JB Pritzker, *Governor*

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

Dulce M. Quintero, *Secretary Designate*

DATE: April 1, 2024

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

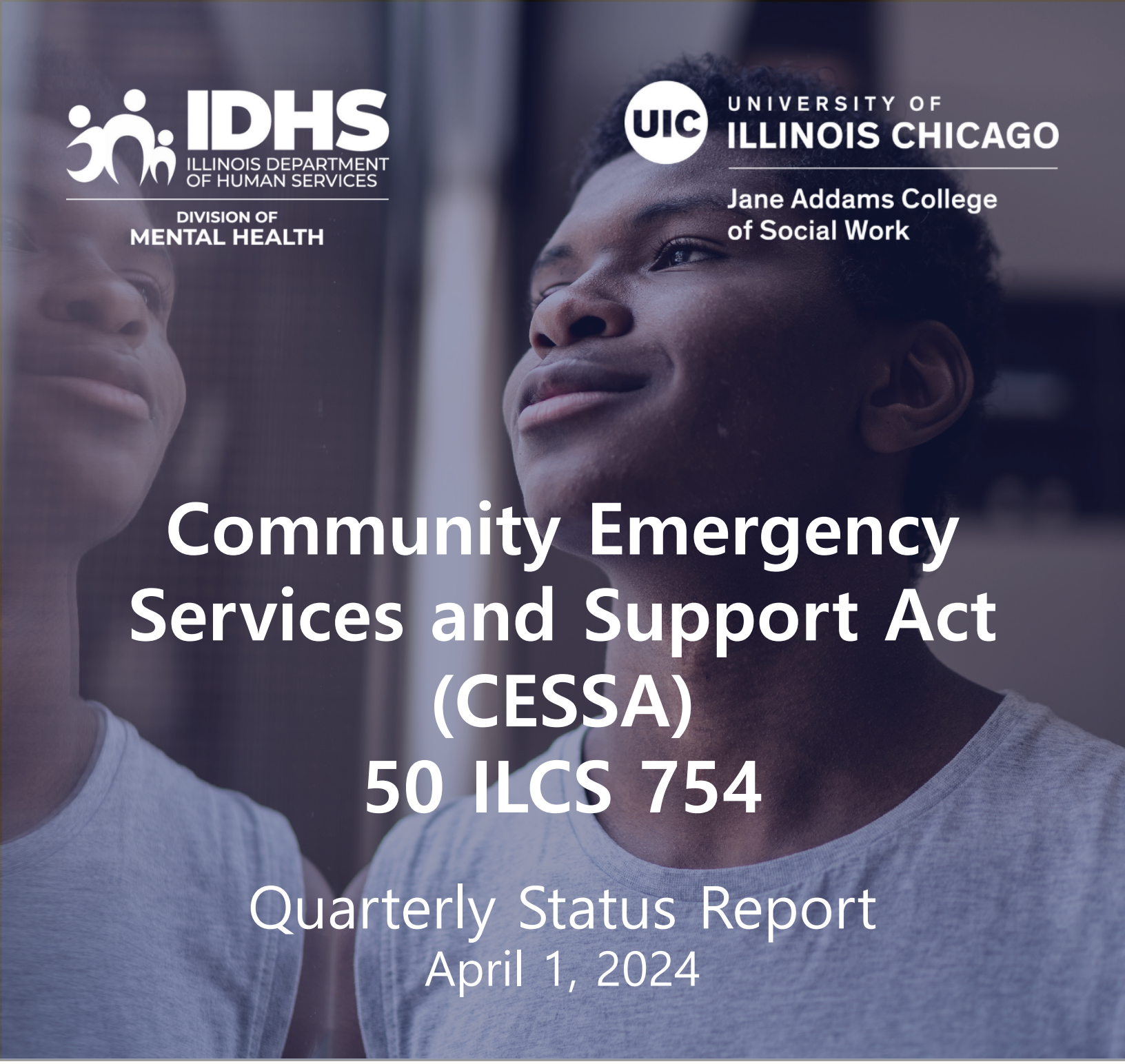
FROM: Dulce M. Quintero
Secretary Designate
Illinois Department of Human Services

