IL-APCO/INENA Joint Legislative Committee Office of the Statewide 911 Administrator Update

Ralph Caldwell, Illinois APCO – Co-Chair

John Ferraro, Illinois NENA – Co-Chair

Cindy Barbera-Brelle – 911 Administrator

Introductions

- Cindy Barbera-Brelle – Statewide 9-1-1 Administrator
- John Lowder, Legislative Consultant
- Ralph Caldwell, Illinois Legislative Committee APCO Co-Chair
- John Ferraro, Illinois Legislative Committee NENA Co-Chair
- Brent Reynolds, Illinois APCO President
- Shelley Dallas, Illinois NENA President

Today's Agenda

- Legislative Consultant for IL-APCO/INENA – John Lowder
  - What's going on in Springfield?

- Statewide 9-1-1 Administrator – Cindy Barbera-Brelle

- Mental Health Co-Responder Models
  - Peoria Chief Eric Echevarria
  - U of I Lt. Racheal Ahart – Community Outreach and Support Team

- Legislative Committee Updates – Ralph Caldwell, John Ferraro
  - 9-8-8/CESSA/Sweeps
  - ETSA Rewrite
  - Plenty of time for your questions

9-1-1 Legislative Update

OCTOBER 24, 2022

Presented by John Lowder, Legislative Consultant

HB 1321 – First Responder Mental Health Grant Program

▶ Creates a grant program to provide behavioral health care services for first responders (includes public safety telecommunicators.)

▶ These services are in addition to health care services already provided by the first responders' insurance.

▶ No funds have been appropriated for this program to date nor has the fund been established in the state treasury.

HB 1571 – Off-Hours Child Care Grant Program

- Provides grants to licensed day cares to expand services to include off hours, night, or sleep time childcare for first responders.

- First responders is defined as EMTs, firefighters, police, and any other third shift emergency worker the Department wishes to include.

- The grants may be used by the day care provider to cover any operational or capital costs.

- To date, no money has been appropriated for this program, but the fund has been created within the state treasury.

HB 5502 – 9-1-1 Telephone System Re-Write

- Added some new definitions

- Establishes rules and protocols around MLTS system.

- Clarifies the duties of public safety telecommunicator supervisor

- Establishes that interconnected VOIP providers are responsible for imposing, collecting, and remitting surcharge.

- Act is repealed on December 31, 2023

SB 3127 – References Emergency Medical Dispatchers as First Responders

- Specifically references emergency medical dispatchers as first responders under the following acts:
  - First Responder Mental Health Awareness Day
  - Public Health code in relation to federally required statewide response plans
  - Under the school code when devising response plans for student athletes suffering from head trauma
  - The School Safety Drill Act
  - Suicide Prevention Alliance
  - The Cannabis Health Advisory Committee
  - Methamphetamine Precursor Control Act

State Budget

FY 18	$41,451.0
FY 19	$40,195.0
Difference	($1,256.0)

FY 19	$40,195.0
FY 20	$40,120.0
Difference	($75.0)

FY 20	$40,120.0
FY 21	$47,250.0
Difference	$7,130.0

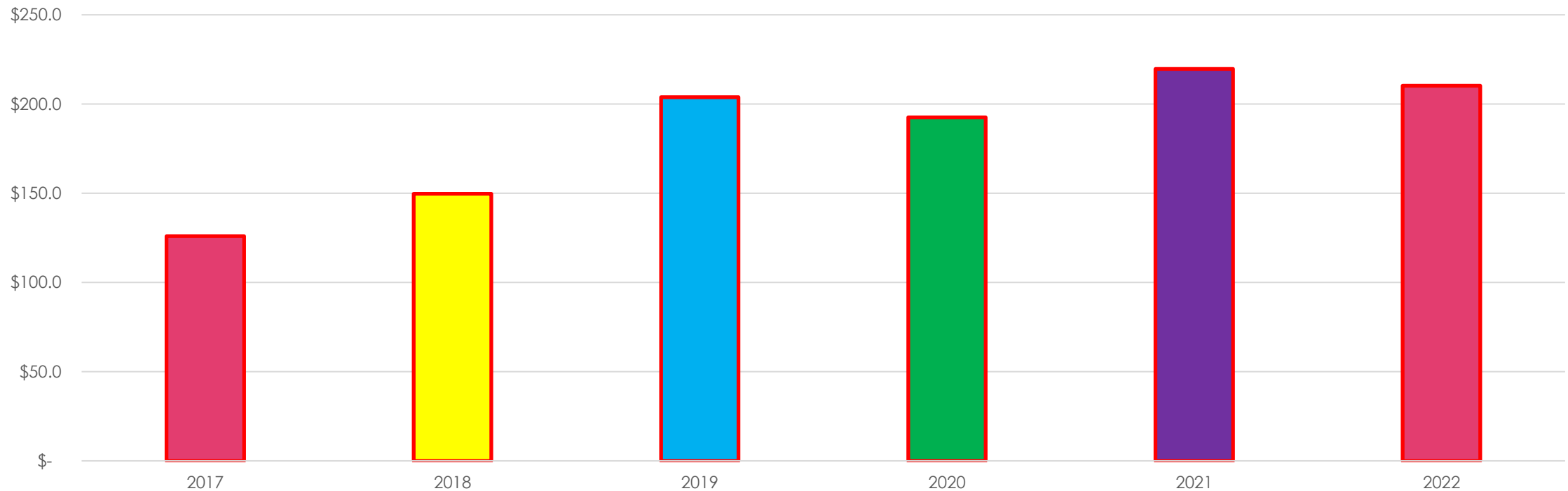| FY 21	$47,250.0
FY 22	$51,070.0
Difference	$3,820.0

ANNUAL STATE GRF REVENUE GROWTH SINCE THE FY 18

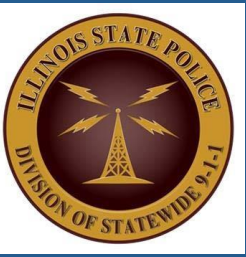# Monthly Deposits into the Statewide 9-1-1 Fund

Monthly Deposits into the Statewide 911 Fund
(in millions)
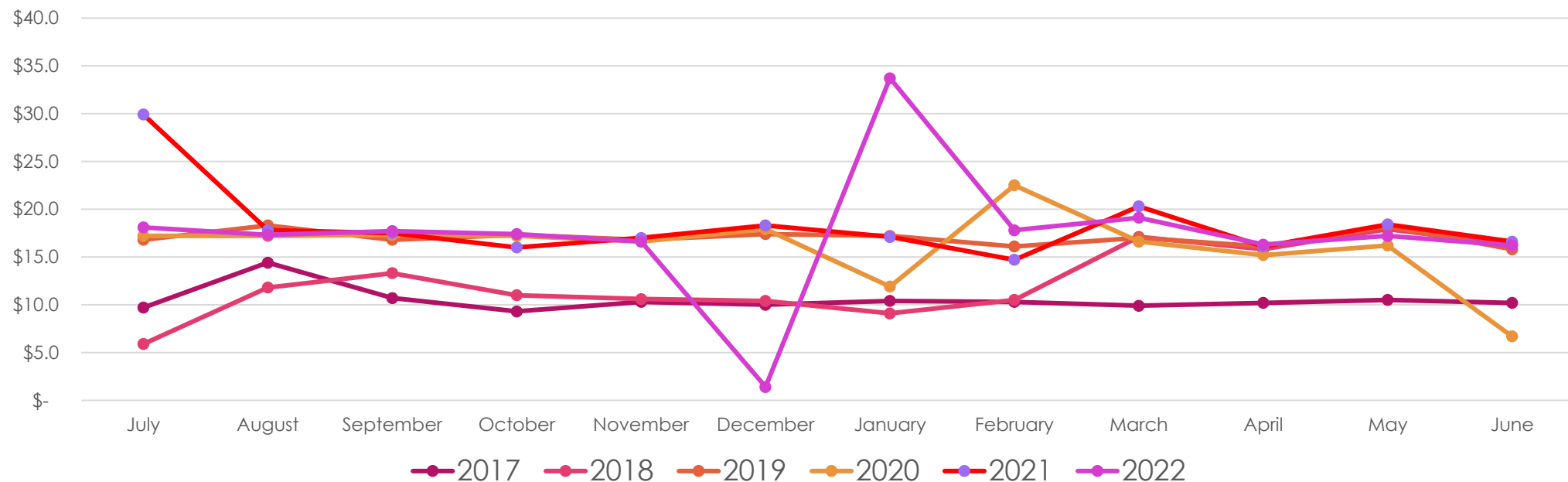
Annual Deposits into the Statewide 9-1-1 Fund

Annual Deposits into the Statewide 911 Fund
(in millions)

Office of the Statewide 9-1-1 Administrator's Update

Unserved Counties

Stark County is consolidating with Peoria County

- Projected to go live 4th Quarter 2023

2022 Consolidation/Modification Plans

Consolidations (1)

- Stark County consolidating with Peoria County

Modifications (36)

- PSAP Closings
- Backup Changes
- Transition to NG911

Statewide NG911 System Update

Statewide NG911 System

- Transition to the AT&T ESInet
  - 14 PSAPs to date
  - 10 additional PSAPs by the end of the year
  - 92 PSAPs in 2023

Text to 911

Text Control Center Invitation for Bid (IFB)

- SPO final review of the IFB document in progress

Z-Axis Status

Delivery of the Z-axis coordinate and Z-axis uncertainty data

- Dependent on interaction of multiple components
  - Data sent by OSPs (required where possible since Summer 2021 by the FCC)
  - ESInet/NGCS capability to pass received data
  - Ability of PSAP CHE to receive and process received OSP caller data
- June 2021 FCC Consent Decrees required OSPs to deliver Z-axis data where available across USA

Z-Axis Status

Provider and CHE Vendor Capabilities

- OSPs, MPC / GMLC, ALI providers - all support Z-axis and Z-axis uncertainty data passing

- AT&T ESInet - supports passing of Z-axis coordinates and spherical (single radius) uncertainty; product new release October 2022 will allow for ellipsoid shape / uncertainty data, most general case

- Intrado VIPER – currently supports Z-axis and Z-axis uncertainty data in two releases (v5.1 and v7)

- Motorola Vesta – No support yet for either Z-axis or Z-axis uncertainty; planned to be supported in v8.1, in 1Q2023

- Motorola CallWorks – Verification in progress

- Solacom – Solacom support for Z-axis and Z-axis uncertainty to be available in 4Q2022 in release 21.6, scheduled for delivery to AT&T Labs for testing, 11/4/22

- Zetron – can accept Z-axis and Z-axis uncertainty data but does nothing with it other than pass the 3D coordinated to their map

- Moducom – Verification in progress

- Central Square – Verification in progress

Solving Gap and Overlap Issues

Gaps and Overlaps

- This is a significant problem
- Cannot be off by more than 2 feet per Intrado
- Next tool download will contain a properly reprojected Census county boundary layer
- Use this as your NEW Provisioning Boundary unless you have a better locally surveyed county boundary
- WIU has put together an instruction document to assist. The document has been provided to your Data Maintainers.

