JB Pritzker, *Governor*

ILLINOIS DEPARTMENT OF HUMAN SERVICES

Dulce M. Quintero, *Secretary Designate*

DATE: December 21, 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

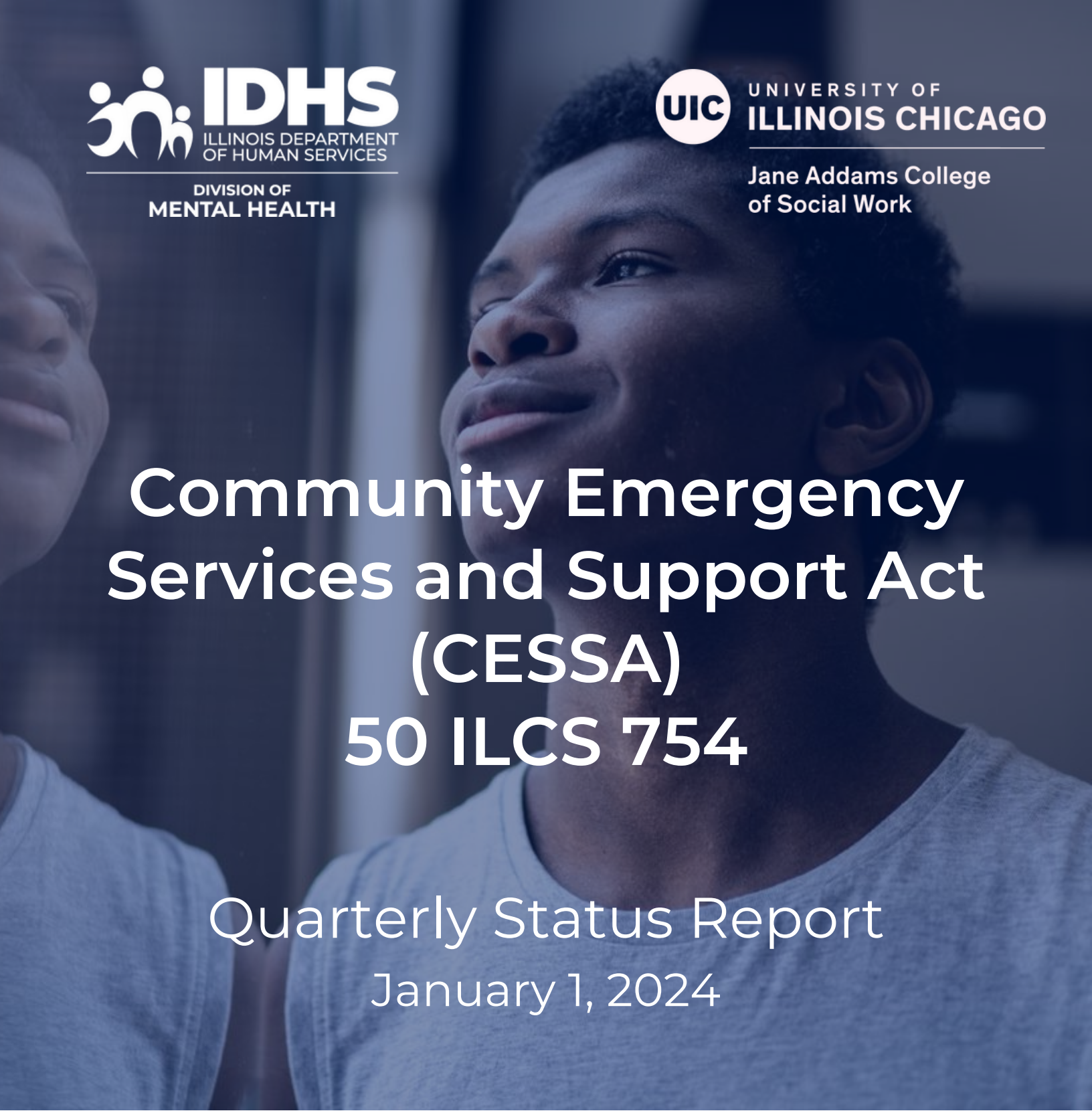
FROM: Dulce M. Quintero
Secretary Designate
Illinois Department of Human Services

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

January 1, 2024

Prepared by:
Illinois Department of Human Services
Division of Mental Health
in consultation with
University of Illinois Chicago
Jane Addams College of Social Work
Center for Social Policy and Research, Behavioral Health Crisis Hub

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EXECUTIVE SUMMARY

The last quarter of the calendar year found state agency, statewide and regional leaders progressing in the complicated work of Community Emergency Services and Supports Act (CESSA) implementation.

