JB Pritzker, *Governor*

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

Grace B. Hou, *Secretary*

DATE: September 29, 2023

MEMORANDUM

TO: The Honorable John F. Curran, Senate Minority Leader
The Honorable Don Harmon, Senate President
The Honorable Tony McCombie, House Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Grace B. Hou
Secretary
Illinois Department of Human Services

SUBJECT: **Community Emergency Services and Support Act (CESSA) Quarterly Status Report**

The Illinois Department of Human Services respectfully submits the Community Emergency Services and Support Act (CESSA) Quarterly Status Report on behalf of the Division of Mental Health in order to fulfill the requirements set forth in P.A. 103-105 (50 ILCS 754/70).

If you have any questions or comments, please contact Lee Ann Reinert, Deputy Director of Policy, Planning, and Innovation, at Lee.Reinert@illinois.gov or 217-299-3079.

cc: The Honorable JB Pritzker, Governor
John W. Hollman, Clerk of the House
Tim Anderson, Secretary of the Illinois Senate
Legislative Research Unit
State Government Report Center

Community Emergency Services and Support Act (CESSA) 50 ILCS 754

Quarterly Status Report

October 1, 2023

Prepared by:
Illinois Department of Human Services
Division of Mental Health
in consultation with
University of Illinois Chicago
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EXECUTIVE SUMMARY

The first quarter of the Fiscal Year 2024 brought a deepening understanding of the opportunities and complexities of implementing CESSA. The Department of Human Services is pleased to submit this report on the progress to date.

The CESSA technical subcommittees on Protocols and Standards, Training, and Technology each continued to meet, focused on the remaining elements of the original workplan. Most notably, the work of the Protocols & Standards Subcommittee revealed the considerable technical system diversity that drives the overall complexity of this work. For the three Subcommittees, the extension of the CESSA deadline to July 1, 2024, provided additional opportunities for the Subcommittee leaders and members to consider the planning activities in a more comprehensive manner. The expanded timeline is available in Appendix A.

While the Statewide Advisory Committee (SAC) members were productively occupied with their work on the SAC and Technical Subcommittees over this quarter, the Regional Advisory Committees (RAC) were grappling with the increasingly evident complexities of developing local, relevant, and appropriate alternatives to traditional first responders. Much of their work in this quarter focused on completion of the landscape analyses to document the availability and capacity of various community based behavioral health crisis response, co-response, and alternative response models in their communities, and preparing for them to respond to the SAC-approved Interim Level Response Matrix. Some RAC leaders and members reported degrees of fatigue and frustration with the lack of alternative resources in their communities and with the necessary but complicated nature of the discovery and design process.

Members of the SAC were introduced to existing models from two state site visits (detailed in the report), each of which suggested that five years is likely an insufficient amount of time to develop the protocols, procedures, and technical infrastructure to provide a robust, compassionate, and effective community response to crisis. In Illinois' second year, this work is well-begun, though embryonic. A consultant hired for visioning work that will be further described in this report has noted that the CESSA legislation is a powerful driver of systematic change. Illinois has developed a functioning state and regional convening structure, as well as agreement across the different constituents that there are conditions when a non-police response is the best response to crisis. At the beginning of the second year of CESSA implementation, DMH and its partners have learned enough to understand both the barriers and the opportunities.

At the statewide level, the extension of the deadline created space and opportunity to fulfill the complex mandate of the legislation. In this quarter, DMH and its academic partner -- the UIC Behavioral Health Crisis Hub -- engaged outside support (the consultant referenced above) to design and plan a much-needed "visioning" exercise, to be held early in the next quarter (October 16-17). That process will focus on components and steps necessary to align the plans for CESSA implementation with the larger behavioral health crisis system transformation and the future that follows.

Systems transformation as described in the CESSA legislation will require trusted relationships across all segments of the community crisis response continuum, from law enforcement and EMS to crisis lines and community mental health response teams, as well as members of the public who may need to access the system. SAC meetings this quarter focused on preparation for this visioning work, grappling with the emerging complexities of CESSA implementation, and receiving updates from the 11 Regional Advisory Committees and three technical subcommittees.