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

April 1, 2024

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

The third quarter of the 2024 Fiscal Year has seen continued progress in CESSA implementation, with the development of pilots, a deepening commitment to a shared vision across the stakeholders, and an emerging understanding of the process that will be required to affect wholesale changes to the crisis response system in Illinois. Consistent with the statutory requirements, the Department of Human Services, Division of Mental Health is pleased to submit this report on that progress.

Signed into law in mid-2021, the Community Emergency Services and Supports Act (CESSA) requires a set of statewide agencies, local and regional organizations, and advocates at all levels to work together to reconfigure Illinois' community Crisis response system. In this quarter, representatives from the state's Department of Human Services, Division of Mental Health (DHS/DMH) have worked extensively and continuously with legislators and advocates for CESSA to address the complexity of implementing such a sweeping change to crisis response in Illinois. There has been widespread commitment to cooperate and collaborate on this work, even as the various constituents acknowledge the unique challenges of reworking this system to satisfy the legislative mandates and the passionate participation of representatives of law enforcement, staff at 911 centers, the community mental health providers, public health, healthcare, and persons with lived experience of the crisis system. This is especially important as the core CESSA legislation may be adjusted in response to the work currently underway.

The Statewide Advisory Committee (SAC) held its second in-person meeting on February 13, which documented a consensus that SAC members felt aligned with each other on the vision for CESSA, and that alignment extended to their constituent members. The same exercise identified a lack of awareness of SAC members of the ongoing work of the 11 Regional Advisory Committees (RACs), resulting in the identification of a need for future combined meetings between the SAC and RACs. The RACs, meanwhile, continued their efforts to move their efforts to a more "hyperlocal" planning focus, with the same multi-constituent membership as a RAC, but at an even smaller jurisdiction.

The CESSA Technical Subcommittees continue to engage members of the SAC, the Expert Consulting Group, and the general public to dig into the details of CESSA implementation. The Protocols and Standards Subcommittee has worked diligently with 911 system software vendors to gain their cooperation for the necessary software changes that CESSA implementation will require. Those changes are most important to the RAC pilot projects described below. The Tech and Data Subcommittee is working through a nine-point workplan intended to complete their original Charter deliverables by the end of the Fiscal Year. The Training Subcommittee approved training credentials for the mobile crisis response teams and has transmitted them to the RACs for feedback.

This hyperlocal approach is reflected in pilot projects begun within each RAC that are intended to connect a single Public Safety Answering Point (PSAP, a jurisdictional 911 center), the Emergency Medical System (EMS) for that PSAP, law enforcement, and community mental health. The

purpose of these pilots is to design and test new response protocols that reflect that community's intention for implementing the Illinois Interim Risk Level Matrix.

Even as the statewide and regional leadership of CESSA moves forward, challenges remain and solutions are being considered. The heterogeneity of the crisis response systems – operational, fiscal, degrees of regulation, workforce, technology, and culture – makes much of CESSA complicated to implement. However, DHS, its partner at the UIC Behavioral Health Crisis Hub, and sector leaders across the state are continuing to identify the next set of challenges and test and communicate solutions as they are developed. The narrative below describes these efforts for the third quarter of the Fiscal Year.

General Updates

Updates on Activities in the Behavioral Health Crisis Response System

In the third quarter of FY24, significant activities related to the Illinois Behavioral Health (BH) crisis continuum included an in-person Statewide Advisory Committee (SAC) meeting and proposed statutory amendments.

In-Person SAC Meeting

Statewide Advisory Committee (SAC) members, expert consultants, and members of the public attended the hybrid meeting of the SAC on February 13, 2024. There are currently 14 SAC members. Two members, or their designees, attended virtually, while 10 members attended in person. Danelene Powell-Dickens, the mother of Stephon Edward Watts (for whom the CESSA legislation is named), also attended in person and addressed SAC members. She urged members to remember the focus of the legislation is to work towards a future where no other individuals in crisis are killed by police responding to the crisis.