The FY24 second quarter of CESSA activities began with two full-day in-person meetings for the members of the Statewide Advisory Committee (SAC) and the Co-chairs of the Regional Advisory Committees (RACs). The meetings were notable for their energy, driven by the opportunity for members to be more fully engaged, build deeper relationships, and have more substantial conversations. One measure of their success was the consensus that the monthly meetings be held in-person on a quarterly basis. The meetings and the follow-up activities are described below.

One important outcome of the in-person SAC meeting was the opportunity to consider CESSA within the set of other state agency crisis-focused initiatives underway in Illinois. An immediate outcome of that meeting was the development of a description of the different initiatives and strategies that form the foundation for a communication plan to build greater awareness across the state and within state agencies. SAC and RAC members welcomed a better understanding of the diverse approaches to crisis response in Illinois, and the opportunity to further connect and integrate them.

The end of 2023 brought transition to the membership of the SAC and RACs, as some initial members moved off the committees and new members joined the effort. This transition reflects the strong infrastructure supporting CESSA overall, particularly for the work to capture past lessons and onboard new members. These efforts will continue into the following quarter. While this membership transition has been largely successful, it also reflects challenges that are further described below, including a potential need for amendments to the CESSA legislation.

A key progress point in this quarter was the initiation of meetings with the vendors serving Illinois 911 centers. Illinois Public Safety Answering Points (PSAPs) use computer- or card-based systems from three vendors as well as some individually developed systems, each of which generate scripts in response to different kinds of crisis scenarios. These systems must be modified to accommodate new responses to mental health crisis as mandated by CESSA. Work with the vendors has begun, and will remain a focus for the SAC, RAC, and Technical Subcommittees into the new year.

In the eleven RACs, these vendor-focused meetings are mirrored with pilot projects intended to establish response-oriented local relationships and work with PSAPs to test adjustments to cards and scrips as they are developed by the vendor-focused committees above.

LANDSCAPE UPDATES

Update on Activities in the Behavioral Health Crisis Response System

In the second quarter of FY 24, significant activities related to the Illinois Behavioral Health (BH) crisis continuum have included the CESSA Two-day Retreat, the 988 Workgroup implementation and the Substance Abuse and Mental Health Services (SAMHSA) grant to DHS/DMH.

CESSA Two-day Retreat

The Department of Human Services, Division of Mental Health (DHS/DMH) hosted a two-day in-person retreat for the CESSA committee members on October 16th and 17th. Day 1 of the retreat was held for members of the Statewide Advisory Committee (SAC); Day 2 was focused on bringing leaders of the eleven regions across the state together to do joint planning. Both meetings, held in DMH facilities in Springfield Illinois, were facilitated by Mike Thompson, of Mike Thompson Consulting, LLC. Mr. Thompson is a highly accomplished national expert in the intersection between behavioral health and criminal justice. He has recently been working with state governments and philanthropy on enhancing behavioral health crisis care systems that includes working with non-traditional partners of law enforcement and emergency medical systems (EMS).

SAC Retreat

There was 100% attendance and participation by the SAC members on Day 1 of the two-day retreat. The morning session was committed to strengthening 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. This was closed to the public and resulted in a high degree of engagement and collegial exchange between members. The goal of creating a safe space for the healthy exchange of divergent ideas with an outcome of working toward a common understanding of CESSA goals was achieved and a shared vision for the spirit and values associated with CESSA was reinforced by SAC members.

The afternoon session occurred at the regularly scheduled meeting time and was held as a public meeting, consistent with the requirements of the Illinois Open Meetings Act. The session began with a re-cap of interviews with committee members and expert consultants conducted by Mr. Thompson in preparation for the retreat. During these interviews, SAC members expressed the following common goals and challenges associated with implementing this statute.