LANDSCAPE UPDATES

Updates On Key Activities in the Behavioral Health Crisis Response System

In the first quarter of FY 24, activities related to the Illinois Behavioral Health (BH) crisis continuum that have a direct impact on CESSA implementation included:

- Planning and preparation for the CESSA "visioning" process
- Continued evolution of the Division of Mental Health (DMH) funded Mobile Crisis Response Teams (MCRT)
- The formation and initiation of the 988 Workgroup
- Continuation of the work of the Interagency planning efforts on the Behavior Health crisis care system

Planning for CESSA "Visioning"

As the work of CESSA implementation has evolved over the past year, it has become clear that to meet the purposes of CESSA, members of the Statewide Advisory Committee (SAC) as well as the Regional Advisory Committees (RAC) must develop a common vision for the BH crisis care system for Illinois. While the truncated timelines associated with the CESSA statute required the focus of the work to be more tactical in nature, creating a shared vision for the system to guide the work of CESSA implementation now and for years to come had not been addressed. Given the extension of the CESSA legislative mandate to July 1, 2024, DMH and Crisis Hub leadership created the time and space for this "visioning" exercise as soon as possible in FY2024.

Mike Thompson of Mike Thompson Consulting, LLC was retained by the UIC Crisis Hub to lead this effort. Mr. Thompson is a highly accomplished national expert in the intersection between behavioral health and criminal justice. Mike has recently been working with state governments and philanthropy on enhancing BH crisis care systems that include working with non-traditional partners of law enforcement and emergency medical systems. During the first quarter, planning for and facilitating the development of this shared vision was a significant focus of the work, and included the engagement of a national expert who has spent many hours in individual interviews with stakeholders and consultation with DMH and Crisis Hub leadership.

Initial consultation with DMH and Crisis Hub leaders, individual interviews of each SAC appointee and members of the Expert Consultant Group, and focus groups with RAC leaders informed a plan to design and convene two all day meetings – one focused on the Statewide Advisory Committee members and one for the RAC leaders. These meetings will occur on October 16 and 17, 2023, with the following goals:

- Strengthen the working relationships between members of the SAC to allow for a clear understanding of the different perspectives and concerns of each of the constituency groups participating in the process
- Create a shared vision for the BH crisis continuum that can guide the work of CESSA implementation for the remainder of this fiscal year and beyond

- Acknowledge areas where important progress has been made in the implementation of CESSA, with understanding that a number of key tasks remain between now and 7/1/24
- Reinforce, at a high level, the set of activities necessary to realize the goals of CESSA, and identify the enablers of and barriers to completion by deadline
- Identify the supports and resources necessary to translate statewide decisions and expectations for regional implementation of CESSA by RAC leaders and members
- Outline the mechanisms necessary to enable RAC leaders to execute CESSA – related programming to meet regional CESSA implementation expectations

Day 1 of the two day in-person meeting will be dedicated to the members of the SAC and Day 2 will be dedicated to members of the RAC. The outcomes of these meetings will be reported in the next quarterly report.

Activities to Prepare the DMH Funded Mobile Crisis Response Teams (MCRT) for Implementation of CESSA

As MCRT providers are expected to play a major role in providing alternative response to 911 contacts identified as behavioral health crisis, the program management work of DMH is being closely aligned with and informed by the progress of the SAC and RAC. Particularly relevant to CESSA are the following activities:

- Monthly Learning Collaborative meetings with MCRT Project Directors (and other key agency staff) provide an opportunity to share and obtain information on operational processes, state policies, guidance and protocols, and national best practices to develop high-quality mobile crisis response.
- Monthly Cluster Meetings have been developed in alignment with the 11 CESSA EMS Regions which allow MCRT Project Directors in the same CESSA regional service area with a forum to have frank conversations about implementation challenges, service overlap, how to approach resource availability and/or need, and share strategies. The following developments have occurred through these meetings, which will further support CESSA implementation:
    - A template and process for establishing Memoranda of Understanding to coordinate MCRT in areas where multiple providers operate.
    - A guidance document for MCRT agencies located in the city of Chicago with service area designations delineated by postal zip codes - to ensure that all zip codes are covered with crisis services at all times.