The meeting included two presentations, as well as a continuation of the visioning work from the CESSA two-day SAC retreat in October 2023.

- Chief Behavioral Health Officer David T. Jones presented updates and information related to implementation of the Strengthening and Transforming Behavioral Health Crisis Care in Illinois (STBHCC) Act.
- Dr. Eddie Markul, Region 11 RAC Co-Chair, Allie Lichterman from the City of Chicago Mayor's Office, and Tiffany Patton-Burnside from the Chicago Department of Public Health presented information related to alternative response models in Region 11. They explained the city of Chicago's Crisis Assistance Response & Engagement Program (CARE) and members were interested in further discussion to learn more about resources utilized by the mobile crisis responders for the city.
- Mike Thompson, of Mike Thompson Consulting, LLC, facilitated a follow-up discussion to the visioning exercised conducted in October 2023. Mr. Thompson reviewed the vision, values, and practices previously developed by SAC members. He then asked SAC members to vote on how well aligned the following bodies were: each SAC member personally, the stakeholders each SAC member represents, the Statewide Advisory Committee, and the Regional Advisory Committee. Overall, SAC members:
  - felt alignment for each of them personally, their constituents, and the SAC with the vision, values, and practices discussed.
  - expressed a desire for more understanding around regional activities.
  - noticed the opportunity for more education and communication between the SAC and the RACs, and discussed the potential for a joint meeting between the SAC and RACs.

Statute Revisions

The Illinois General Assembly is currently considering revisions to the CESSA statute, including HB5377, sponsored by Representative Kelly M. Cassidy, and SB3648 sponsored by Senator Robert Peters. Both bills would extend the deadline from July 1, 2024 to July 1, 2025, and add provisions pertaining to the Regional Advisory Committee (RAC) Chairs and subregional

committees. Whereas CESSA currently requires the Emergency Medical System Medical Directors Committee to convene the RAC meetings, the expanded language in the proposed revisions would allow appointment of a different chair meeting specific qualifications to serve as chair and with agreement of DMH and the EMS Medical Directors Committee. In addition, the revisions would allow the RACs to establish subregional committees that are representative of all required categories of the full RAC to provide guidance on adjustments at a local level of operation. These revisions reflect the combined proposals of DMH and Access Living, and would remove barriers and support implementation efforts currently underway by DMH and its state partners, IDPH and the Statewide 911 Administrator, and DMH appreciates the willingness of the ILGA to consider these changes.

Implementation Updates

Change in Formatting for this Information
Regular readers of this report may notice the removal of an appendix which was included in previous quarterly reports. To comply with accessibility requirements, the information that was previously summarized in a table with an appendix is now included directly in the narrative that follows.

Subcommittee Updates
Subcommittee on Protocols and Standards
The Protocol and Standards Technical Subcommittee (PSTSC) is continuing 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 work of the PSTSC during the 3rd quarter of FY2024 are summarized below.

Landscape Analysis and Customization of the Interim Risk Level Matrix
As noted in prior reports, Landscape Surveys completed by PSAPs and Interim Risk Level Matrices (IRLMs) that have been customized by PSAPs serve as input for dispatch decisions made by PSAP telecommunicators regarding individuals calling 911 who are experiencing behavioral/mental health related crises. Landscape surveys, which document the crisis response resources available in each PSAPs jurisdiction, have been completed by the majority of PSAPs within each region. The surveys have been submitted to the RAC co-chairs, summarized and submitted for review by the Behavioral Health Crisis Hub. Similarly, the majority of RACs have completed work with PSAPs and RAC members to customize the Interim Risk Level Matrix and submitted it to the Behavioral Health Crisis Hub. As noted previously, the customized IRLMs serve as input for updating response type and time for emergency protocols that are utilized by each PSAP.

