

**ILLINOIS STATE POLICE**  
**Office of the Statewide 9-1-1 Administrator**



**State of Illinois**

**Application for**  
**9-1-1 Consolidation Plan**

# INTRODUCTION

The following document provides the application for submitting a 9-1-1 Consolidation Plan that will supply the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with the necessary information about your proposal to consolidate your 9-1-1 system. All consolidation plans must comply with 83 Ill. Adm. Code Part 1324.

The following 9-1-1 system changes require Administrator approval:

- 1) Consolidation of a county with an existing 9-1-1 Authority and the creation of a Joint ETSB
- 2) Consolidation of two or more ETSB's resulting in the creation of a Joint ETSB and consolidation of individual PSAP(s)
- 3) Consolidation of a PSAP(s) from another 9-1-1 Authority

The Consolidation Plan must include the following documents:

<b>General Information</b>	Contact and 9-1-1 System information.
<b>Verification</b>	Notarized statement of truth regarding information provided in the plan.
<b>Letter of Intent</b>	Letter sent to the 9-1-1 System Provider with a copy of the plan.
<b>Narrative Statement</b>	A detailed summary of the changes to the proposed system's operation includes costs and financial implications.
<b>Communities Served</b>	A list of all communities that are served by the 9-1-1 System.
<b>Participating Agencies</b>	A list of public safety agencies (Police, Fire, EMS, etc.) who are directly dispatched by the 9-1-1 System.
<b>Adjacent 9-1-1 Authorities</b>	List of adjacent 9-1-1 authorities that provide call handling and/or aid outside of your jurisdictional boundaries.
<b>Originating Service Providers (OSP)</b>	A list of each OSP's, exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.
<b>Test Plan</b>	The 9-1-1 System's overall plan detailing how and to what extent the network and database will be tested.
<b>Zip Codes</b>	List each Zip Code within the 9-1-1 System boundary.
<b>Ordinance</b>	The local ordinance(s) that dissolves an existing ETSB or Joint ETSB or creates a new Joint ETSB.
<b>Intergovernmental Agreement/ Ordinances</b>	The Intergovernmental Agreement (IGA) that creates the Joint ETSB and any other IGAs, ordinances, resolutions and/or contracts that are pertinent to the consolidation.
<b>Bylaws</b>	That outline the structure, membership requirements, voting procedures, decision-making process, financial management, and operational guidelines, ensuring equitable representation and transparent governance while adhering to relevant legal frameworks, with key elements including: purpose statement, membership criteria, board composition, financial obligations, dispute resolution mechanisms, and amendment procedures.

**Backup PSAP Agreement**

The agreement that establishes back-up service due to interruptions or overflow services between PSAPs.

Backup PSAP Agreement is not Changed/Affected by this Consolidation.

**Call-Handling Agreement(s)**

Call handling agreements describe the primary and secondary dispatch agreement method(s) to be used by requesting participating agencies within their respective jurisdictions and the Adjacent 9-1-1 Authorities.

Call Handling Agreement(s) are not Changed/Affected by this consolidation.

**Network Diagram**

Provided by the 9-1-1 system provider showing network, backup PSAP configuration and pre-determined alternate route(s).

Consolidation Plans must be filed electronically on the ISP's website at:

<https://isp.illinois.gov/Statewide911Division/ConsolidationPlansAndWaivers> where you will see the box below:





# VERIFICATION

I, \_\_\_\_\_, first being duly sworn upon oath, depose and say that I am \_\_\_\_\_, of \_\_\_\_\_; that I have read the foregoing plan by me subscribed and know the contents thereof; that said contents are true in substance and in fact, except as to those matters stated upon information and belief, and as to those, I believe same to be true.

\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, ILLINOIS

# 9-1-1 SYSTEM PROVIDER LETTER OF INTENT

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(9-1-1 System Provider Company Representative)

\_\_\_\_\_  
(9-1-1 System Provider Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Dear \_\_\_\_\_:

This letter is to confirm our intent to consolidate our 9-1-1 System with (Name all 9-1-1 authorities that will be involved).