Intrado NG911 GIS Data Concerns

Specific NG911 GIS Data Concerns

- Provisioning Boundary changes should be infrequent
- After your transition, most maintenance submissions will just include Address Points and Road Centerlines
- Intrado – like all Next Generation Core Services providers – is not yet fully i3 compliant
- Therefore – you STILL NEED TO SUPPLY LEGACY STREET NAME FIELDS
- Provisioning Boundary changes require MANUAL intervention by Intrado and will take longer to implement
- Work out ALL boundary issues with your neighbors first then upload – please do NOT submit piecemeal boundary changes to Intrado.
- Do NOT check the Intrado upload box in the Esri Tool UNTIL YOU HAVE BEEN CLEARED TO DO SO
- Questions on the Tool? Let me know

Terminology Crosswalk

	Old Term	New Term
Location Data Record	ALI	PIDF-LO (Presence Information Data Format – Location Object)
Location Data Repository	ALI database	LIS (Location Information Server) *Sometimes called LDB Location Database*
Routing Data Record	SRDB (Selective Routing Database) *Table indexing TN ranges to* *ESN (Emergency Service Number)*	PSAP Boundary Layer GIS system generated and maintained
Routing Data Repository	SRDB	ECRF (Emergency Call Routing Function)
Routing Data Validation	Master Street Address Guide (MSAG) file / database	LVF (Location Validation Function)

ALI / MSAG Corrections

- No Next Generation Core Service provider is totally i3 compliant
- During the transitional period 911 wireline calls can fall back to Legacy Routing – aka ALI
- ALI will be maintained until Land, VoIP and cell providers are all spatially ready and full i3 compliance is achieved
- Your ALI/MSAG to GIS match rate MUST BE 98% or better
- ALI/MSAG replaced with Presence Information Data Format – Location Object (PIDF-LO/LVF) created from your GIS data
- Legacy fields on road centerline layer will no longer be needed

ALI / MSAG Corrections

- Recommended workflow
  - Obtain your AT&T ALI data from ISP. For Frontier and Lumen request directly.
  - Geocode the ALI data to your address points
    - You will need to create an ArcMap or Pro Geocoder
  - Compare the output address from the Geocoder to the input address from ALI
  - Update your MSAG/ALI records for ANY record that did NOT score a 100 in the Geocoding run
    - Contact your ALI rep to have them do a one-time auto cleanup (Community Names, Street Types, etc.
  - You will find records that are not in your territory – make sure those are moved to the correct entity
  - Redo this process when the next ALI information is available

Illinois 988 Lifeline Call Centers

PATH (Bloomington) – 85 counties-primary; statewide - backup

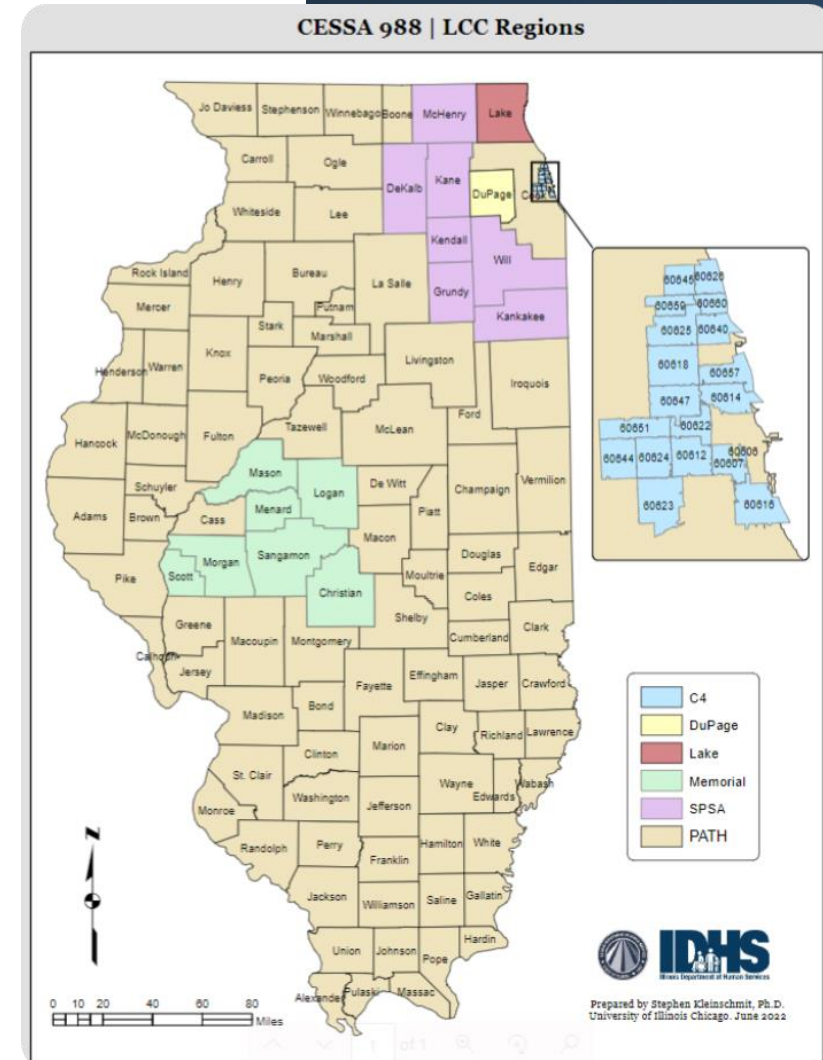Memorial Behavioral Health (Springfield) – 7 counties

Suicide Prevention Services (Batavia) – 7 counties
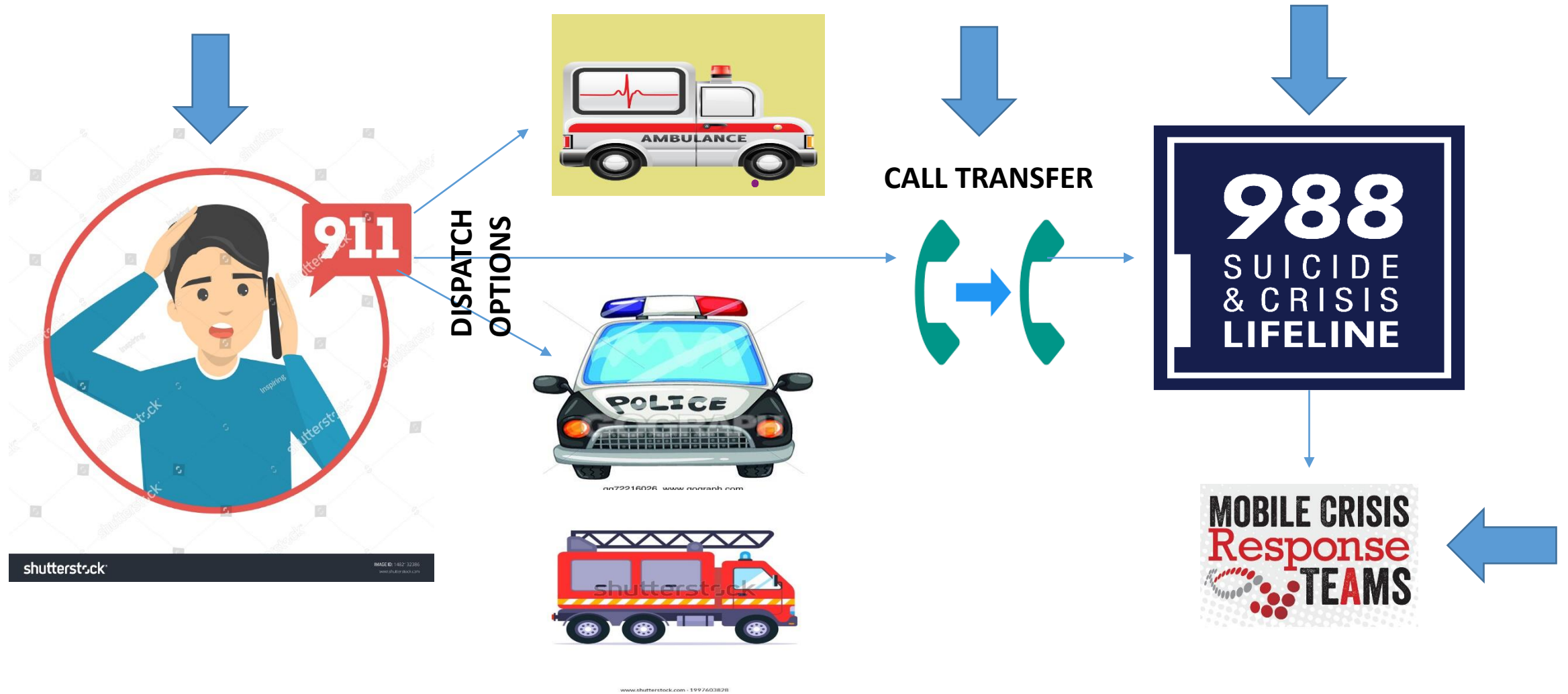
DuPage County Health Department (Wheaton)

Community Counseling Centers of Chicago [C4] – 19 zip codes

Lake County Health Department / Crisis Care Program (Waukegan)

These call centers are "authorized by SAMHSA vendor, Vibrant, and receive grant funds by DMH to do calls, chats and text

CESSA 988 | LCC Regions

Prepared by Stephen Kleinschmit, Ph.D.
University of Illinois Chicago. June 2022

FOCAL POINTS FOR THE WORK OF CESSA

DISPATCHING MOBILE CRISIS RESPONSE TEAMS

IN ILLINOIS, 988 CALL CENTERS WILL DISPATCH MOBILE CRISIS RESPONSE TEAMS

80% of calls are resolved on the phone

71% of responses are resolved in the field

Community Emergency Services and Support Act

- Public Safety Access Points (PSAPs) must coordinate with Mobile Crisis Response (MCR) teams. DMH has developed through its Program 590 to provide a "community-based" response to low-level and low-risk behavioral health crises.