Update on Work with PSAPs, EMD and CAD Vendors on EMD Protocols
The PSTSC is continuing to work with the three emergency medical dispatch (EMD) vendors used by PSAPs across the state to incorporate the risk factors and risk acuity associated with the Interim Risk Level Matrix (IRLM) into their EMD protocols. Additionally, the PSTSC is working with a small number of PSAPs utilizing EMD systems developed by the Hospital with whom they work that will be referred to as the "Independents." As noted in prior reports, each EMD vendor utilizes proprietary software for its EMD protocols, and the software varies in terms of flexibility to make protocol changes. Thus, while the process for working with each vendor is the same and the same IRLM risk factors and acuity will be incorporated into the protocols/processes utilized by each vendor, the EMD protocols will vary by vendor. Work is being undertaken by the PSTSC to use a standardized approach to the coding of incident type, acuity level and dispatch disposition so that this information can be used to evaluate the use of the IRLM in making dispatch decisions as well as to evaluate the implementation process. PSAPs use computerized operated dispatch (CAD) systems that are integrated with EMD systems to capture information regarding dispatch dispositions and to share information with emergency responders. There are more than 35 CAD systems vendors that contract with PSAPs in Illinois. Each PSAP will need to

work with their EMD and CAD vendors to update these systems.

Vendor Workplan

The general workplan utilized by the PSTSC is: (1) to schedule meetings between a PSTSC workgroup of subject matter experts (SMEs) and each vendor (2) to provide an overview of the Interim Risk Level Matrix and to discuss CESSA requirements, (3) to review the process for making dispatch dispositions and to review the EMD protocols utilized, (4) determine the fit of the IRLM with vendor protocols, (5) provide recommendations for incorporating risk factors and acuity information that comport with the IRLM, (6) work with vendors to incorporate the SME workgroup's recommendations which may include utilizing use cases to test the fit of vendors protocols with the IRLM, (7) work with vendors to update the protocols as needed, (8) work with PSAPs and vendors to gain approval from EMD Directors and IDPH, (9) identify training needs of PSAP staff related to protocol modifications, (10) test protocol modifications/processes and make updates as necessary, (11) work with 2 or 3 PSAPs to pilot updated protocols and/or processes, and (12) based on results of pilot test, go live with protocol modifications. Note that EMD protocol vendors will work with each PSAP around the modifications because the PSAPs contract directly with the vendors. Prior to going live, each PSAP will also need to work with their CAD system vendors to either integrate or update their CAD systems to incorporate the changes to the EMDs as applicable. An update on the work occurring with each EMD vendor is provided below.

PowerPhone

The PSTSC Subject Matter Expert Workgroup has been working with PowerPhone since October 2023. The workgroup has completed its review of the protocols and submitted recommendations that include adding behavioral/mental health questions to a range of protocols that will incorporate IRLM risk factors and acuity. Dispatch decisions will be customized according to currently available resources within each PSAPs jurisdictional area. The timeline for implementation, as displayed below, has been updated based to reflect work accomplished thus far and anticipated timelines to complete other tasks:

- November 2023 – Agree on incident protocols requiring change
- February 2024 – PSTSC SME workgroup submits recommended changes to PowerPhone
- March 2024 – PowerPhone accepts changes
- April 2024 – Recommended Protocol modifications are submitted to Emergency Medical Director(s) and IDPH for approval
- May 2024 – Protocol changes are beta tested at one site and system goes live in test site
- August 2024 – PowerPhone begins executing changes in other Total Response PSAPs
- October 2024 – Other Total Response sites train staff and go live incrementally

Priority Dispatch, APCO and Independents

The PTSTC SME workgroup has met with Priority Dispatch several times and has completed an initial review of their mental health protocol. Another meeting will be convened in late March to continue review of the protocols and to discuss next steps. The PTSTC SME workgroup has also had an initial meeting with APCO and completed its initial review of this vendor's mental health protocols. Another meeting is scheduled to occur in late March.