Common goals:

- Emergency departments and jails should not be the default response to someone experiencing a behavioral health crisis.
- A continuum of crisis care services for someone experiencing a mental health or substance use related emergency should be available to anyone, anytime, anywhere in the state.
- Every community in the state would benefit from improvements to:
  - how calls regarding people in crisis are handled;

- who is dispatched to a situation when an on-scene response is needed;
- where people are brought when they need immediate care.

Common challenges:

- The diversity of communities across the state adds to the complexity of implementing this statute.
- The roles/responsibilities of crisis workers across the system are fragmented and not universally understood.
- The lack of sufficient funding for systems change will make it impossible to move forward in a timely manner.
- There is insufficient workforce to fill all critical positions.
- Combatting myths about what CESSA allows for and does not allow for is an ongoing challenge.
- We continue to be "building the airplane while flying it."
- People needing crisis care have complex health needs and all their needs require consideration in planning for this system change.
- There is a lack of data available to monitor this change process.

At the onset of the retreat, a review of these common themes was used to 'level set' and assist all SAC members in renewing their insights concerning what unites the group (common goals and aspirations) while offering reminders of how the system is perceived by individuals working in different sectors of the system.

This exercise was followed by a review of nine of the initiatives currently underway in the state to improve the crisis continuum and was led by the Chief Behavioral Health Officer, Mr. David T. Jones. These initiatives include:

1. 988 Working Group
2. Deflection and Pre-Arrest Diversion Initiative
3. Program 590 (Mobile Crisis Response Teams)
4. Certified Community Behavioral Health Clinic (CCBHC)
5. Pathways to Success
6. Community Emergency Services Support Act (CESSA)
7. National Academy for State Health Policy (NASHP) Multi-State BH Modernization Learning Collaborative
8. Opioid Action Plan / Opioid Remediation Plan
9. Assessment of MH System Landscape

A discussion of strengths and gaps followed this review and resulted in recommendations for the next steps in four areas: (1) communications; (2) considerations for the RACs; (3) other high-level recommendations; and (4) possible changes to the CESSA statute.

1. Communications

Following the presentation on the nine distinct initiatives that are currently underway addressing different aspects of the crisis continuum, it became clear that this work is not well-coordinated, and stakeholders have little awareness of the progress made in each of these initiatives. Therefore, it was recommended that the state develop a 'communication plan' with the following elements:

- A common vision for a continuum of crisis care available to anyone, anytime, anywhere in Illinois to guide the work conducted in all initiatives
- An overview of deliverables, timeline and participants, and the opportunities for input by other stakeholders
- A description of how these initiatives fit together and are sequenced
- A description of how communications shall occur between and among the initiatives
- A description of how progress will be communicated regularly and any data points that can be generated
- A glossary for all acronyms

2. Considerations for the Regional Advisory Committees (RACs)
It was reiterated that the goal of the RACs is to "deflect as many 911 calls to 988/Mobile Crisis Response Teams (MCRT) as possible." SAC members challenged the regions to, at a minimum, determine how to apply Level 1 of the Interim Risk Level Matrix to PSAPs using all protocol vendor types across the eleven regions. Secondarily, they asserted that RACs should assess the readiness of each community and PSAP to begin the change process. Factors to be considered include existing collaborations between relevant parties, acceptance of the need for change, and resources on hand to support the change process. The final recommendation was to have each region develop a plan to operationalize these changes starting with a limited number of pilot sites. This would initiate the change process in each region, with pilot sites functioning as the 'ambassadors' of the change.

3. Other High-Level Recommendations
Listed below are highlights of several thoughtful recommendations by SAC members that the Division intends to address in the implementation going forward:

- Address the complexity of the regions in the implementation strategy.
  - It was observed and noted that the current regional structure is too large and heterogeneous for work to occur in a meaningful way. Rather, the changes required as a result of this statue must occur at hyper-local level, such as a county or municipality.
- Address funding needs of the PSAPs to support these changes.
  - PSAPs vary in their ability to pay for needed changes in protocols and computerized dispatch software. The lack of resources may create delays in proceeding with changing protocols and dispatch options in the PSAPs.
- Develop a plan for increasing the confidence among 911 telecommunicators in the 988/MCRT programs that will be new recipients of 911 referrals due to changes in protocols and dispatch decisions.
  - Based on experience in other jurisdictions, 911 telecommunicators ultimately make the dispatch decisions and an increase in their confidence in 988/Mobile Crisis Response Team (MCRT) programs capacity to address the needs of these persons calling 911 will maximize the chances that these deflections will occur. For example, LA County, Baltimore County and others have reported a positive correlation between call transfer rate from 911 to 988 and telecommunicator confidence in the ability of 988 and /or alternative response teams to meet the needs of individuals in crisis.