- Coordination will be required across 180 911 PSAPs and dispatched emergency service providers and 68 Mobile Crisis Team program grantees so mobile crisis response can be dispatched whether 988 or 911 is called.

- Specified training will be required for all DMH responders and 911 dispatchers.

- Regional best practices will be developed by the Regional Advisory Committees consistent with the physical realities of various locations.

- Law enforcement must be integrated into processes so that individuals involved in low-level non-violent misdemeanors can be diverted to the mental health system.

- The DHS Secretary shall establish 12 Advisory Committees: one (1) Statewide Advisory Committee and eleven (11) Regional Advisory Committees to assist with the execution of the legislation.

CESSA Committees

- CESSA Statewide Advisory Committee (SAC) – Meeting Monthly
- SAC Technical Advisory Committees – SAC Members and Expert Consulting Group Representatives
  - Protocols and Standards – 1st and 3rd Thursday 2:30-4
    - October 20, November 3, November 17, December 1, December 15
  - Technology, Data Management and Information Sharing – Meeting 2nd and 4th Monday 2:30-4
    - October 31, November 14, November 28, December 12, December 26
  - Training - TBD
  - Public Communications – TBD
- Regional Committees – In Progress

Region 1:   Crisis Hub Lead……Brenda Hampton

CESSA 988 | 590 LCC Dispatch Offices. EMS Region 1
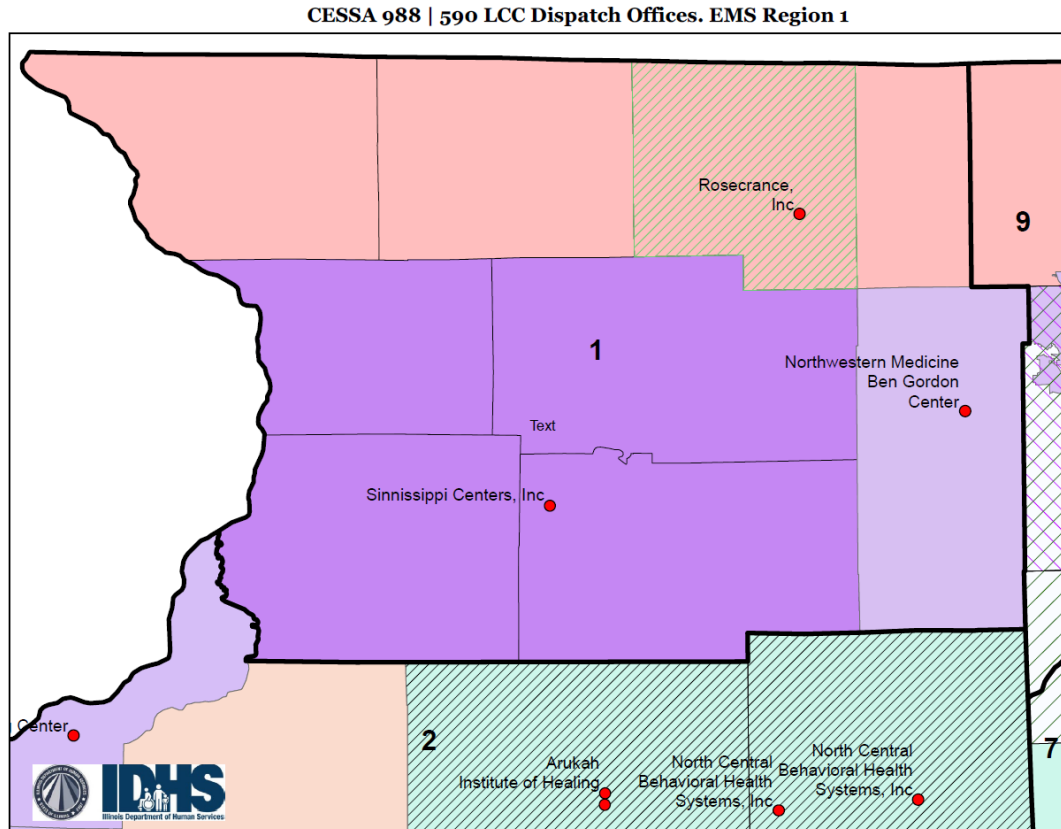
Chair

Dr. Erin Rigert

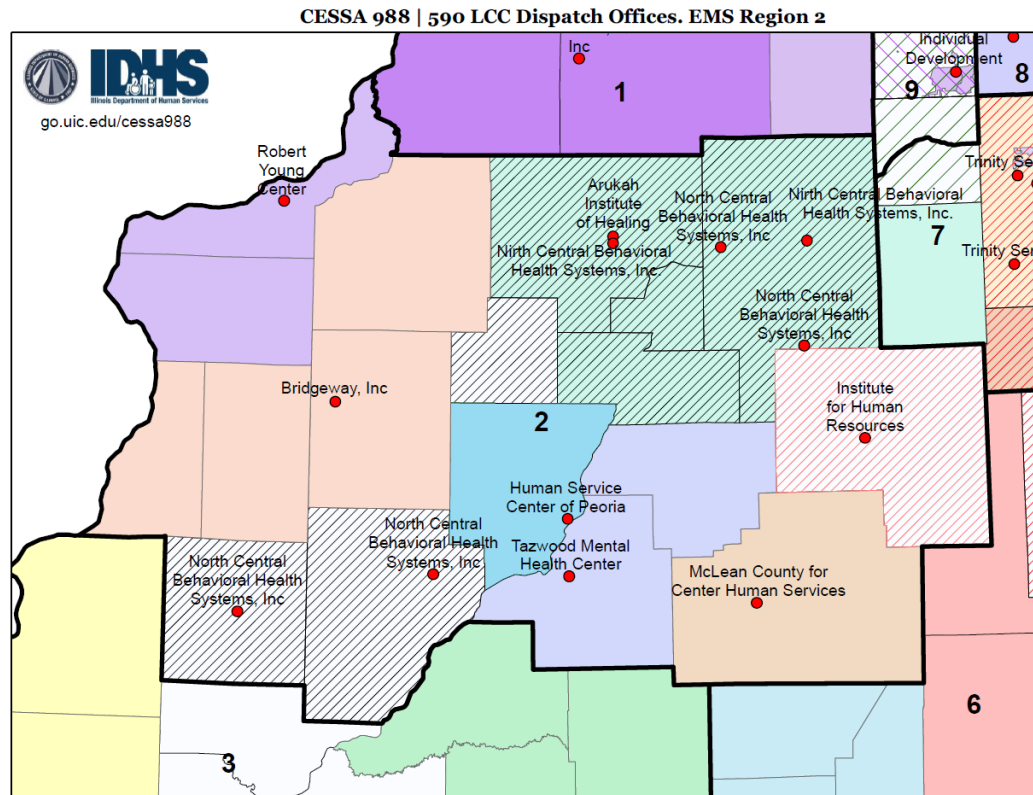EMS Medical Director

OSF Healthcare

Co-Chair

Patrick Phelan

President/CEO Sinissippi Centers

Regional appointments have been approved by all parties. Official appointment letters are in process.

Region 2: Crisis Hub Lead…..Brenda Hampton

CESSA 988 | 590 LCC Dispatch Offices. EMS Region 2

Chair

Dr. Michael Barr

EMS Medical Director

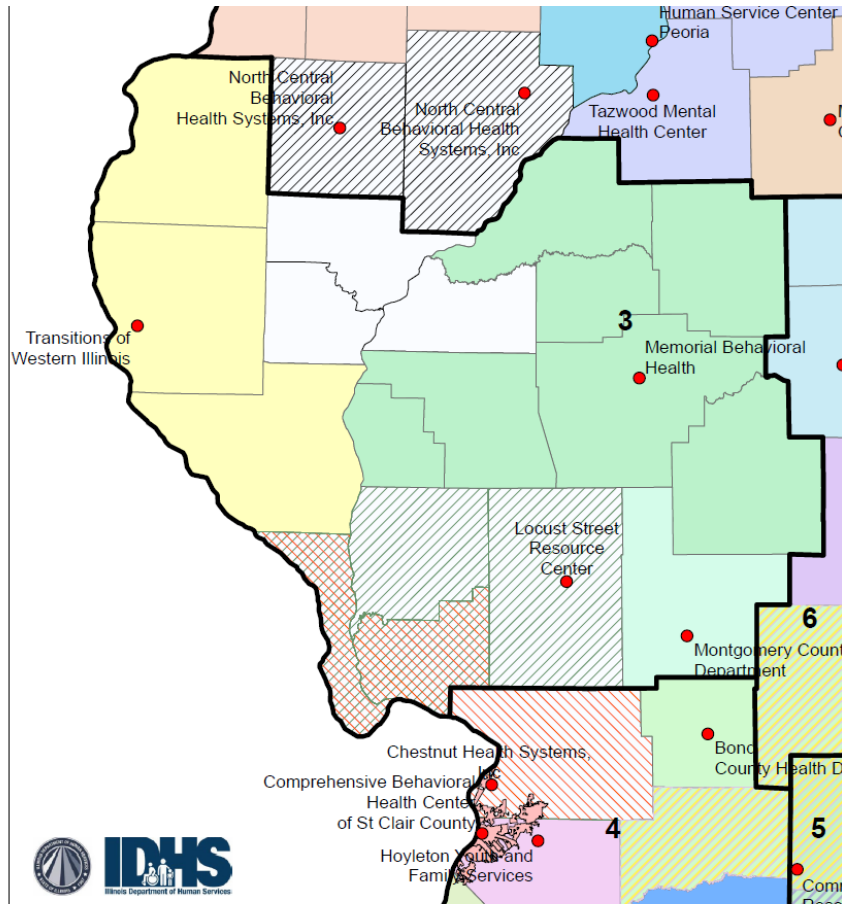Unity Point Health

Co-Chair

Dennis Duke

President

Unity Point Health, Robert Young Center for Community Mental Health

Awaiting approval of regional nominations from chairs.