The PTSTC is currently planning to meet with the PSAPs and the hospitals who have developed

their own EMDs---the Independents. It is anticipated that this meeting will occur by mid-April.

Subcommittee on Technology, Systems Integration and Data Management

The Technical Subcommittee on Technology, Systems Integration and Data Management (Tech and Data Subcommittee) is charged with researching and recommending data and information systems to support the implementation of CESSA across the regions and localities of Illinois.

The Statewide Advisory Committee shall recommend a system for gathering data related to the coordination of the 9-1-1 and 9-8-8 systems for purposes of allowing the parties to make ongoing improvements to the system.

The Subcommittee consists of six members of the CESSA Statewide Advisory Committee, representatives of the expert consulting group, and a regular cadre of members of the public. This quarter saw the Subcommittee meet five times over the three months.

The continuing work of the subcommittee is to gather feedback and insight into the workplan established in the first year of CESSA and updated after CESSA was extended to July of this year. White pending legislation may extend the CESSA deadline again, the TSIDM subcommittee intends to complete its current workplan by the end of the current fiscal year.

While the CESSA legislation itself does not describe how data system will be developed, the TSDIM Charter established a number of deliverables for the Subcommittee, and those drove the development of a workplan with these deliverables, to be finalized in early June, including recommendations for implementation after July 1, 2024.

A. Document currently collected service data from different providers of crisis response services including 911, 988, and MCRT
B. Describe the ideal state for data to be used for monitoring and evaluating Illinois' crisis continuum
C. Conduct a gap analysis and develop recommendations for comprehensive operational and evaluation data metrics
D. Develop and approve Sample Reports
E. Develop recommendations to support the operational procedures for communicating between 911 and 988
F. Develop recommendations to support the operational procedures for communicating between 988 and MCRT
G. Develop recommendations for technical systems and infrastructure necessary to facilitate and automate data collection, including implementation
H. Develop recommendations for technical systems and infrastructure necessary to facilitate and automate contact transfers, including implementation
I. Develop a phased training plan for each element of the work plan above

Over the quarter, the Subcommittee members, expert consulting group members and members of the public focused on tasks A, B, C, G, and H, discussing the technical and operational consideration of each one, and noted possible barriers that will have to be overcome for implementation.

A. Document currently collected service data from different providers of crisis response services including 911, 988, and MCRT
   - Members reviewed existing sources of data, and the degree and manner in which it is collected and reported.

B. Describe the ideal state for data to be used for monitoring and evaluating Illinois' crisis continuum
   - Starting with the description of desired data in the CESSA legislation, members defined metrics that would enable providers to meet the legislative mandate and associated data that the mandated metrics would require.

C. Conduct a gap analysis and develop recommendations for comprehensive operational and evaluation data metrics
   - The members reviewed a simple comparative analysis of the data currently collected which will be needed to fulfill CESSA.

G. Develop recommendations for technical systems and infrastructure necessary to facilitate and automate data collection, including implementation
   - The members reviewed an existing proposal for software development that would fulfill this requirement.

H. Develop recommendations for technical systems and infrastructure necessary to facilitate and automate contact transfers, including implementation
   - The members discussed the current lack of a comprehensive system such as this, and described, at a high level, the elements and capabilities that a system such as this would require.

Subcommittee on Training and Education

CESSA Requirements for Training and Education

The Technical Subcommittee on Training and Education (TETSC) is charged with recommending training, education, and credentialing plans for crisis response system providers across the continuum and developing statewide and regional training plans.

The table below summarizes training activities from December 2023 through February 2024. The Crisis Hub conducted four trainings detailed below, with 99% of participating finding them relevant to their work and worthy of recommendations to others.