- Develop a plan to share information between systems to assure proper management and referral to services for frequent callers to 911 experiencing a behavioral health crisis.
    - Sharing information across systems on these individuals could result in rapid and appropriate service linkage and case disposition for these individuals.

4. Possible Changes to the CESSA Statute

The SAC recommended the following areas for consideration as statutory changes to the CESSA statute going forward:

- **The timeline for implementation should be extended.** In benchmarking the change process in other states, this type of change typically takes up to five years.
- **Allow for a range of response models.** The CESSA statute solely identifies the DMH funded mobile crisis response teams as the 'alternative response' to law enforcement involvement in the management of behavioral health crises. There are multiple types of alternative response and co-response models that could be more efficacious alternatives.
- **Role of the MCRT providers in the commitment process.** This remains a controversial and unresolved issue.
- **State-level support to facilitate and promote innovation, new service models and shared learning at the local level.** This support could include financial support to the regions, similar to the Virginia model, and grant awards to local communities to support testing of new innovations.
- **Changes in RAC leadership/committee members.** The lack of consistency in leadership at the RAC level by the EMD Medical Directors and BH Co-chairs remains a risk for successful implementation of the project. Other leadership should be considered.
- **Funding** for the PSAPs to support the necessary changes that must occur in the 911 centers is required to make certain that protocol changes can occur. The project cannot move forward without a resolution to the funding issues.

<u>RAC Retreat</u>

On Day 2 of the retreat, seven RAC co-chairs (Behavioral Health Leaders) participated in-person and one participated remotely. Unfortunately, there were no EMS/MDs in attendance. The lack of participation by EMS/MDs reflects some of the challenges in the current CESSA leadership structure that are described in more detail in a later section. The RAC Retreat attendees were led through a brainstorming discussion exploring how to best meet the challenges and expectations set forth by the SAC on Day 1 of the retreat. The consensus was to look at a process based on the four key elements below:

- Applying, at a minimum, Level 1 of Illinois' Interim Risk Level Matrix (IRLM) to the 176 PSAPs across 11 regions
- Assessing the readiness of each 'community' to deflect IRLM Level 1 calls made to 911 from 911 to 988
- Strategizing on an optimal plan to operationalize this goal in 'ready' communities
- Describing what corresponding changes will be needed in PSAP protocols and scripts to actualize the goal

In preparation for the RAC retreat, DHS/DMH, UIC Crisis Hub administrators, and the Illinois 911 Administrator held a series of meetings with protocol vendors to ascertain their probability and capability to make changes in PSAP scripts and protocols pursuant to the Illinois Interim Risk Level Matrix (IRLM). PowerPhone (Total Response System) emerged as the vendor best prepared to explore changes to scripts and protocols immediately. The RACs agreed to produce draft Project Plans using the following actions steps as a guide:

- Identify and select two-four PSAPs that use PowerPhone (Total Response System) as a vendor. It is noteworthy that PowerPhone has two products relevant to this work and being used by Illinois PSAPs. Changing protocols and scripts are only possible for those subsets of PSAPs utilizing the Total Response System product by PowerPhone.
- If applicable, include one PSAP that has an independently developed protocol system.
- Work with these selected PSAP administrators/managers on suggested changes to their protocols and dispatch decisions allowing for, at a minimum, referral of 911 calls to 988 for IRLM Risk level 1 incidents.
- Identify support needs to accomplish the work, including resource needs.
- Identify with PSAP administration's additional steps and necessary people to shepherd approval for these changes (i.e., Chiefs of Police, EMS/MD, others, etc.)
- Identify a plan for execution, which includes:
    - Training needs
    - Ambassadors supporting the change
    - Feedback loop for 911 telecommunicators to foster confidence in the change.