988 Workgroup

Consistent with the Illinois 988 Suicide and Crisis Lifeline Workgroup Act (P.A. 103-0105) enacted in June 2023, IDHS/DMH convened the workgroup, with the initial meeting on 7/31/23. While this is a separate mandate from CESSA, the successful implementation and support of the 988 Suicide and Crisis Lifeline will have significant impact on the ability of the state to achieve the goals of CESSA, and a summary of this activity is being included here for that context. The Workgroup is to consider input from call center personnel, providers, and advocates about strengths, weaknesses, and service gaps in Illinois. The Workgroup is time-limited with its work to be completed over

a six-month period (July through December) culminating in the development and the Workgroup's approval of an action plan that will be presented to the Illinois General Assembly.

Interagency Planning for the Behavioral Health Crisis Care Continuum

Under the leadership of the Chief Behavioral Health Officer, Illinois state agencies applied for and were accepted into a Learning Collaborative Opportunity led by the National Academy of State Health Policy (NASHP) and have embarked on a 12-month endeavor to develop a strategic plan to modernize behavioral healthcare in the state. This collaboration has brought together the various behavioral health leaders within state government for a focused discussion on shared responsibility for the state's crisis system, which is vital to achieving the intended outcomes of CESSA through a coordinated crisis response system that can be accessed by anyone in the state, at any time, in any location.

Updates on Program Operations

There have been several changes in the operations at the State and in UIC Crisis Hub that directly affect CESSA implementation. In addition, there were key activities in support of the operations of the implementation work that were undertaken this quarter. These include staffing changes at DMH and at the UIC Crisis Hub, and a site visit to the state of Virginia to inform the work of CESSA implementation.

Staffing Changes

The Division of Mental Health is hiring a total of seven staff to extend DMH's capacity to lead and guide crisis continuum work:

- Three Program Managers to be hired: one each in Cook County (9/1), Sangamon County and Madison County to have oversight over the various crisis continuum programs.
- Three Fiscal Analysts to be hired: one in Cook County (9/18), Sangamon (6/1) and Madison County (6/15) that will be assigned to all Crisis Programs to assist with fiscal responsibilities related to all Crisis Grants.
- One Administrative Assistant (6/1) to provide support in all crisis programs, assist in connecting with providers, and manage records.

The Behavioral Health Crisis Hub at UIC is staffed to support a set of dynamic projects and initiatives at DMH, of which CESSA implementation is primary. The Hub is currently hiring for administrative support and planning to bring on additional staff with technical experience in the crisis response system. In the meantime, the Hub has engaged key consultants to address short-term needs. In addition to engaging an outgoing RAC Co-Chair to bridge the transition to a new leader, the Hub identified and hired national crisis response system leader Mike Thompson to lead the visioning necessary to unify and clarify the work of the CESSA Statewide Advisory Committee and Regional Advisory Committees.

Site Visit to Virginia

A delegation comprised of members of the IDHS Division of Mental Health, the UIC Crisis Hub and the State Police 911 Administrator's Office made a site visit to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in late July. The purpose of the visit was to meet with a range of Virginia administrators who are responsible for developing and expanding the state's behavioral health crisis continuum that has an overarching goal of ensuring that there are alternatives to law enforcement only-responses to individuals experiencing behavioral health emergencies. Virginia is the only jurisdiction beside Illinois with a mandate for statewide implementation of the crisis care continuum to address this goal. The ability to engage with Virginia is particularly relevant in terms of learning from their successes and challenges, each of which can inform the important work being undertaken in Illinois. Virginia has established "Virginia Crisis Connect," which is a system to track and monitor MCRT providers. Their system also supports the work of the 988 call centers, integrating a dispatch capacity for mobile crisis response to assure that individuals experiencing behavioral health crises are met "where they are" and a range of crisis response alternatives is available to meet the specific needs of the individual.

IMPLEMENTATION UPDATES

Subcommittee Updates

Over the past quarter, the three Technical Subcommittees and members of the CESSA expert consulting group have continued to focus on specific technical elements of the implementation. The Technical Subcommittees comprised of Statewide Committee members and supported by members of the expert consulting group include:

- Technical Subcommittee on Protocols and Standards (PSTSC)
- Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM)
- Technical Subcommittee on Training and Education (TETSC)

Subcommittee on Protocols and Standards

The Technical Subcommittee on Protocols and Standards (PSTSC) has continued to focus on the task of meeting CESSA goals of developing and implementing "… guidelines for all dispatch protocols statewide to include any best practices on risk stratification methodologies and matrices that guide decisions about entities dispatched given specific types of call incidents." The activities of the PSTSC are summarized below:

Landscape Surveys and Analysis

The PSTSC has continued to monitor and support completion of the landscape surveys being conducted by the CESSA Regional Advisory Committees (RACs). At this point, more than 85% of the surveys have been completed. However, some RACs are still working on the task of analyzing and summarizing the data collected through the surveys.