Training Date	Title	Attended	CEU Certificates Issued
12/4/2023	Suicide and the Holiday Blues	46	2
1/18/2024	Self-Care Training: Breathing in a Time of Crisis with Yoga	52	8
2/15/2024	Crisis Intervention: Autism and Intellectual and Developmental Disabilities (I/DD)	72	15
2/22/2024	Tools for Emotional and Behavioral Well-being: Self-Talk and Self-Awareness	46	In Progress

Training and Education Subcommittee

In February 2024, the Subcommittee approved the 590 Mobile Crisis Response Teams Training Plan. During this period, the CESSA Technical Subcommittee on Training and Education approved the training credentials for the Mobile Crisis Response Teams. As part of the next steps, the Regional Advisory Committees (RACs) will review the Training Plan and submit feedback by April 15, 2024. This information will be shared with the Subcommittee and, where appropriate, incorporated into the Training Plan. The revised Training Plan will be presented for approval to the Statewide Advisory Committee (SAC).

Regional Advisory Committees

New Regional Structure

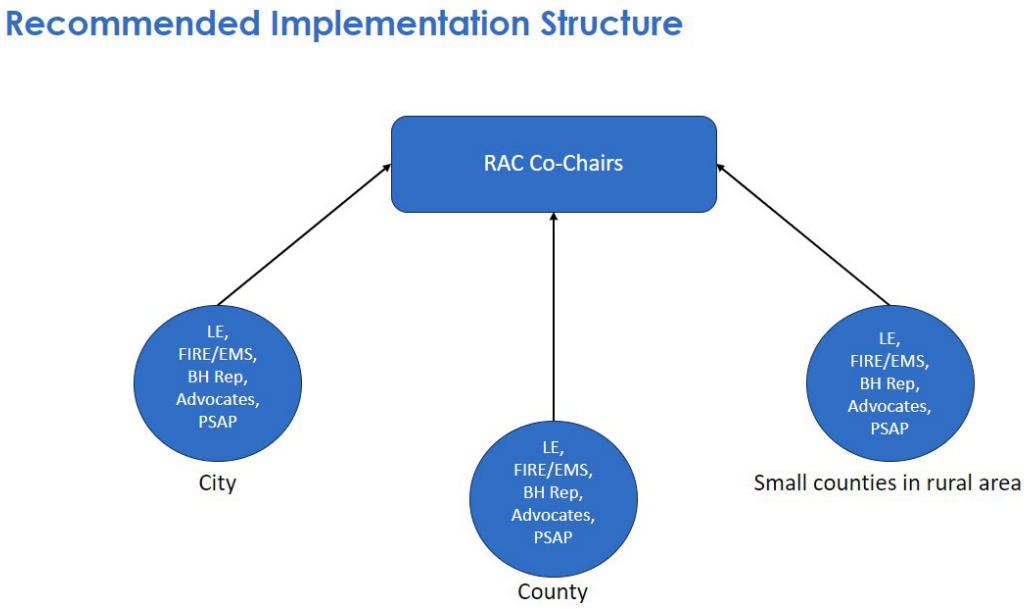
RAC co-chairs have unanimously expressed concerns about the validity and feasibility of the existing regional planning processes since change practices customarily occur within local level structures. This is evident by the ongoing work/planning of local 708 Boards, 533 Boards, Villages and Townships' governances, County structures and other forms of local planning bodies. Whereas the existing RAC structure offers familiarity within the areas served by the chairs and committee members, its reach or insight may not extend throughout the entire service area, or its focus may not address each individual community's needs. This is a testament that there are diverse communities within a RAC (urban, suburban, rural areas), diverse needs within these respective communities, and varying resources available within the multiplicity of governing structures.

Incorporating this feedback from RAC co-chairs prompted the Crisis Hub and its consultant to critically explore alternate structures that could best complement the efforts of the RAC, while incorporating discussions at the level of community champions and those invested in local level change. To ensure that planning continues with input from those who have direct knowledge of the resources, and who can execute types of changes necessary to move the vision of CESSA forward, there was realization that these discussions must move closer to the affected communities and involve the planners and decision makers within the communities. This sub-regional "hyperlocal" structure has been proposed to the SAC and RACs.