Region 3: Crisis Hub Lead…..Brenda Hampton

Chair

Dr. Matthew Johnston

EMS Medical Director

Memorial Health

Co-Chair

Diana Knaebe

President

Memorial Behavioral Health

Regional appointments have been approved by all parties. Official appointment letters are in process.

Region 4: Crisis Hub Lead…..Peter Eckart

Chair

Dr. Jeffery Shafer
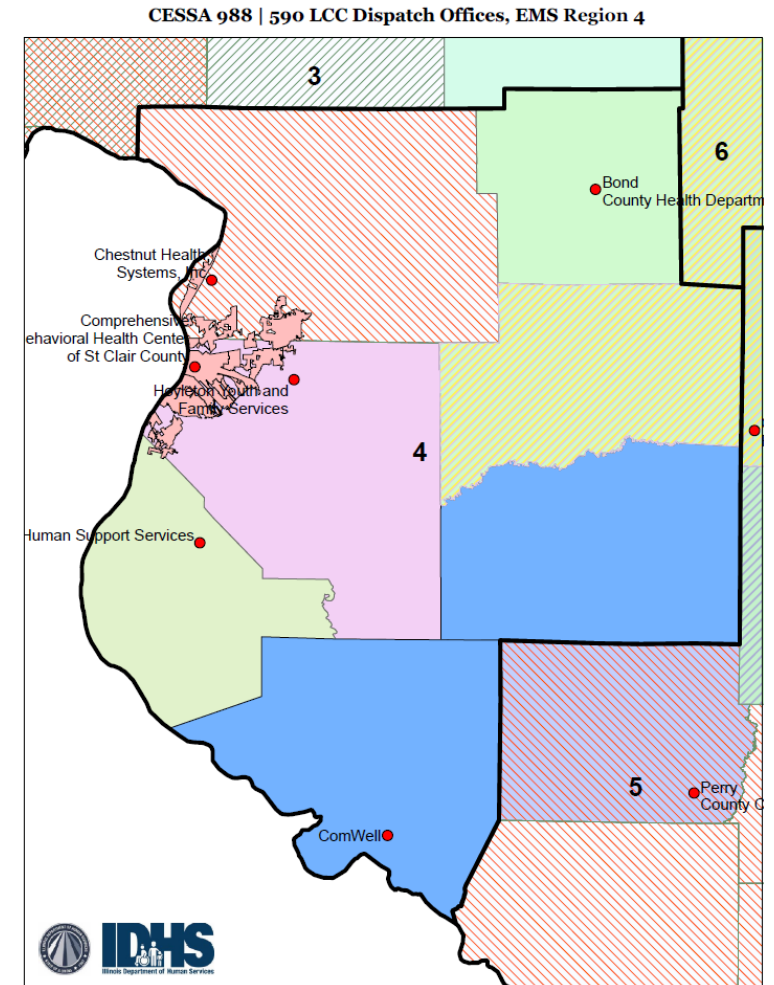
EMS Medical Director

HSHS St. Elizabeth's Hospital

Co-Chair

Julie Brugger

Director of Access and Crisis Services

Chestnut Health Systems

Regional appointments have been approved by all parties. Official appointment letters are in process.

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 4

Region 5: Crisis Hub Lead…..Peter Eckart

Chair

Dr. Joseph Haake

EMS Medical Director

Southern Illinois Healthcare
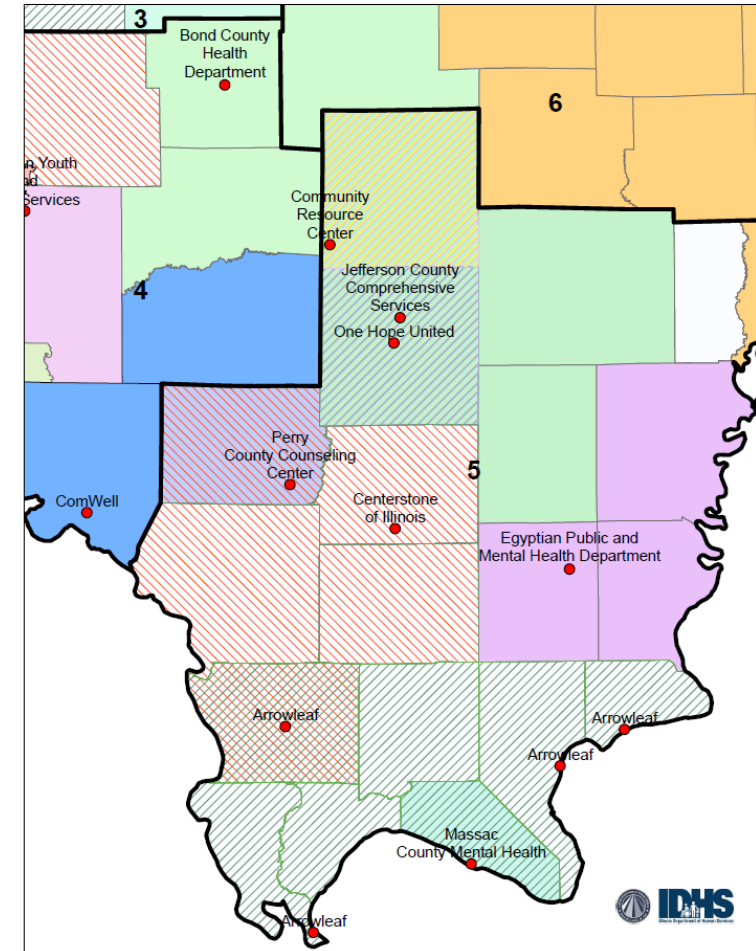
Co-Chair

Sherrie Crab

CEO

Arrowleaf

Regional appointments have been approved by all parties. Official appointment letters are in process.

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 5

Region 6: Crisis Hub Lead…..Peter Eckart

Chair

Dr. Kurt Bloomstrand

EMS Medical Director

OSF Healthcare

Co-Chair

Lynette Ashmore

Executive Director

Lifelinks Mental Health

Regional appointments have been approved by all parties. Official appointment letters are in process.

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 6
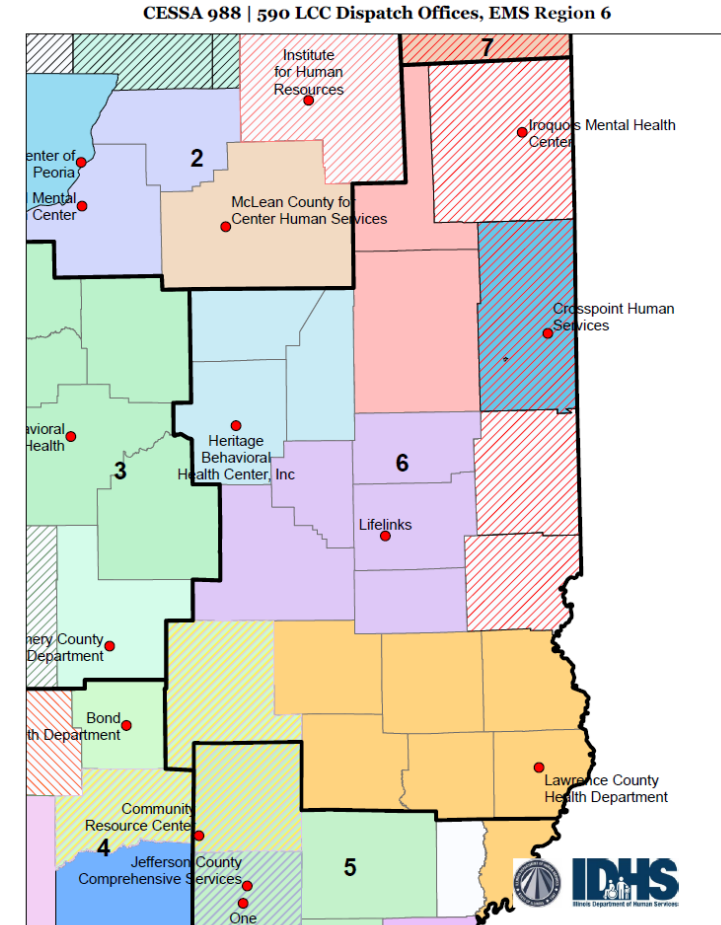
Region 7: Crisis Hub Lead…..Dr. Lorrie Jones

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 7
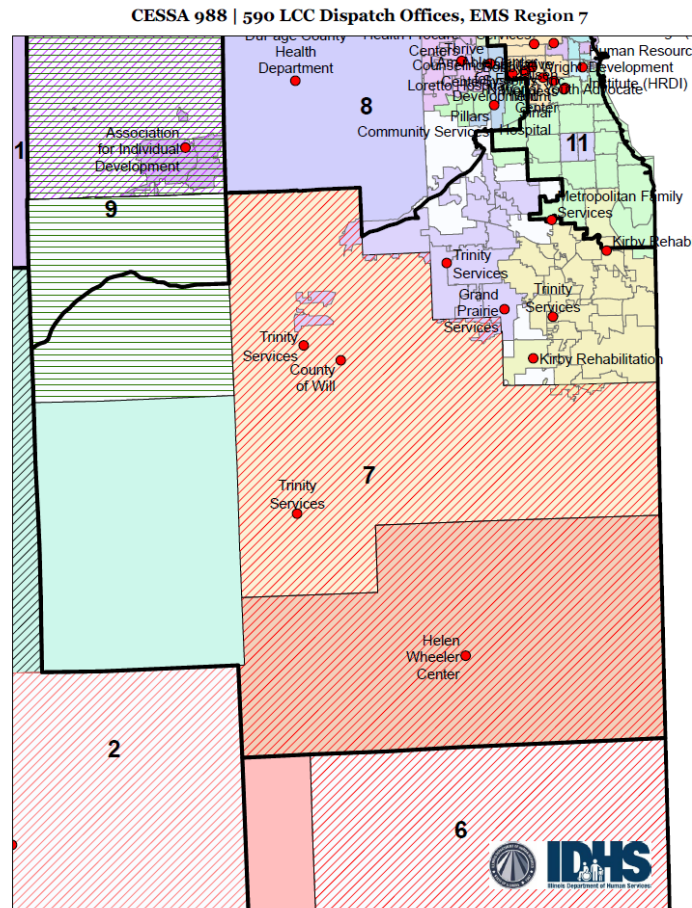
Chair

Dr. Shawn Friedland

EMS Medical Director

Amita Health

Co-Chair

Sharronne Ward

CEO

Grand Prairie Services

Scheduling meeting with Chairs.