988 Workgroup

The 988 Workgroup was convened by DHS/DMH in accordance with the Illinois 988 Suicide and Crisis Lifeline Workgroup Act (P.A. 103-0105), enacted in June 2023. Although this is a separate mandate from CESSA—as noted in the previous quarterly report—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. DHS/DMH and the Behavioral Health Crisis Hub developed a workplan for monthly meetings convened between July and December 2023, with the first five meetings focusing on a specific area of responsibility outlined in the legislation. Each of these meetings included presentations by subject matter experts, a review of the current operations of 988 call centers and discussion by workgroup members. Recommendations to address each area of focus were obtained from workgroup members during each meeting. This information was used as a basis for creating a draft Workgroup Action Plan that covers five distinct areas: oversight and management of Plan implementation, a future structure for the Illinois 988 Lifeline network, performance measures to evaluate consumer and system outcomes, funding, and sustainability of 988 call centers and the crisis continuum, and the technology systems needed to support 988 operations. The Action Plan was reviewed and approved by the 988 Workgroup during its final meeting on December 14th and will be submitted to the General Assembly before the end of 2023.

SAMHSA 988 Capacity Grant

At the beginning of this quarter, DHS/DMH was notified that they had received a three-year award from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Illinois' 988 Lifeline Call Center (LCC) system. This grant was slated to begin on September 30, with Illinois DHS/DMH awarded $7,775,777 for the first year. While this funding was not awarded to Illinois for its CESSA implementation, building the capacity of Illinois' 988 system will address a key pillar of the crisis continuum envisioned under CESSA.

Under the proposal, DHS/DMH will utilize the Illinois 988 Improvement Program Grant to continue the expansion of capacity of Illinois LCCs to respond to calls, texts, and chats by Illinoisans to the 988 Suicide and Crisis Lifeline, as well as engage in additional activities to improve the 988 system in Illinois. This includes an investment in a comprehensive 988 communication strategy, enhancing data collection across all LCCs, further coordinating the 988 infrastructure with the larger behavioral health crisis continuum of care and the 911 system, and enhancing capacity for post-988 contact follow-up to Illinoisans.

Illinois DHS/DMH and the UIC Behavioral Health Crisis Hub will undertake a series of initiatives intended to directly address key elements of the State's crisis response continuum. The grant outlined ten required activities, many of which can be leveraged or connected to work under or anticipated by CESSA, including:

- Distribute funds to statewide/territorial LCCs to maintain and expand the workforce to answer at least 90 percent of total calls, chats, and texts originating in Illinois
- Develop and implement a comprehensive state or territory-wide 988 communication strategy
- Enhance statewide data collection to improve 988 service and communication
- Develop a report of the state or territory's current mobile crisis service options
- Provide a joint report on current 988 and 911 collaborations
- Enhance the state or territory's capacity to ensure referral connections after a 988 contact
- Develop a sustainability plan for after the end of the project period
- Develop a comprehensive quality assurance plan
- Engage with the state or territory's substance use policy team

Work has begun on many of these activities and will be connected to CESSA activities as applicable.

Updates on Program Operations

Staffing Changes

DHS/DMH hired a total of four staff to extend DMH's capacity to lead and guide crisis continuum work: one in Cook County (11/1), one in Madison County (10/1), and two in Sangamon County (10/1 and 10/16) to have oversight over the various crisis continuum programs.

The Behavioral Health Crisis Hub at UIC is staffed to support several projects and initiatives at DHS/DMH, of which CESSA implementation is primary. In this quarter, the

Hub added to its administrative support capacity by adding a seasoned project manager who is tasked with providing overall administrative support, including supporting Crisis Hub staff engaged in CESSA, CESSA Technical Subcommittees, and coordination with DHS/DMH. The Crisis Hub has also been interviewing to add a senior Research Specialist to add high-level technical support and project management, especially as it relates to RAC support, communications, and performance management. The Hub has continued to maintain relationships with experienced state (Craig Williams) and national experts (Mike Thompson) to address short-term and medium-term needs, including those associated with CESSA deliverables for FY 2025.