The hyperlocal planning structure identifies communities within the region that are already meeting on systemic behavioral health concerns (counties, groups of small counties, municipalities). These hyperlocal planning groups would have similar membership as the RAC and must include, at a minimum, representation from the PSAP, Police, EMS, Fire, Behavioral Health providers, and advocates. The hyperlocal planning bodies would identify their respective leaders who would be responsible for convening these planning groups. The consideration for the group leader should be someone within the local county or municipality's behavioral health or public health field or one who has an in-reach to local planners and who is interested, willing and capable to move the process and agenda forward. Another important benefit of hyperlocal level planning is its capability to convene smaller work groups, with common interests in the choice of the communities served and the coverage area. This would also afford the creation of smaller regional learning collaboratives for information exchange.

The hyperlocal convener would serve as the primary conduit back to the respective RAC co-chairs on the discussion topics, movement and planning at the local level. Work will be done in

the upcoming weeks to firmly clarify and solidify this structure. The starting point would be within the PSAP pilot areas, and then incrementally incorporate more hyperlocal level planning groups throughout the regions.



Pilot Sites

During this quarter, the RACs were charged with aligning their Action Plans with the deliverable timeline reflected in the Graphic B (Project Plan Checklist). RAC leadership identified pilot PSAPs using the PowerPhone Total Response System that are amenable and structurally able to participate as a pilot site. Concurrently, RACs have started to identify champions at a hyperlocal (subcommittee) level, including the recommended composition of other participants, to initiate local level discussions and planning.

It is important to note that in the CESSA Quarterly Report for quarter 2, a vote by the SAC to consider modifications to the Illinois Interim Risk Level Matrix was described as occurring "6 months after the current matrix has been implemented in a minimum to two pilot sites from each of the four vendor types." This description was incorrect. The Statewide Advisory Committee voted and approved language stipulating that reviews would occur "no later than 6 months after the implementation of two or more pilots by PSAPS utilizing PowerPhone, Priority Dispatch or APCO/Independents." IDHS regrets the error in the previous report and will follow the procedure as voted by the SAC.

The regions will be working to initiate the pilots using the checklist below as a guide.

- RAC Co-Chairs convene a PowerPhone (PP) Workgroup in accordance with OMA regulations to implement their project plan. Workgroup members should include representatives of the PowerPhone Pilot Sites (PSAP representative(s) and associated EMD(s) in their EMS regions) with whom they will be working to implement project plan, along with other key participants who work with pilot site PSAPs (e.g. Law Enforcement, EMS)

- Discussion with Project Plan Workgroup re: BHCH/Standards &Protocols Subject Matter Experts (SME) work with PowerPhone and initial PowerPhone Pilot Site regarding progress, expected outcomes and projected timelines to update and implement protocols
- Sharing of information with other PSAPs and LE/EMS within the region so that they understand the goals/objectives of their project plan pilot(s) and are prepared to discuss and plan for their future participation (BHCH to provide template if helpful)
- Meetings with RAC pilot site PSAPs and EMDs to review information provided by BHCH explaining protocol change process and modifications
- Review training plan and strategy provided by CESSA Technical Subcommittee on Training and Education for PSAP staff and 988 staff re: implementation and use of PowerPhone protocols for Level 1 of the IRLM
- RACS provide update on implementation of modified PowerPhone protocols with the Initial Pilot Site working with Standards and Protocols SME Workgroup
- Review data collection plan and strategy provided by CESSA TSIDM for collecting data to evaluate the impact of updated PowerPhone protocols on dispatch disposition for individuals meeting criteria for Level 1 of the Interim Risk Level Matrix
- RAC Pilot Sites work with PowerPhone to update their EMD and CAD software (Note: testing and approval of protocol modifications for BHCH initial pilot site completed)