Region 8: Crisis Hub Lead…..Dr. Lorrie Jones

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 8
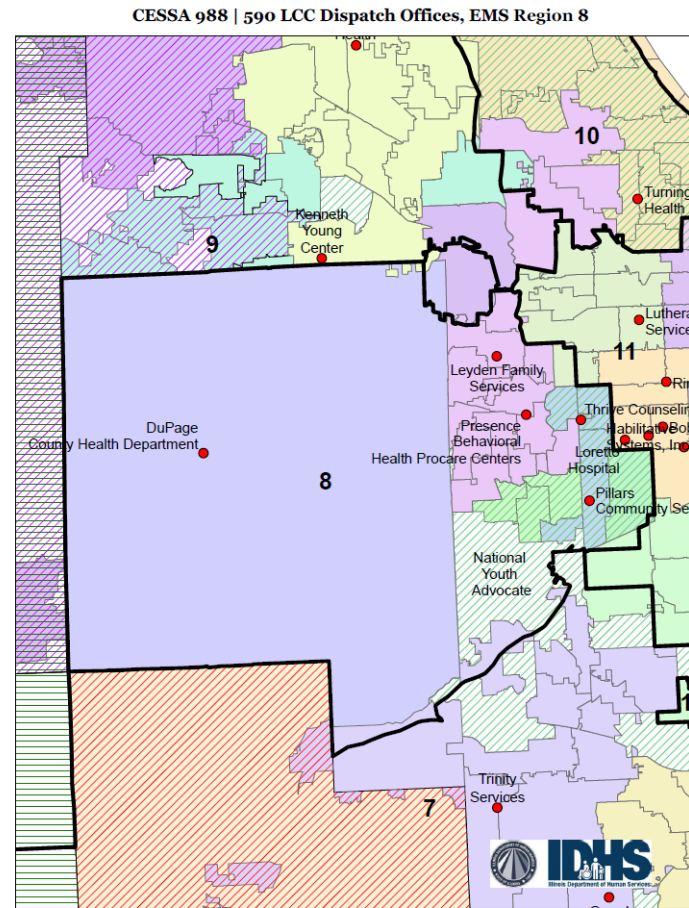
Chair

Valerie Phillips, M.D.

EMS Medical Director

Advocate Good Samaritan

Co-Chair

Lori Carnahan

Director of Behavioral Health

DuPage County Health Department

Reconciling list of recommended members with Co-Chairs

Region 9: Crisis Hub Lead…..Dr. Lorrie Jones

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 9

Chair

Dr. Matthew Jordan

EMS Medical Director

Northwest Community Healthcare

Co-Chair

Dr. David Gomel

President/CEO

Rosecrance

Regional appointments have been approved by all parties. Official appointment letters are in process.

Region 10: Crisis Hub Lead…..Dr. Lorrie Jones

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 10
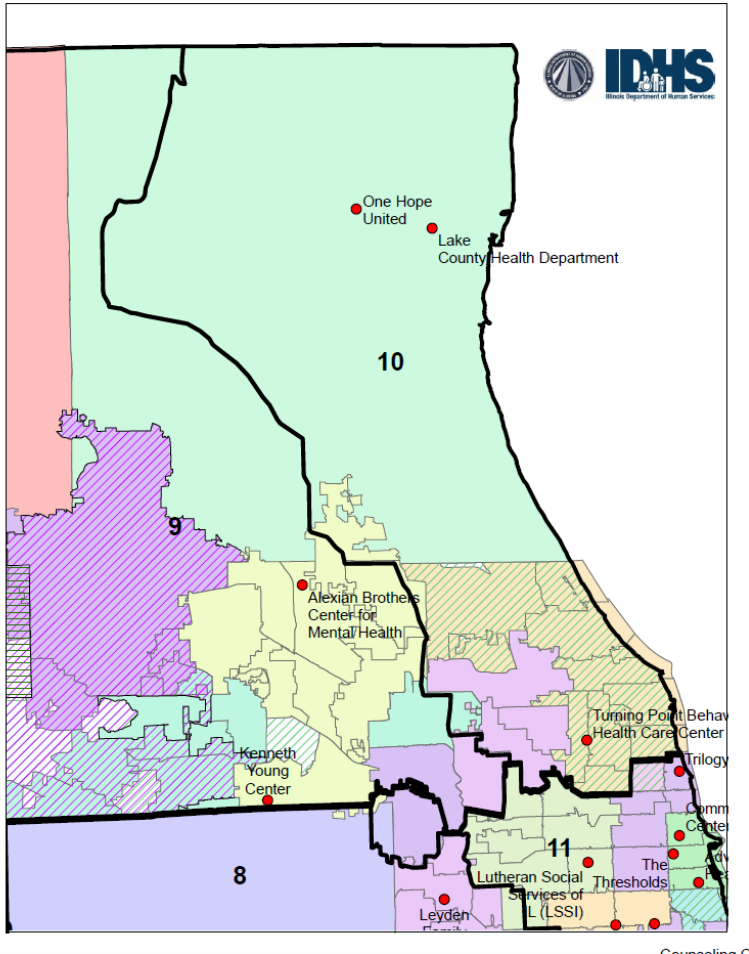
Chair

Dr. Benjamin Feinzimer

EMS Medical Director

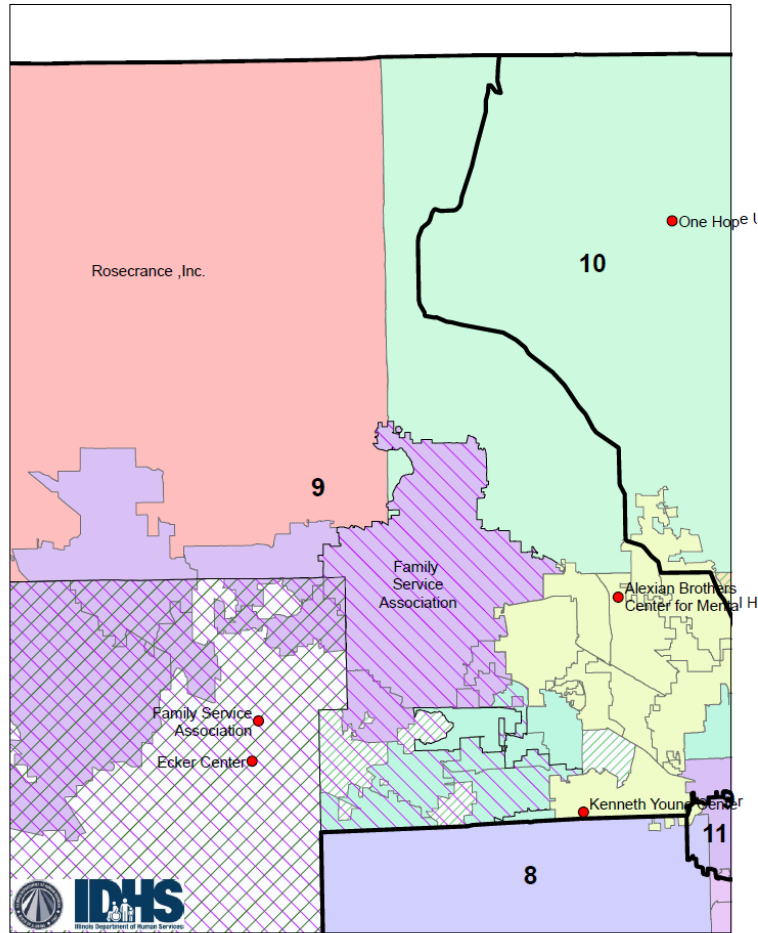Northshore University Health System

Co-Chair

Sam Johnson

Director of Behavioral Health

Lake County Health Department

Reconciling list of recommended members with Co-Chairs

Region 11: Crisis Hub Lead…..Dr. Lorrie Jones

CESSA 988 | 590 LCC Dispatch Offices, EMS Region 11
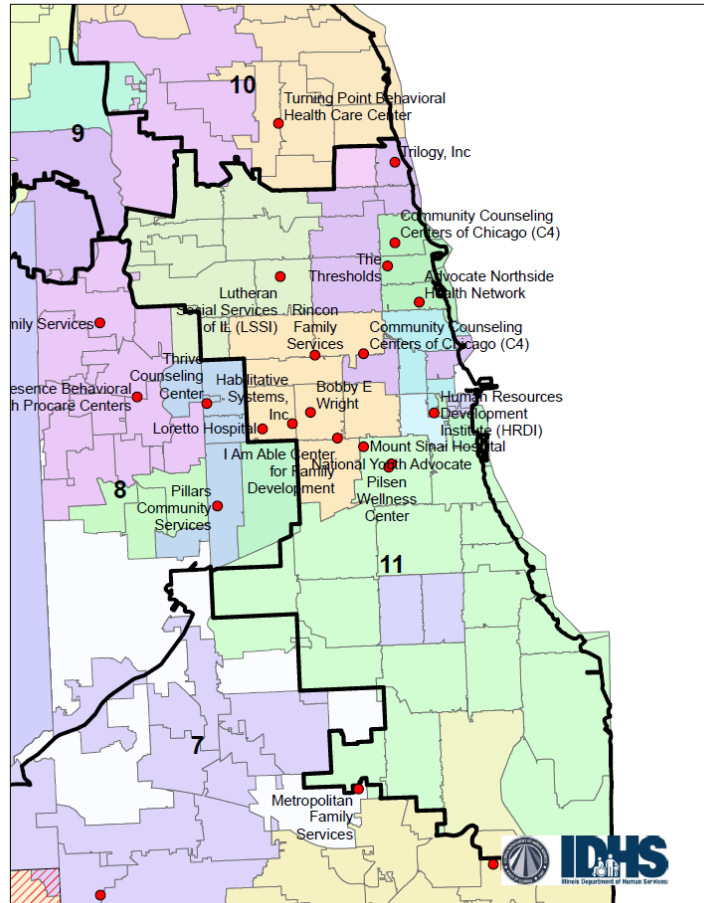
Chair

Dr. Eddie Markul

EMS Medical Director

Advocate Illinois Masonic

Co-Chair

Dr. Rashad Saafir

President/CEO

BEW Community Behavioral Health Center

Reconciling list of recommended members with Co-Chairs

Next Steps: Protocols and Standards Technical Sub-Committee

1. Identify and follow up with other states who have developed and implemented acuity levels (risk strata) and associated dispatch decisions that include Behavioral health mobile crisis response team e.g., alternative response team).