IMPLEMENTATION UPDATES

Technical Subcommittee Updates

Protocols and Standards Subcommittee

The Protocol and Standards Technical Subcommittee (PSTSC) continues 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 for this quarter are summarized below.

Landscape Surveys and Analysis and Customization of the Interim Risk Level Matrix

The PSTSC has continued to monitor and support completion of the landscape surveys being conducted by the CESSA Regional Advisory Committees (RACs) as well as the customization of the Interim Risk Level Matrix (IRLM). The recommendations that have been finalized have been submitted to the Behavioral Health Crisis Hub and reviewed by a subset of members from the PSTSC. The customized IRLMs serve as input for updating response type and time for emergency protocols associated with behavioral/mental health crises utilized by the PSAPs.

Update on Work with PSAPs, EMD and CAD Vendors

As noted in prior reports, although there are primarily three Emergency Medical Dispatch (EMD) vendors (PowerPhone, Priority Dispatch, and APCO) operating within the state, most PSAPs contract with Priority Dispatch or PowerPhone. A small number of PSAPs contract with APCO, and several hospitals working with a few PSAPs have developed customized protocols for their EMD systems. Each EMD system vendor utilizes proprietary software for its EMD protocols, thus the protocols for each EMD system are unique. Further, different versions of vendor software are used by PSAPs, and EMD systems vary in terms of flexibility to make protocol changes. Some PSAPs will need to upgrade their software before modifications can be made to their protocols which will be dependent on currently available or new resources.

A small workgroup comprised of PSTSC members and subject matter experts have been in discussions with Priority Dispatch and PowerPhone to discuss the possibility of updating the EMD protocols that are most likely related to behavioral/mental health crises, to incorporate questions that reflect the risk factors and severity of risk comprising the IRLM. PowerPhone is the first vendor to agree to work with PSTSC on this project due to the flexibility of its protocols. Several meetings have been convened resulting in a project plan including timelines and potential costs. Work has begun on developing questions to incorporate into relevant emergency protocols that will result in referrals of individuals experiencing behavioral/mental health crises to 988 call centers or co-response teams as applicable and available. Once this work is completed, PSAPs may begin working with PowerPhone to update their protocols. One PSAP will serve as a beta test site for implementation of the protocols prior to statewide implementation.

The anticipated timeline for implementation is displayed below:

- November 2023 – Agree on incident protocols requiring changes
- January 2024 – State partners submit suggested changes to PowerPhone
- January 2024 – PowerPhone accepts changes
- April 2024 – Changes are submitted to Emergency Medical Director(s) for approval
- May 2024 – Changes are beta tested at one site and system goes live in test site
- August 2024 – PowerPhone executes changes in other Total Response PSAPs
- October 2024 – Other Total Response sites train staff and go live

A meeting was held with Priority Dispatch in mid-December to initiate discussions on its participation in this project. APCO and the PSAPs with customized EMD systems will be contacted in early January to ensure that this work is occurring on multiple fronts in an efficient manner as opposed to occurring in a linear fashion. The goal is to complete work on all of Vendors EMD protocols as soon as possible.

Computer Aided Dispatch (CAD) Vendors

Modifications to EMD protocols will require modifications to the Computer Aided Dispatch (CAD) systems utilized by PSAPs. PSAPs currently using comprehensive full versions of EMD software and those upgrading their systems will likely need to make minimal changes to their CADs because of the interoperability of these systems. However, PSAPs utilizing systems without this interoperability may require additional programming that will require more time and financial resources to be able to reflect changes in protocols and dispatch dispositions. Tasks and resources associated with updating CADs will continue to be assessed as work continues with PSAPs to modify and upgrade their EMD systems.