Enclosed is your copy of our Consolidation Plan to be filed with the Illinois State Police for approval.

Thank you for your assistance in this matter.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

enclosure: Consolidation Plan

# NARRATIVE STATEMENT

Answer the questions below to provide a detailed narrative to assist the Illinois State Police (ISP), Illinois Commerce Commission (ICC) and the Statewide 9-1-1 Administrator (Administrator) with an understanding of your Plan as it applies to this application. This information helps the 9-1-1 System Authority assess the feasibility of the consolidation, ensuring that it improves the overall efficiency and effectiveness of public safety operations. All PSAPs must meet the requirements defined in Part 1324 – Subpart B.

## 1. Overview of the Consolidation Plan

**Introduction and Purpose:** Provide a clear explanation of why the consolidation is being proposed (e.g., improving efficiency, reducing operational costs, enhancing service).

**PSAPs Involved:** Identify the specific PSAPs being consolidated, including a map of their locations and service areas.

**Timeline:** Include the timeline for the consolidation, including milestones and expected completion date.

## 2. Operational Details

**Current and Proposed Staffing:** Provide information about current staffing levels at each PSAP, and how staffing will be restructured post-consolidation (e.g., changes in the number of full and part time dispatchers, supervisors, etc.).

**Technology and Equipment:** Provide a description of the technology and infrastructure at each PSAP, and any upgrades or changes planned to support the consolidation (e.g., number of answering positions for all PSAPs prior to and after consolidation, phone systems, CAD, radio systems, and radio system compatibility with participating and adjacent/mutual aid agencies etc.).

**Originating Service Provider:** Provide a list of each OSP's, exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) (Page 20). Explain how split exchanges will be managed.



**Text-to-9-1-1:** Provide information about your text to 9-1-1 capabilities. (e.g., who is your Text Control Center (TCC), is the delivery of text integrated 9-1-1 Text (SMS), integrated 9-1-1 Text (RTT), can you receive 9-1-1 Videos/Pictures (MMS).

**Operational Procedures:** Provide a summary of how day-to-day operations will be affected by the consolidation, including call-handling procedures and any new protocols that will be implemented. Include a listing of all Participating Agencies directly dispatched as defined in Part 1324.200 b)3).

**Training and Transition Support:** Provide information on how staff will be trained in new systems and processes, and how the transition will be managed to minimize disruptions.

### 3. NG9-1-1 System

**Network Diagram:** Provide an updated NG9-1-1 Network system diagram. The diagram is prepared by your 9-1-1 System provider.

**GIS Database:** Have all areas within the 9-1-1 System been addressed? Have the seven required layers; street centerline, PSAP, Law, Fire, EMS and Provisioning boundaries and Address Points been updated in the ISP NG9-1-1 Database? Provide the contact information (name, email address, phone numbers) for the System's Local Data Steward and Data Maintainer. How often will the database be updated when there are new roads and road name changes, annexations that require the Law, Fire or EMS boundary layer to be modified or an update to the ISP NG9-1-1 Data Loading Tool?

#### 4. Impact on Service Delivery

**Response Times:** Include a projection of how consolidation will affect emergency response times, including any potential improvements or challenges.

**Service Coverage:** Provide an assurance that service will remain consistent across all areas currently served by the PSAPs involved.

**Interoperability:** What is the plan to ensure the new consolidated PSAP will be able to communicate effectively with neighboring PSAPs, emergency responders, and other relevant agencies?

**Public Communication:** Provide details on how the public will be informed about the consolidation and any potential disruptions or changes to how they access emergency services.

## 5. Cost and Financial Implications

**Cost Analysis:** Provide a breakdown of the costs associated with the consolidation, including technology, staffing, training, and infrastructure changes.

**Cost Saving:** Provide an estimate of any potential cost savings resulting from the consolidation, including efficiency improvements and resource sharing.

**Funding Sources:** Provide information about how the consolidation will be funded, including any state, federal or local grants, and the 9-1-1 System Authority's role in supporting the transition.