2. Arrange for presentations by most relevant states

3. Begin to develop samples of behavioral health codes used by IL PSAPS and current acuity level assignments

4. Determine what information regions may need to understand capabilities of mobile crisis response in their regions

5. Determine elements of a toolkit for regions to include recommendations such as :
    1. Review of PSAP behavioral health codes
    2. Review of acuity levels (risk strata)
    3. Understand capabilities of BH mobile crisis response teams in the region (e.g, availability; response time)
    4. Understand other existing response models available in the region (e.g, co-responder models
    5. Make assignments of codes to acuity levels
    6. Make assignments of acuity levels to dispatch decisions

IDHS

Next Steps: Technology, Information Systems, and Data Management

CESSA Legislation

(c) 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 in that system. As practical, the system shall attempt to determine issues including, but not limited to:

(1) the volume of calls coordinated between 9-1-1 and 9-8-8;

(2) the volume of referrals from other first responders to 9-8-8;

(3) the volume and type of calls deemed appropriate for referral to 9-8-8 but could not be served by 9-8-8 because of capacity restrictions or other reasons

(4) the appropriate information to improve coordination between 9-1-1 and 9-8-8

(5) the appropriate information to improve the 9-8-8 system, if the information is most appropriately gathered at the 9-1-1 PSAPs.

Discussion regarding data needs and collection

- What data do we need and how do we get it?

- What systems currently track data that we are interested in?

Key Messages

➢ **Most communities in Illinois have Law Enforcement, EMS and Behavioral Heath working collaboratively to meet the needs of persons experiencing a behavioral crisis** as they always have, and without confusion. For example, there are mental health teams existing and responding based on current experience and relationships in their communities.

➢ CESSA will not be implemented until the three legislative conditions are met and not before January 2023. Currently no one will be held accountable for not following requirements of CESSA. This Committee will determine when the regions have met the requirements of CESSA, and it can be considered officially implemented. Until then, it is **business as usual.**

SFY23 Grant Update

- FY23 Grants are moving through the AmpliFund Workflow.

- Grantees have already or will be receiving an email from AmpliFund that indicates that your Grant has been approved. This is the first of several steps in the process.

- Your Grant Agreement will be prepared. AmpliFund is in the process of making changes to the Agreement template that will allow us to proceed with creating Agreements.

- Once created the Grant Agreement will be sent to the Grantee to be electronically signed. Once the Agreement is returned if the award is less than $250,000 the Agreement is sent to the Director's Office to be electronically signed. If the award is greater that $250,000 it is electrically signed by our Legal Office, Chief Financial Office and the Director's Office.

- Then it is Activated and sent to our Procurement Liaison who establishes the obligation which allows you to submit reimbursement requests.

- Reporting and Reimbursement instructions will be provided at that time.

Consolidation Grant Program

- FY24 Consolidation Grant Program - $5,000,000
  - If consolidations occurred in more than one year a separate grant application is required for each year

NG911 Expenses Grant Program

- FY24 NG911 Expenses Grant Program - $7M+
  - Hosted i3 Capable Call Handling Equipment
  - Multi-Media Recording System
  - GIS Projects in Support of NG911

ANNUAL FINANCIAL REPORT (AFR)

Stacy Ross – 911 Manager

- Annual Financial Report (AFR)
  - 9-1-1 Authority
  - Revenue and Expenditure
  - Other Distributions
  - 9-1-1 System Statistics
  - Network Diagram and Call Agreements
- Verify and Submit

- Reports

**Annual Financial Report (AFR) for 2022
is due 01-01-2023**

Note: Data entry into the portal will be enabled on January 1st 2023

Annual Financial Report (AFR) / 9-1-1 Authority

| Authority Information | Revenue and Expenditure | Other Distributions | 9-1-1 System Statistics | Network Diagram and Call Agreements |

9-1-1 Authority

By January 31, and every January 31 thereafter, each emergency telephone system board, qualified governmental entity, or unit of local government receiving surcharge money pursuant to Section 15.3, 15.3a, or 30 shall report to the Department audited financial statements showing total revenue and expenditures for the period beginning with the end of the period covered by the last submitted report through the end of the previous calendar year previous fiscal year in a form and manner as prescribed by the Department.

In this section, your 9-1-1 Authority Name, County and other identifiable information is obtained via Okta login credentials. Complete all remaining fields on the form. This information ensures that ISP Staff knows who to contact with questions and ensures that you are notified if the report is rejected by the system or if it has been successfully submitted.

Please note: Your data is saved along the way to allow you to return and edit as needed. Once the form is complete and meets all requirements, you will then Verify and Submit to Illinois State Police - Statewide 9-1-1.

Revenue & Expenditure

This section is used to record all revenue and expenses for the 9-1-1 Authority during the previous calendar year (i.e., January 1st to December 31st). It also requires an entry for cash reserves. The 911 Authority is responsible for tracking and reporting all revenues and expenses for the previous calendar year. Expenses the State pays directly to vendors such as 9-1-1 Network Costs are not to be reported. In cases where you are entering information in an "other" revenue or expenditure category a description in the Notes section is required.

Revenue

Reserve Balance Beginning of Year	$ 1,717,597.00
Remaining Cash Balance Beginning of Year (Excluding Reserves)	$ 139,996.00
Balance of all 9-1-1 System Funds at the Beginning of The Calendar Year	$ 1,857,593.00
Total Amount of 9-1-1 Surcharge Received from the State of Illinois	$ 714,957.00
Total Amount of County, Municipal or Intergovernmental Cooperative General Funds received in Calendar Year	$ 0.00
Total Amount of State Consolidation/NG911 Expenses Grant Funds Received in Calendar Year	$ 0.00
Total Amount of Other Grant funds Received in Calendar Year describe in Notes section below	$ 0.00
Total Amount of interest income Received in Calendar Year	$ 2,763.00
Total Amount from 9-1-1 Contractual Services describe in Notes section below	$ 0.00
Total Amount of Other Funds Received in Calendar Year describe in Notes section below	$ 0.00
Total Funds Available	$ 2,575,313.00

Expenditures

Personnel Costs

9-1-1 System Manager Salary	$ 15,335.00
Telecommunicator Salaries	$ 0.00
Mapping/Addressing/GIS Salaries	$ 0.00
Technical/IT Salaries	$ 75,370.00
Fringe Benefits (Retirement, Insurance, FICA, etc.)	$ 42,023.00
Other Salaries describe in Notes section below	$ 3,182.00
Other Personnel Costs (Uniforms, Headsets, etc.) - describe in Notes section below	$ 3,825.00
Total Personnel Cost	$ 139,735.00

Notes: Other Salaries

2-week Security assessment

Other Expenses

Vehicle (Mileage Reimbursement, Fuel, Repairs, Insurance)	$ 101.00
Other Expenses Not Classified Above describe in Notes section below	$ 0.00
Total Other Expenses Costs	$ 101

Total Expenditures	$ 283315
Balance of All Funds at the End of the Calendar Year	$ 2,174,605.00
Reserve Balance End of Year	$ 1,717,597.00
Remaining Cash Balance End of Year (Excluding Reserves)	$ 457,008.00

9-1-1 Surcharge Funds

I Certify That 9-1-1 Surcharge Funds Were Not Diverted by the 9-1-1 Authority, PSAP or Public Safety Agencies.

◉ Yes   ○ No

Save and Continue

Funding Approved For

Date ETSB Approved Funding   mm/dd/yyyy

Other Distribution Notes

2 Other Distributions

911 Funds Distributed To

Agency Type   ---Please Select---

Amount Distributed

Funding Approved For

Date ETSB Approved Funding   mm/dd/yyyy

Other Distribution Notes and Comments

Remove   Add More..

Save and Continue

Primary PSAP

Primary PSAP

Number of Primary PSAPs	1
Primary PSAP Name	Boone County Sheriff'c Office
Primary PSAP Address	615 North Main Street, Belvidere, IL 61008
PSAP Manager Name	Pat Molloy
Primary PSAP 24/7 Phone Number	8155442144
PSAP Manager Email	patmolloy@boonecountysheriff.com
Total Number of Positions	4

Associated Participating Agencies
(enter all associated with this PSAP separated with a comma)

Associated College or University
(enter all associated with this PSAP separated with a comma)

Remove   Add More..

Secondary Answering Point (SAP)

Description

Anticipated Capital Project
Projected Cost

64,260

Anticipated Capital Project
Description

Computer Upgrade Equipment

Anticipated Capital Project
Projected Cost

10,000

Anticipated Capital Project
Description

Digital Recorder

Anticipated Capital Project
Projected Cost

44,000

Anticipated Capital Project
Description

New Radio Room to accommodate NG 9-1-1 Equipment

Anticipated Capital Project
Projected Cost

30,000

Remove   Add More..

Total Future Capital Expenses

$148,260.00

System Statistics Notes

Can't break out call numbers by type. Put total under wireless.

Save and Continue

Welcome Linus Van Pelt | Help | | Contact Us | | Sign Out |

- Annual Financial Report (AFR)
  - 9-1-1 Authority
  - Revenue and Expenditure
  - Other Distributions
  - 9-1-1 System Statistics
  - Network Diagram and Call Agreements
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Annual Financial Report (AFR) / Network Diagram and Call Agreements

| Authority Information | Revenue and Expenditure | Other Distributions | 9-1-1 System Statistics | Network Diagram and Call Agreements |

Network Diagram and Call Agreements

Below documents are saved together as one PDF document and upload.