Customization of the Interim Risk Level Matrix

The committee has continued to monitor the status of the customization of moderate (level 2) and urgent (level 3) levels of acuity of the Interim Risk Level Matrix by RACs working in concert with PSAPs using the landscape analysis as a basis for customization. Nearly half of the RACs have completed their customization process and have submitted their recommendations to the UIC Crisis Hub for review by the PSTSC and Crisis Hub staff.

Modification of PSAP Protocols, Emergency Medical Dispatch and Computer Aided Dispatch Systems

The update of PSAP protocols based on risk level matrix customization for each PSAP is a complex process for the following reasons: Differences in currently available crisis services in PSAP coverage areas resulting in different dispatch dispositions which requires local customization of EMD and CAD systems, multiple EMD vendors with whom the PSAPs contract, multiple CAD vendors with whom PSAPs contract, the extent to which EMDs and CAD systems are integrated, and available resources to support necessary modifications of EMD and CAD systems.

Modification of Emergency Medical Dispatch (EMD) and Computer Aided Dispatch (CAD) Systems

EMD vendors - The majority of PSAPs contract with one of three EMD vendors to provide and update the protocols that they use as a basis for dispatch dispositions. These vendors' systems are proprietary, implemented inconsistently, and require changes to training and maintenance. A variety of EMD and CAD vendors operate in every region of the state. To add further complexity, there is no one to one relationship between the EMD vendor systems and CAD vendors systems, meaning for example that PSAPs contracting with one EMD use CAD vendors.

A small group consisting of PSTSC members has been convened to work with EMD and CAD Vendors around modifying software to incorporate the customized interim risk level matrix, with this work continuing into the next quarter.

PSAP Readiness to Move Forward

There is variation among PSAPs with some ready to address these issues now, while others need more time to prepare based on factors described previously. A checklist to determine the readiness of PSAPs has been developed and will be used to identify a subset of PSAPs that are ready to engage in this important work. This will include estimating the costs associated with this process.

Subcommittee on Technology, Systems Integration and Data Management

The Technical Subcommittee on Technology, Systems Integration and Data Management (TSIDM) has continued its work on providing guidance and recommendations to the CESSA SAC in the areas of data collection, system performance monitoring, and investigation into call transfer methodology and technology between emergency response operators. Accomplishments of the subcommittee this quarter include approving the measures and performance indicators that were proposed to monitor and evaluate the implementation and extent to which the goals of CESSA legislation are attained. The TSIDM is currently in the process of specifying data collection requirements for the approved performance indicators, developing operational definitions for the data elements required for reporting by each of Illinois crisis continuum service providers (911 PSAPs, 988 lifeline call centers, and mobile crisis response teams), and developing sample reports. A joint meeting has also held with the CESSA Protocols and Standards Subcommittee (PSTSC) to ensure that the two subcommittees are in-sync with regard to data needs, particularly since the protocols that are implemented by PSTSC provide the basis for some of the critical data elements that will be incorporated into the indicators that are used to monitor CESSA implementation and outcomes.

Subcommittee on Training and Education

The duties of the Technical Subcommittee on Training and Education (TETSC) focus on recommendations on training/education plan for behavioral health crisis responder staff inclusive of training cadence, modality, and potential training resources. Subcommittee input resulted in the following:

Trainings

From July - August 2023, three training courses occurred for behavioral health crisis responder staff: Serving the Deaf, Hard of Hearing, DeafBlind, and Late Deafened Populations; Implicit Bias: Ethical Barriers to Suicide Prevention; and Safety in the Field. Sixty-three (63) individuals attended the first two sessions, with twelve individuals receiving continuing education units.

Credentials for Staff Serving as Crisis Responders

Consistent with the statute, a review of applicable laws and regulations regarding certification and licensing has been completed by the subcommittee and recommendations drafted consistent with these for presentation to the SAC.