Interim Risk Level Matrix (IRLM) Concerns

The IRLM was approved by the PSTSC in February of 2023. It is interim in the sense that there will be opportunities to consider modifications as lessons are learned regarding its use across the state. Several issues have been raised by PSTSC members or advocates including: (1) the use of the clinical term “florid psychosis” as a risk factor; (2) response type and time associated with levels 2, 3 and 4 of the matrix; and (3) timing for modifications or updates to the IRLM. In response to the concern related to “florid psychosis,” the language in the matrix has been modified to be descriptive of symptoms that will be more easily understood by 911 telecommunicators, as well as by stakeholders. Secondly, as approved by the PSTSC, response type and time for all levels of the IRLM will be based on the severity of risk, and resources available in PSAPs jurisdictions per the landscape analyses performed by the RACs in consultation with PSAPs with one approved exception. Co-response will be added as a responder type for level 4 (Emergent) of the matrix. The third issue, timing for IRLM modifications was addressed by PSTSC in its meeting on December 7, 2023. At that time, the PSTSC approved a requirement to consider other modifications to the IRLM six months after the current matrix has been implemented in a minimum of two pilot sites from each of the four vendor types. This approach would provide sufficient time to evaluate the use and impact of the current IRLM.

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

The TSIDM 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 Subcommittee met six times over three months.
The continuing work of the subcommittee is to gather feedback and insight into the workplan established in the first year of CESSA. While the CESSA legislation itself does not proscribe the data system development activities, the TSDIM Charter established a number of deliverables for the Subcommittee, and those drove the development of a workplan with these deliverables:

- Current and revised operations
  - Develop and approve performance metrics and sample reports
  - Develop and approve data collection and reporting procedures
  - Develop the operational procedures for communicating between 911 and 988 and between 988 and MCRT (incorporating DMH “interim guidance” and other DMH and CESSA staff work)
- Recommendations for future systems
  - Integrate recommendations for related tech systems from associated funding opportunities
  - Develop recommendations for technical systems and infrastructure necessary to facilitate and automate data collection and contact transfers, including implementation and training recommendations

Over the quarter, the TSIDM went through each of the deliverables above, discussing the technical and operational consideration of each one, and noted possible barriers that will have to be overcome for implementation. After completing the preliminary discussions of the five deliverables above, the TSIDM discussed two overarching and multi-issue concerns: (1) the operational infrastructure that will be necessary to implement the technical supports for CESSA, including oversight and sustainability funding, and (2) training, staff, and workforce supports.

Training and Education Subcommittee
The Technical Subcommittee on Training and Education’s (TETSC) continues to focus on its duties and scope of work, as expressed in its charter, including:

- Recommending training/education plan for behavioral health crisis responder staff inclusive of training cadence, modality, and potential training resources
- Recommending training for 988 Suicide and Crisis Lifeline staff, inclusive of training cadence, modality, and potential training resources
- Recommending training for 911 dispatch staff, inclusive of training cadence, modality, and potential training resources
- Developing and execution of a statewide training plan
- Specifying credentials for staff serving as crisis responders

Credentials for Staff Serving as Crisis Responders

During this period, the TETSC approved the training credentials for the DMH funded MCRTs. Additional work is underway in a parallel initiative under the leadership of the Chief Behavioral Health Officer to streamline and coordinate staffing requirements for both DMH-funded and Medicaid-funded crisis teams. This issue will be revisited by the TETSC following the conclusion of the work of that initiative.

The 911 Telecommunicator Training Plan was approved at the October 10th, 2023, meeting. On November 14th, 2023, the TETSC approved the 988 Suicide and Crisis Lifeline Training Plan. The 590 MCRT's Training Plan will be reviewed and presented for approval during the next quarter. A workgroup was created and is considering recommending Core Training Topics, Engagement Specialist Training Track, MCRT & 988 Crossover Training Topics, and other issues.

Regional Advisory Committees

Following the October in-person meeting, each RAC developed and submitted a draft Project Plan for review by the UIC Crisis Hub. Several plans were subsequently highlighted in the November monthly RAC co-chairs' consultation meeting. Concurrently, the UIC Crisis Hub extracted the best elements of the combined Action Plans and incorporated these into a working template for RACs to then customize their plans and present to their respective RAC membership bodies for review and approval. Final Action Plans were due for submission to the Crisis Hub by November 30, 2023.

A significant highlight from the collective RACs' draft Project Plans is the collaboration occurring in RAC 7, under the leadership of Dr. David Mikolajczak, EMS/MD Silver Cross Hospital, Dr. Sharronne Ward, CEO, Grand Prairie Services (Chair and Co-Chair, respectively), and Anthony Marzano, CEO Will County 911. Will County 911 is an independent PSAP and script vendor located in Joliet, Illinois. This PSAP has the unique opportunity to write their own scripts and protocols, which direct the decision determinants for the Will County 911 telecommunicators. Their protocols are approved under the authority of Dr. David Mikolajczak and the Illinois Department of Public Health. This unique opportunity between Will County 911 and Silver Cross Hospital allows for the first test case among the eleven RACs to ascertain the efficacy of changes made in Level I IRLM by redirecting crisis calls from 911 to 988.