- Current 9-1-1 System Network Diagram
- Annual Notifications of Continuing Agreements for Participating Agencies and Adjacent 9-1-1 Authorities
- Current List of all Participating Agencies and Adjacent 9-1-1 Authorities
  - See Title 83 Ill Administrative Rules Part 1325.215 (c)

⚠ These supplemental documents must be combined and uploaded as a single PDF document

| Choose File | |

File submitted:

AFReport.pdf view   remove

Submit   Save and Continue

◀ Annual Financial Report (AFR)

9-1-1 Authority
Revenue and Expenditure
Other Distributions
9-1-1 System Statistics
Network Diagram and Call Agreements

◘ Verify and Submit

👥 Reports

📅✓

Annual Financial Report (AFR) for **2022**
is due **01-01-2023**
Note: Data entry into the portal will be enabled on January 1st 2023

Verify and Submit

Please ensure that all information you have supplied on this form is accurate. You can generate a preview of your completed AFR before continuing the final step of submitting your form data to the Illinois State Police Statewide 9-1-1 for formal review and approval.

Review Draft AFR data before Verification and Submission

Review Draft AFR

Financial Verification

The responsible accounting officer shall verify this report under oath.

Emergency Telephone System Board: | Sangamon County ETSB

Illinois County: | Sangamon

Report Prepared By: | Linus Van Pelt

Title:

Financial Verification

The responsible accounting officer shall verify this report under oath.

Emergency Telephone System Board:
> Sangamon County ETSB

Illinois County:
> Sangamon

Report Prepared By:
> Linus Van Pelt

Title:
> System Manager

That he/she is duly authorized to execute this verification; that he/she has examined the foregoing Annual Financial Report - Form AFR (hereinafter referred to as "Report"); that to the best of his/her knowledge, information, and belief, all statements of fact contained in said Report are true; that said Report is a correct statement of the business and affairs of the above named 9-1-1 Authority in respect to each and every matter set forth therein;

Check one of the following:

☑ That he/she has personal knowledge that said Report is based upon currently available financial information, and the numbers used to compile this report will be independently audited at a future date. The most recently completed and audited fiscal year is for the year which ends on 01/17/2023 ▦; that the independent auditor's reports and work papers are or will be available to Department Staff upon request; and that the data within said Report can be reconciled to the audited financial statements.

or

☐ That he/she has personal knowledge that said Report was audited by an independent auditor; and that the independent auditor's report and work papers are available to Department Staff upon request.

Your typed name serves as your authorized signature

> Linus Van Pelt

Date: 10/07/2022

[Submit to Illinois State Police - Statewide 9-1-1] [Display Submitted AFR]

Participating Agency CHA

PARTICIPATING AGENCY CALL HANDLING & AID OUTSIDE JURISDICTIONAL BOUNDARIES AGREEMENT

9-1-1 EMERGENCY CALL HANDLING DISPATCH PROCEDURES:

This agreement is made between the _____ ("9-1-1 Authority") and _____ (Participating "Public Safety Agency") for the purpose of effective handling and routing of 9-1-1 Emergency calls. **CALL HANDLING** ("9-1-1 Authority") _____ receiving a call for emergency services in your jurisdiction shall dispatch the call in the following manner: **Primary:** _____ (state specific procedures - if radio frequency-identify frequency number, if talk group-identify name, if telephone-identify telephone number) **Secondary:** _____ (state specific procedures - if radio frequency-identify frequency etc.) **AID OUTSIDE JURISDICTION BOUNDARIES:** Once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries. The legislative intent is that 9-1-1 is used for emergency calls only. Therefore, all calls of an administrative or nonemergency nature shall be referred to your agency's published telephone number. The PSAP agrees to keep all records, times, and the location of all calls. All records will be available to all participants of the 9-1-1 System. It shall be the responsibility of your agency to maintain the report of the call and the disposition of each call received. All agreements, management, records, and service will be the responsibility of the 9-1-1 Authority.

_____ _____

9-1-1 Authority Name Public Safety Agency Name Signature _____

Signature_____

Title_____ Title_____
Date_____ Date_____

Adjacent Agency CHA

ADJACENT 9-1-1 AUTHORITIES CALL HANDLING &

AID OUTSIDE JURISDICTIONAL BOUNDARIES

AGREEMENT

9-1-1 EMERGENCY CALL HANDLING DISPATCH PROCEDURES:

This agreement is made between _____ ("9-1-1 Authority"), and_____ ("Adjacent 9-1-1 Authority"), that dispatches the following "Public Safety Agencies" whose boundaries are adjacent to this 9-1-1 Authority for the purpose of effective handling and routing of 9-1-1 Emergency Calls:

1)   6)

2)   7)

3)   8)

4)   9)

5)   10)

CALL HANDLING (9-1-1 Authority PSAP Name) _____ receiving a call for emergency services in your jurisdiction shall dispatch the call in the following manner: Primary: _____ (state specific procedures - if radio frequency-identify frequency number, if talk group-identify name, if telephone-identity telephone number) Secondary: _____ (state specific procedures - if radio frequency-identify frequency etc.) AID

OUTSIDE JURISDICTION BOUNDARIES: Once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries. The legislative intent is that 9-1-1 is used for emergency calls only. Therefore, all calls of an administrative or nonemergency nature shall be referred to your agency's published telephone number. The PSAP agrees to keep all records, times, and the location of all calls. All records will be available to all participants of the 9-1-1 System. It shall be the responsibility of your agency to maintain the report of the call and the disposition of each call received. All agreements, management, records, and service will be the responsibility of the 9-1-1 Authority.

_____-_____

9-1-1 Authority Name Public Safety Agency Name Signature _____

Signature_____

Title_____ Title_____ Date_____
Date_____

ISP Adjacent Agency CHA

Current Call Handling Agreement Templates can be found on the ISP Website at:

https://isp.illinois.gov/Statewide911Division/AnnualReports

Email them to Megan Moore megan.moore@illinois.gov

Questions?

Cindy Barbera-Brelle - 217.782.3200/312.771.7457
cindy.barbera-brelle@illinois.gov
Stacy Ross – 217-524.5523
stacy.l.ross@illinois.gov

Mental Health Co-Responder Models

- U Of I – Lt. Racheal Ahart, MSW & Megan Cambron, LCSW Community Outreach and Support Team

- Peoria – Chief Eric Echevarria

R.E.A.C.H Response Evaluation and Crisis Help

University of Illinois Police Dept. Co-response Unit

Lt. Rachael Ahart, MSW

Megan Cambron, LCSW

UNIVERSITY OF ILLINOIS
URBANA-CHAMPAIGN

Types of Crisis Response
Police Response

CIT (Crisis Intervention Team)

Improved Police Response based on community approach to crisis response.

Not just a training, but a guidebook for a coordinated community response to crisis with hospitals, outpatient providers, etc.

- Improves officer knowledge, attitudes, self efficacy, use of force preferences

- Increases linkages to care

- Evidence related to use of force and arrest is not as clear

- Availability of MH resources is important

- Dispatchers and call coding is an important component of CIT

Types of Crisis Response
Police/MH Co-Response Units

Pairs LE with MH Professional as single response unit

Team make up varies
Ride together, arrive together, telephone support
Primary vs. secondary response or follow-up

Often not 24/7

- Are generally acceptable to stakeholders

- Improve collaboration between police and mental health

- May reduce officer time on scene

- May reduce ED transports but increase admission for those transported

- May reduce immediate risk of arrest

- Are preferred over police only approach by service users and family members

Types of Crisis Response
Community Response/ Mobile Crisis Units

Teams of clinicians that can be deployed without any LE involvement

Triage, screen, assessment, de-escalate, resolve crises, follow-up

Typically, not dispatched via 911 system

Have been around since 1960s

- May increase connections to services in the community

- May reduce pressure on the health care system via reductions in ED visits and hospitalizations

- May provide cost savings

- Typically not available 24/7, often have long wait times

REACH

The Response, Evaluation and Crisis Help (REACH) initiative is a collaborative team which brings together **police officers and crisis responders as a single patrol unit** to meet the needs of community members who are experiencing mental health crises. Additionally, REACH staff follow up with community members within the first few days of that crisis to make sure they have access to long-term care. REACH staff assist with case management and making connections with community resources to ensure appropriate mental health care and decrease the need for future emergency response.

REACH

Prior Education of Responders:
    Masters Degree
    CIT trained officers

Specific REACH Team Training
    Academy for Social Work and Public Safety Cooperation
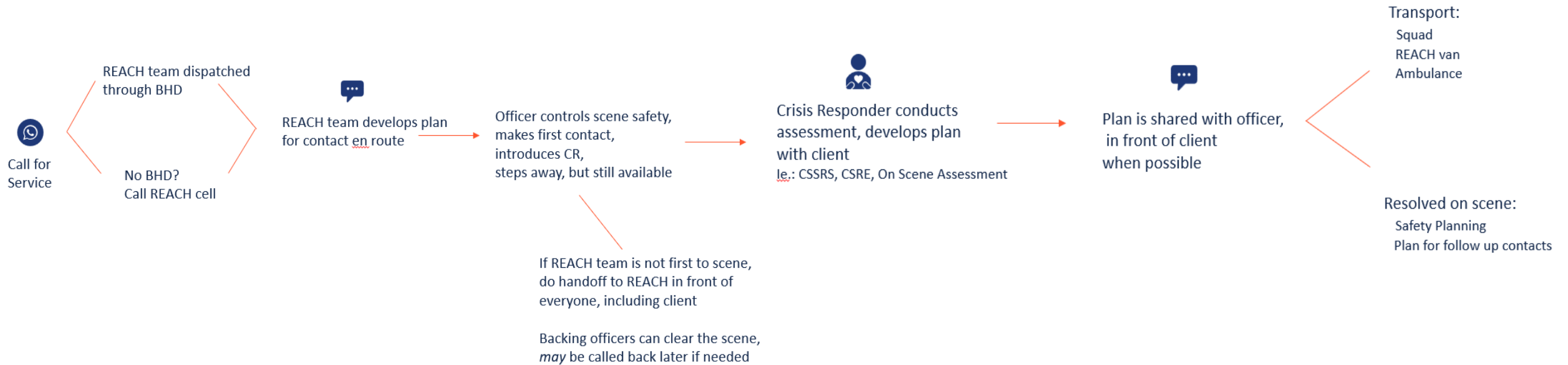   Joint Efforts between UIUC Police Training Institute
             UIUC Police Department