Training Plan

Due to the technical nature of 911 telecommunicators and the need to incorporate mental health and suicide crisis subject matter, the committee will consider content suggestions from the Statewide 911 Administrator and the UIC Crisis Hub training team.

Regional Advisory Committees

The Regional Advisory Committees held six meetings during this quarter. During this period, a significant amount of effort has been spent on supporting the 911 Public Safety Answering Points (PSAPs) to complete the Landscape Surveys that document existing crisis response models operating within their local jurisdictions. Documenting the resources that currently exist for a non-law enforcement only response across the state and what role they currently play in the response continuum is essential to implement CESSA. Some regions have co-responder models in play, and at least one jurisdiction, the city of Chicago, is piloting several forms of alternative response models. To date, there has been an 85% response rate to this survey request. The 911 Administrator, in collaboration with the UIC Crisis Hub, is continuing to work to get a 100% response rate from the PSAPs.

The second assignment was to have the regional constituent leaders work directly with the RAC co-chairs to recommend new dispatch decisions that reflect the resources currently available within the jurisdiction using the Illinois Interim Risk Level Matrix (IRLM) as the guide. It is important to note that the IRLM and the new dispatch decisions to be made pursuant to the matrix are a starting point for the systems change and not a final set of immutable decisions. As communities expand mobile crisis response capacity AND develop new alternative response models, it is believed that continued reliance on police-only intervention in response to these crises will decline significantly.

The concentrated focus on accomplishing these important fundamental steps in the change process, the delays in getting data from the PSAPs and absences in members at planned meetings over the summer has left some RAC leaders frustrated with the lack of member engagement and attendance. Many meetings had to be cancelled due to failure to achieve a quorum of members necessary to conduct the business of the public body. After multiple discussions, the following steps have or will be taken to reset the committees and hopefully re-engage members.

- RAC membership participation has been reviewed and members who have not attended regularly were contacted to reassess their interest in serving this role.
- Meeting agendas identifying specific topics to be covered will be posted for several months in advance to allow members to make adjustments in their calendars to attend meetings of particular interest to them and to know when votes will occur.
- At the request of several RAC co-chairs, the RAC meetings for September through mid-October were paused until the in-person visioning retreats are completed on October 17. It is assumed that this will allow for greater clarity in mission and approach for the remaining RAC meetings this fiscal year, and result in more reliable participation.

Challenges and Opportunities

The initial report to the ILGA identified a list of challenges noted in the first year of implementation. Progress has been made in addressing challenges noted in the report covering the previous quarter and are noted below. As the work of the CESSA SAC, RACs and technical subcommittees has continued, additional challenges have been identified and are described below. Several of these issues are critical in nature and have serious implications for the current implementation timeline.

Status on Challenges documented in the previous Quarterly Report (July 2023)

Issue	Strategy and Status
Ongoing opportunities for building relationships and trust between system collaborators	Creation of more opportunities for SAC and RAC members to share their thoughts, concerns, and unique perspectives about the BH crisis care system: this intentional strategy is replacing the more didactic approach used in the past to educate and impart information. In addition, an in-person 'visioning retreat' is planned for October for both SAC and RAC members to continue to work on active listening with one another, relationship building and creating a shared vision for change.
Challenging all parties to consider new possibilities and new operational approaches	A continuous objective in all SACs and RACs is to routinely expose members to national pilots and models: members will also be challenged to consider new possibilities in the "visioning retreat," facilitated by Mike Thompson, national expert consultant.
Diversity in geography and resources across the state complicates access to MCR team coverage	Rural regions have become more vocal in sharing their assertion that a singular approach to planning systems change will not be effective in these communities. They have unique challenges that require special focus. Operational changes are underway as a part of CESSA implementation that will create more opportunities for rural communities to come together to share innovations and plans for their unique challenges.
Lack of interconnected technology solutions allowing for rapid routing of calls (911, 988, MCRT)	Exploration of innovations in other jurisdictions on technology driven central dispatch solutions for MCRT are occurring within IDHS/DMH's purview. Separately, the 988 Workgroup is also exploring technology solutions that will be shared with IDHS/DMH leadership as additional context for CESSA implementation.