During this quarter, the RACs' work production entailed reaching out to PSAP administrators/ managers to hold preliminary discussions about the pilot, explaining its intent and to ascertain the PSAPs' interest and capability to participate in the pilot. In Regions where a PowerPhone (Total Response System) vendor does not currently exist, these RACs will be incorporated in the pilot as discussions on script protocol changes evolve with Priority Dispatch, APCO, and Independent vendors. Below are PSAP pilot sites by regions:

- RAC #1 - DeKalb County, City of Dekalb
- RAC #2 - McDonough/Schuyler
- RAC #3 - Christian County/Shelbey
- RAC #4 - No Pilot; No PSAPs use PowerPhone
- RAC #5 - Salem (Tentative)
- RAC #6 - No pilot due to new leadership in this RAC
- RAC #7 - Will County 911 (Independent Vendor)
- RAC #8 - Lyons Township Area Communication Center (LTACC)
- RAC #9 - Elgin Police Department (EPD)
- RAC #10 - No Pilot; No PSAPs use PowerPhone
- RAC #11 - City of Chicago (Independent Vendor; CARES pilots underway)

Challenges and Opportunities

The FY 2024 second quarter report to the Illinois General Assembly (ILGA) identified a list of challenges that were complicating implementation. The first three challenges described below remain issues with work underway on legislative solutions. Two additional challenges are also described.

Medical Director Role and Leader of the Regional Advisory Committees
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 make it difficult to fulfill this additional responsibility.
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, noting that the preference is that a public health leader retain that important function. This public health official would work along with the regional Behavioral Health leader, who currently serves as CESSA RAC co-chair in the regions and is responsible for all administrative support to the committee. Language changing this requirement in the statute is currently being negotiated.

Geographic Distance Limitations of Mobile Crisis Response Teams to Meet Crisis Response Expectations
Despite the establishment of MCRTs across the state, with 64 provider agencies covering 102 counties, the average response times for many MCRTs fall short of the demands for an immediate response as assessed by a 911 telecommunicator. Relying on the DHS/DMH MCRT model exclusively is not likely to achieve the 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 most 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.

During the October retreat, members of the SAC re-affirmed that the statute should support the development of new, innovative alternative response models in addition to strengthening and improving the DHS/DMH funded MCRTs. 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. Language changing this requirement in the statute is currently being negotiated.

Implementation Timeline
Given the complexities with implementation as noted above, it is more likely to assume that level of systems change will take multiple years. That has been the experience with Virginia,

the only other state with a similar statewide mandate. While it has been two years since the passage of this law and considerable progress has been made, it is anticipated that the first PSAP will not be able to change their dispatch practices until late 2024. Further, it may take several years for all PSAPs to follow suit. Language changing this statutory requirement is currently being negotiated.

Learning Management System
The need for a Learning Management System (LMS) is very apparent as the Crisis Hub continues to increase the number of trainings for call operators, mobile crisis response teams, and telecommunicators. The LMS aims to create a platform for continuing education exams, lectures, and videos to be housed and completed online. The work of crisis staff is 24 hours a day, seven days a week. An LMS will make courses available and accessible at all times without disturbing work schedules.

Several meetings were held with the Office of Medicaid Innovation representatives to learn more about their LMS and identify training needs and gaps. Meetings will continue to explore and collaborate on developing a complementary system.

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 14 different Computer 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 has developed a $12M "grant fund" for PSAPs in need of financial support to upgrade their systems. The 911 Administrator will closely monitor the use of this fund and determine if additional resources are needed to support changes that are necessary at the PSAP level.

Vendor Customization of Protocols
As noted above, there are three EMD vendors in Illinois: Priority Dispatch, PowerPhone, and APCO. Each of these national companies maintains a critical mass of market share in the state and each is quite different in their ability to make the protocol changes in their systems consistent with our requirements. The limitations in their flexibility to pivot to accommodate our new dispatch alternatives create challenges to our ability to move this work forward in a timely manner. While work continues in this area, these negotiations are labor-intensive and time-consuming for all parties involved. Progress is being made; however, it is clearly a more protracted process than anticipated.

Respectfully submitted by

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