \$1.78 billion for the Chicago Police Department (CPD) in FY2020. CPD has the second highest per capita spending among all large police departments throughout the country at \$660 per year, an amount that has nearly tripled since 1964. The City of Philadelphia is a distant third at \$488 per capita; and

WHEREAS, CPD overtime spending has skyrocketed over the past 10 years, from \$42.2 million in 2011 to \$139.5 in 2019. Overtime spending in 2020 is on-track to exceed that 2019 figure substantially; and

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

WHEREAS, Chicago is facing a mental health crisis that has only intensified during the COVID-19 pandemic, with many residents lacking access to mental health services following years of divestment in Chicago's mental health infrastructure, and with a shrinking in the number of city-run mental health clinics, which would be an especially valuable resource to residents today, from 19 to only 5 today; and

WHEREAS, effective models of alternative responses to mental health crises, neighbor disputes, and other incidents have been developed and implemented through a joint partnership between the cities of Eugene and Springfield, Oregon. Crisis Assistance Helping Out On the Streets (CAHOOTS) is a 31 year-old program that provides 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. CAHOOTS is run by the White Bird Clinic, and each CAHOOTS team consists of a medic and a crisis worker trained in trauma-informed care and de-escalation; and

WHEREAS, CAHOOTS responds to approximately 20% of all calls for service to the Eugene and Springfield Police Departments, and the Eugene Police Department estimates that CAHOOTS saves the department \$8.5 million on average annually--nearly 12% of their \$68 million budget. Notably, only 1% of calls directed to the CAHOOTS program required additional support from police; and

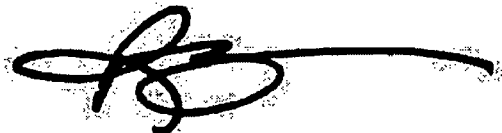
WHEREAS, CAHOOTS-style programs are being planned in cities including Denver, Colorado; San Francisco, California; Oakland, California; and Albuquerque, New Mexico; and

WHEREAS, in a city the size of Chicago, such a model can only meet the needs of our diverse communities if it is part of the public mental health system, and strengthens and expands the existing network of CDPH mental health clinics; now, therefore,

BE IT ORDERED by the City Council of the City of Chicago:

1. That the Commissioner of the Chicago Department of Public Health (CDPH), the Chicago Budget Director, and the Commissioner of the Office of Emergency Management and Communications, and in consultation with the City Council of Chicago and its Health and Human Relations Committee, shall work together to develop a plan to include a publicly funded and operated, Chicago Crisis Response and Care System within the CDPH to establish 24-hour crisis response teams throughout Chicago dispatched from a network of public community mental health centers, to be included in the 2021 City of Chicago budget proposal. The Chicago Crisis Response and Care System proposal shall include the following elements:
  - a. The network of public mental health centers will expand to include enough facilities to serve the full City of Chicago.
  - b. Public mental health centers shall include community and consumer oversight through the establishment of a community advisory council at each center.
  - c. Crisis Coverage shall operate 24 hours per day with at least two vehicles constituting a Crisis Response Unit (CRU) in circulation for each center at all times.
  - d. Each Crisis vehicle shall have two staff, a Clinical Social Worker and an Emergency Medical Technician or Registered Nurse.
  - e. Clinical Social Workers providing Crisis Coverage shall also have time in their weekly schedules for the performance of other duties including follow-up case management, public engagement, special projects with community members, professional development, and providing preventative educational services.
  - f. Each of the public centers shall be staffed by additional Clinical Social Workers, Case Managers and Restorative Justice practitioners to provide a continuum of care appropriate to the range of needs expected in the community.
  - g. Calls to dispatch a crisis team shall be directed by the Office of Emergency Management and Communications (OEMC) through a new city line (i.e., 211) and through qualifying calls made to either 311 or 911.
  - h. OEMC and CDPH shall seek technical assistance from White Bird Clinic for the development and implementation of the service.
  - i. Include multiple scenarios, timelines, and associated costs for scaling up the model over time.
  - j. Timeline scenarios must include an implementation start-date before the end of 2021; and

2. That funding for this Chicago Crisis Response and Care System and the connected clinics will be appropriated from the CPD, including its Overtime budget line, and said funds will be re-allocated to the CDPH.
3. That the Health and Human Relations committee hold a hearing to take place no later than October 30, 2020 in order to allow for public testimony to inform the planning process for the Chicago Crisis Response and Care System.



Alderman 33rd Ward

The following legislation is being introduced by Rossana Rodriguez-Sanchez, co-sponsored by

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Daniel LaSpata

Alderman Ward 1

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Alderman Ward 2

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Alderman Ward 3

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Committee on Health and Human Relations

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Alderman Ward 15

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Alderman Ward 16

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Alderman Ward 17

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Alderman Ward 18

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Alderman Ward 19

Jeannette Taylor

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Alderman Ward 20

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Alderman Ward 21

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Alderman Ward 22

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Alderman Ward 23

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Alderman Ward 24

Byron Sigcho Lopez

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Alderman Ward 25

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Alderman Ward 26

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Alderman Ward 32

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Alderman Ward 33

Rossana Rodrigez Sanchez

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Alderman Ward 34

Carlos Ramirez-Rosa

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Alderman Ward 35

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Alderman Ward 36

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Alderman Ward 37

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Alderman Ward 38

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Alderman Ward 39

Andre Vazquez

Alderman Ward 40

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Alderman Ward 41

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Alderman Ward 42

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Mayor Lightfoot

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Alderman Ward 43

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Alderman Ward 44

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Clerk Valencia

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Alderman Ward 45

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Alderman Ward 46

Matthew Martin

Alderman Ward 47

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Alderman Ward 48

Maria Hadden

Alderman Ward 49

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Alderman Ward 50