Issue	Strategy and Status
Ongoing opportunity to educate the broader system about 988 and other elements of the crisis continuum including changes anticipated as a part of CESSA implementation	Expanded efforts to educate the communities across the state on 988 are being planned for execution in the next quarter.
Difficulties hiring staff, particularly persons with lived experience	This remains an issue and there are plans for CESSA regional implementation activities to leverage the BH workforce strategy underway at multiple divisions across IDHS and the state.
Coordinating the work of multiple pre-existing or new crisis care committees/boards	There are efforts to ensure that existing groups remain apprised of work going on in related committees and boards with plans for joint meetings in some circumstances, such as between CESSA leads and participants and the 988 Workgroup. Coordinating all efforts involving multiple agencies remains a challenge, is supported by legislation (Illinois Public Act 103-0337) and must be a priority.
Consensus building around a shared vision	It is believed that the visioning work to occur in October will build consensus, and agenda for subsequent meetings will be informed by this as well.

Emerging Challenges/Opportunities

This list of newly identified or acknowledged challenges may also represent opportunities to improve the current statutory language to address conceptual or operational challenges that may inhibit the state's ability to satisfy the requirements of CESSA. These issues were discussed in the September meeting of the SAC and themes representing feedback from that body are included in the reporting of the issue.

1. Medical Director Role

EMS Medical Directors are designated in the CESSA statute as Chairs of the Regional Advisory Committees and are responsible for implementing CESSA at the regional levels. While acknowledging the importance of this work, some medical directors have voiced concerns about the time commitment required to complete this work, stating that their competing demands in their hospital-based duties makes it difficult to fulfill this additional responsibility. The Illinois Department of Public Health (IDPH), which has statutory responsibility for the emergency medical system, has recently reported that there is currently one EMS region where RAC leadership is at risk due to the refusals by all eligible medical directors to agree to assume this leadership responsibility. Conversely, a few medical directors have demonstrated a serious commitment to the work and the process and have done outstanding jobs in providing leadership to their regions. This presents a challenge to the needs for each region to have an opportunity to advance this system change.

SAC members have acknowledged this challenge and suggested a possible statutory change, broadening the category of RAC members beyond the Regional EMS Medical Director who should be eligible to serve in the role of Chair. They would work along with

the regional Behavioral Health leader, who serves as CESSA RAC co-chair for the region and who cover all administrative duties with assistance from their support team. DMH and the UIC Crisis Hub will follow up on this issue informed by the feedback of this SAC.

2. PSAP Fiscal Requirements for Systems Change

The PSAPs have diverse, complex, and idiosyncratic processes and technologies supporting the work of their telecommunicators who must make rapid dispatch decisions to Law Enforcement, Fire and/or EMS 24/7. Over 85% of the PSAPs use one of three private vendors to develop their protocols for assessing the nature of the 911 calls, leading to proper incident coding and dispatch. Each of these private companies has proprietary protocols and scripts along with specific requirements, including fiscal requirements, for making protocol changes required to implement CESSA.

Further, PSAPs have approximately fourteen different Computerized Assisted Dispatch (CAD) vendors, providing their "integrated" technology supports that most telecommunicators use daily to manage their calls. These vendors also have fiscal requirements to make computer system changes to accommodate new dispatch decisions associated with CESSA implementation.

The 911 Administrator, with support from the UIC Crisis Hub, is in the process of quantifying the financial impact of such requirements with the intention of creating a budgetary estimate for the change. However, until a revenue source is identified for these changes, they will not be addressed systematically. Even after being identified, this challenge has serious implications for meeting the existing timeline required in statute.

Members attending the September SAC meeting acknowledged this requirement and support the plan to quantify the financial need and report it to the ILGA. Concerns were expressed by the SAC that once notified, it is unlikely that the ILGA could take any action before the next fiscal year. DMH and the UIC Crisis Hub will follow up on this issue informed by the feedback of the SAC.