Finally, the departure of Chairs and Co-Chairs in some RACs has created concerns about regional CESSA leadership. During the last quarter two EMS Medical Directors relinquished their role as Chairperson. IDPH has encountered difficulty identifying alternate EMS/MDs to accept these appointments, citing increased work responsibilities prohibiting ongoing participation, an assumption that tenure for RAC responsibility would terminate after one year, and frustrations with productivity. Four of the original behavioral health leaders who function as Co-Chairs and administrative leads have completed their service in the RACs and been replaced by new Co-Chairs. However, this level of turnover creates some instability in RAC leadership and will require careful attention and support. This has also prompted an opportunity that is more fully discussed below. and Departures also occurred by those Behavioral Health leaders

serving in the roles of RAC co-chairs. In one region, both the Behavioral Health co-chair and the EMS/MD co-chair resigned their roles simultaneously. This has resulted in a total lack of leadership for that region.

CHALLENGES AND OPPORTUNITIES

The FY 2024 first 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 as they likely require 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 makes 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.

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, 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 October SAC retreat acknowledged this requirement and supported the plan to quantify the financial need and report it to the ILGA. Concerns

were expressed by the SAC if the ILGA is inclined to find appropriation for this work, it would not result in funding before the next fiscal year.

Geographic Distance Limitations of Mobile Crisis Response Teams to Meet Crisis Response Expectations

Despite the establishment of MCRTs 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 DHS/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.

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.

Vendor Customization of Protocols

As noted above, there are three emergency call handling 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.

Implementation Timeline

Given the complexities with implementation as noted above, it is more likely to assume that this 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.

Appendix A: Implementation Project Plan Status

	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	√		In Process		√S							
Regions conduct analysis of Landscape Survey Data and summarize findings for each PSAP jurisdictional area	√		In Process			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		In Process			In Process						
Update (APCO, PD, Power Phone, and Independent) protocols for review and approval by EMD Medical Directors (Fiscal consideration)						In Process						

Key		
X=Due Date	√S = Completed by SAC	√R = 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			In Process			In Process						
Review EMD protocols to assess fit with recommendations for Levels 2 and 3 of IRLM						In Process		X				
Complete process for updating EMD protocols with CAD vendors						In Process			X			
Complete process, working with vendors, to update CAD systems (Fiscal consideration)						In Process			X			
Determine process for standardizing reporting of PSAPs CAD determinate codes									X			
SOP for coordination between LE, EMS, and MCRT					X	In Process						
Review best practices for diversion of non-violent misdemeanants			√									
Complete local SOPs for non-violent misdemeanants						In Process	X					
Update all local SOPs										X		
Training and Education												
Approve/adopt credentials for crisis staff			√									

Key		
X=Due Date	√S = Completed by SAC	√R = 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				√S								
Approve/adopt training requirements for MCRT staff					X	In Process						
Approve/adopt training requirements for 988 staff						√						
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			In Process	X					X
Develop and approve data collection and reporting procedures			X			In Process		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)						In Process		X				X

Key		
X=Due Date	√S = Completed by SAC	√R = 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						In Process			X			X
Develop recommendations for technical systems and infrastructure necessary to facilitate and automate data collection and contact transfers, including implementation and training recommendations						In Process			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	√S = Completed by SAC	√R = Completed by Regions

Respectfully submitted by

Illinois Department of Human Services
Division of Mental Health
dhs.dmh.cessa@illinois.gov

IDHS
ILLINOIS DEPARTMENT OF HUMAN SERVICES
DIVISION OF
MENTAL HEALTH

Behavioral Health Crisis Hub
Jane Addams Center for Social Policy and Research
University of Illinois Chicago
cessa@uic.edu

UIC
UNIVERSITY OF
ILLINOIS CHICAGO
Jane Addams College of Social Work