**Reserves:** Total reserves each 9-1-1 System Authority is transferring to the JETSB

## 6. Compliance and Legal Considerations

**Regulatory Compliance:** Provide an assurance that the consolidation plan complies with local, state, and federal regulations, including 9-1-1 system standards, laws governing PSAP operations, and public safety requirements.

**Liability and Risk Management:** What consideration has been given to any potential legal or liability issues arising from consolidation, and how these risks will be managed?

**Public Safety Requirements:** Provide confirmation that the consolidation will not negatively affect the safety of the public or first responders.

## 7. Performance Metrics and Evaluation

**Performance Monitoring:** What is the plan for monitoring the performance of the consolidated PSAP, including metrics such as call-answering times, dispatch accuracy, and response times?

**Ongoing Evaluation:** What is the strategy for evaluating the success of the consolidation over time and making adjustments as needed?

## 8. Backup and Continuity of Operations Plan

**Business Continuity:** Provide details on how the PSAP will maintain operations in the event of a failure (e.g., backup power, disaster recovery plans, data redundancy).

**Redundancy Plans:** Provide a description of systems and processes in place to ensure continuity in emergency services, even if certain aspects of the consolidated PSAP encounter technical issues.

## 9. Risk Assessment and Mitigation

**Risk Identification:** A thorough analysis of potential risks associated with the consolidation, such as service interruptions or equipment failures.

**Mitigation Strategies:** Concrete strategies to address identified risks and ensure that emergency services remain operational at all times.

**Security Measures:** What security measures will be placed on the PSAPs IP 9-1-1 network and equipment to safeguard it from malicious attacks or threats to the operation of the system. What level of confidentiality will be placed on the system in order to keep unauthorized individuals from accessing it?



# COMMUNITIES SERVED

Provide a list of all communities to be served by the proposed 9-1-1 System. Include the name of the community and the official mailing address including street address, city, and zip code.

*Use Additional Sheets as Necessary*

CITY, TOWN, OR VILLAGE	STREET ADDRESS, CITY, ZIP CODE

## PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are directly dispatched by the 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Troops, if applicable. Each agency that appears on this list requires a signed Call Handling Agreement.

PARTICIPATING AGENCY	STREET ADDRESS, CITY, ZIP CODE	ADMIN TELEPHONE NO.	DIRECT DISPATCH	TRANSFER (Y/N)

## ADJACENT 9-1-1 AUTHORITIES

Provide a list of 9-1-1 Authorities that are adjacent to the proposed system's boundaries. Each 9-1-1 Authority that appears on this list requires a signed Call Handling Agreement.

AGENCY	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

# ORIGINATING SERVICE PROVIDERS (OSP)

(Wireline, Wireless, VoIP, Text)

A list of each OSP’s exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.

*(ADD ADDITIONAL PAGES AS NEEDED)*

ORIGINATING SERVICE PROVIDER	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

# TEST PLAN

1. The Test Plan defines testing with all OSPs and Aggregators who are known, including but not limited to, call testing, system overflow, system backup, pre-determined alternate routing, call transfers, NG9-1-1 address components and functionality, Integrated Text to 9-1-1 for Short Message Service (SMS) or Real Time Text (RTT) and if applicable, Multimedia Messaging Service (MMS), measurement tools, reporting solutions and voice and speech quality. The Test Plan should include Failover Test Cases, Network Equipment Test Cases, Call Handling Equipment Test Cases, Call Processing Test Cases including Text and Split Exchange Testing.

2. List wireline exchanges to be tested.

3. List of Wireless, Text and VoIP Carriers to be tested.

# ZIP CODES

Provide a list of Zip Codes for the communities within the boundary of your 9-1-1 System along with those being added. The Statewide 9-1-1 Bureau will determine the 9-1-1 Authority's zip code percentage using the NG9-1-1 GIS Address Point data within each Zip Code Boundary.

A large, empty rectangular box with a black border, intended for the user to provide a list of zip codes for their 9-1-1 system.