3.Geographic Distance Limitations of MCR Teams to Meet Crisis Response Expectations

Despite the establishment of MCRT teams across the state, with 64 providers covering 102 counties, the average response times for many MCRTs falls short of the demands for an immediate response as assessed by a 911 telecommunicator. Relying on the DMH MCRT model exclusively is not likely to achieve the ultimate goal of eliminating unnecessary law enforcement involvement in the management of behavioral health crises. Furthermore, it is unlikely that the state could in a cost-effective manner ensure capacity to respond to all incidents in the time frame consistent with the needs of the 911 emergency response system, and such an approach stifles innovation that must occur at local levels to create more civilian-led or emergency medical system co-responses. It is also worth noting that the vast majority of current calls to 988 are resolved over the phone, so it is reasonable to assume that if the alternatives developed

included a 911 to 988 transfer, rather than requiring dispatch to MCRT, there is capacity for some calls to 911 to be resolved by trained 988 call takers.

Members of the September SAC asserted that the statute should support the development of new, innovative alternative response models in addition to strengthening and improving the DMH funded MCR teams. They each can play a role in the behavioral health crisis ecosystem and lead to more satisfactory responses to a wider range of incident types. DMH and the UIC Crisis Hub will follow up on this issue informed by the feedback of this SAC.

Appendix A: Implementation Project Plan Status and Next Steps

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Tasks to Meet CESSA Requirements	Q1			Q2			Q3			Q4		
Protocols and Standards												
Convening of Monthly Regional Meetings	√											
PSAPs conduct Landscape Survey with PSAPs, Law Enforcement and Emergency Medical Services to determine crisis response services currently available by EMS region	√		X In Process									
Regions conduct analysis of Landscape Survey Data and summarize findings for each PSAP jurisdictional area	√		X In Process									
RACs complete work on customization of response type and time of Levels 2 and 3 of IRLM for each PSAP jurisdictional coverage area using results of Landscape Survey and MCRT Response Time Survey	X		X In Process									
Update (APCO, PD, Power Phone, and Independent) protocols for review and approval by EMD Medical Directors (Fiscal consideration)						X						

Key		
X=Due Date	√ = Completed by SAC	√ = Completed by Regions

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Tasks to Meet CESSA Requirements	Q1			Q2			Q3			Q4		
Review of IRLM Customization for Levels 2 (Moderate) and 3 (Urgent) by UIC Crisis Hub			X In Process									
Review EMD protocols to assess fit with recommendations for Levels 2 and 3 of IRLM								X				
Complete process for updating EMD protocols with CAD vendors						X						
Complete process, working with vendors, to update CAD systems (Fiscal consideration)									X			
Determine process for standardizing reporting of PSAPs CAD determinate codes						X						
SOP for coordination between LE, EMS, and MCRT					X							
Review best practices for diversion of non-violent misdemeanants			√		X							
Complete local SOPs for non-violent misdemeanants							X					
Update all local SOPs										X		
Training and Education												
Approve/adopt credentials for crisis staff			√									

Key		
X=Due Date	√ = Completed by SAC	√ = Completed by Regions

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Tasks to Meet CESSA Requirements	Q1			Q2			Q3			Q4		
Approve/adopt training requirements for 911 staff				X								
Approve/adopt training requirements for MCRT staff					X							
Approve/adopt training requirements for 988 staff						X						
Approve regional training calendars							X					
Deliver and complete training for 911 staff									X			
Deliver and complete training for MCRT staff										X		
Deliver and complete training for 988 staff										X		
Technology and Data												
Current and Revised Operations												
Develop and approve performance metrics and sample reports	X	X	X				X					X
Develop and approve data collection and reporting procedures	X	X	X					X				X
Develop the operational procedures for communicating between 911 and 988 and between 988 and MCRT (incorporating DMH "interim guidance" and other DMH and CESSA-specific staff work)				X	X	X	X	X				X

Key		
X=Due Date	√ = Completed by SAC	√ = Completed by Regions

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Tasks to Meet CESSA Requirements	Q1			Q2			Q3			Q4		
Recommendations for Future Systems												
Integrate recommendations for related tech system from associated funding opportunities						X			X			X
Develop recommendations for technical systems and infrastructure necessary to facilitate and automate data collection and contact transfers, including implementation and training recommendations				X	X	X	X	X	X	X	X	X
Initial Implementation												
Beta test new protocols and CAD systems									X			
Launch new reporting requirements											X	
Develop local communication strategy								X				
Launch communication plans											X	
LAUNCH NEW SYSTEM												X

Key		
X=Due Date	√ = Completed by SAC	√ = Completed by Regions

Respectfully submitted by

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