      Curriculum Contributors: community crisis responders, CIT Officers, CIT trainers, SSW

Dispatch and Response

Call for Service

REACH team dispatched through BHD

No BHD?
Call REACH cell

REACH team develops plan for contact en route

Officer controls scene safety,
makes first contact,
introduces CR,
steps away, but still available

If REACH team is not first to scene,
do handoff to REACH in front of
everyone, including client

Backing officers can clear the scene,
may be called back later if needed

Crisis Responder conducts
assessment, develops plan
with client
Ie.: CSSRS, CSRE, On Scene Assessment

Plan is shared with officer,
in front of client
when possible

Transport:
Squad
REACH van
Ambulance

Resolved on scene:
Safety Planning
Plan for follow up contacts
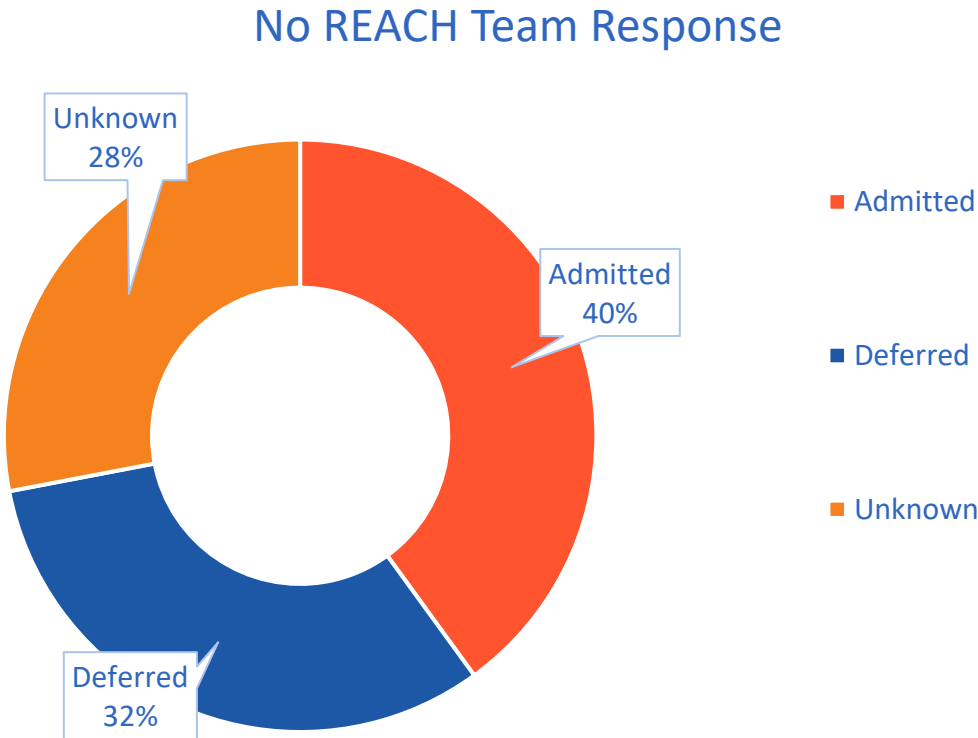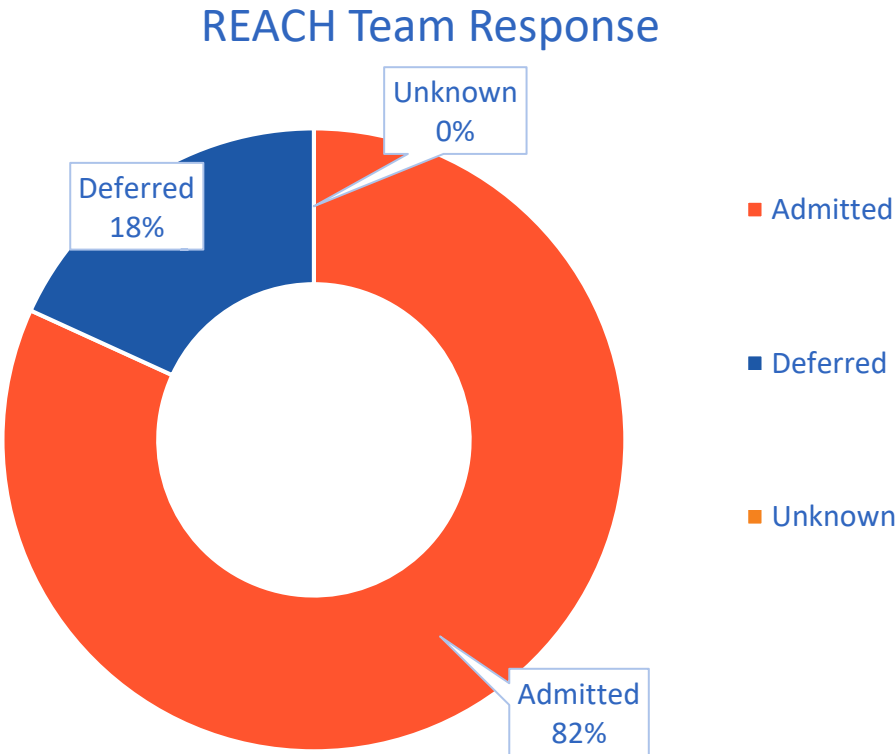
Reduction in unnecessary hospital transports

When accounting for type of calls where suicide/homicide risk assessment was indicated (i.e. check welfare, suicide threats, suicide attempts) consumers who were transported to the hospital after REACH assessment were more likely to be admitted than consumers who did not receive REACH Team assessment.
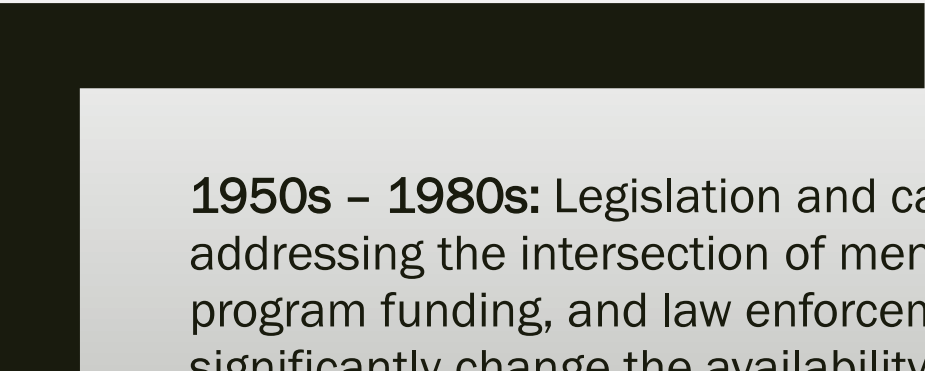
Agenda

- Background of Co-Response
- Key Partners
- Peoria Police Co-Responder Model
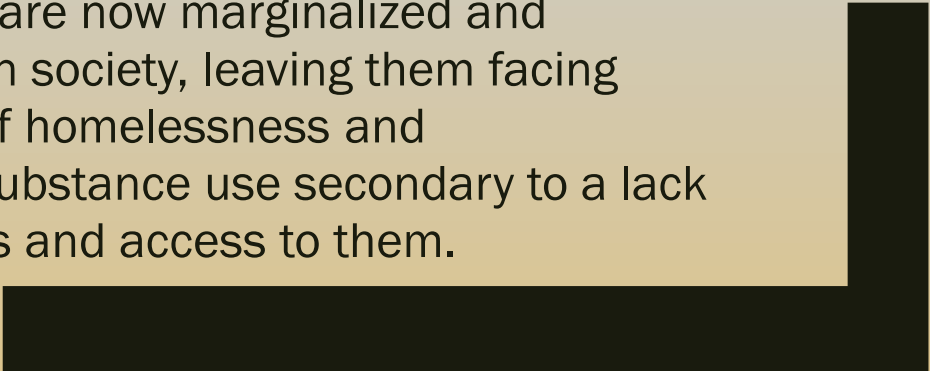- Benefits and future opportunities

1950s – 1980s: Legislation and case law addressing the intersection of mental health, program funding, and law enforcement significantly change the availability of resources and ability for outside entities to impact the course of care for someone with a mental health condition.

IMPACT: Mental Health facilities closed, and care moved to an outpatient setting with community mental health centers and a focus on the "least restrictive treatment setting possible."

Late 1980s/Early 1990s in Los Angeles, California in response to an acknowledgement of the impact of legislation impacting access to mental health resources decades earlier.

IMPACT: Police recognize the individuals previously served by the mental health institutions are now marginalized and ostracized in society, leaving them facing situations of homelessness and increased substance use secondary to a lack of resources and access to them.

Setting the Stage

Unity Place: offers the most comprehensive addiction and mental health services in our region

Emergency Communications Center: This is the telecommunications link between the citizens of Peoria and Peoria County, and its Police, Fire, and Emergency Medical Services. As part of the Peoria County 9-1-1 system, the ECC dispatches the Peoria Police Department Peoria Fire Department, Peoria County Sheriff's Department, Chillicothe Fire & Police, Peoria Heights Fire & Police, Advanced Medical Transport, Peoria County's fire departments and Peoria County's ambulance services.

Advanced Medical Transport (AMT): The provider of emergency and scheduled ambulance services in our area.

Peoria City/ County Health Department: They partner to build and improve community health and well-being through prevention, promotion, and protection.

2021: Presented to Leader Gordon-Booth
2022: Program design and implementation, including funding and infrastructure, significantly improve based on data gathered from beginning of the program. This leads to a program that is data-driven with a focus on best practices and evidence-based design. Increased mental health training and support for officers responding to the needs of citizens on and off the streets.

How Does Peoria Police Start The Program?

2021 Supporting Data

- ■ Psychiatric / Suicide
- ■ Suicides
- ■ Mental Disturbance

1436
Calls for Service

343 | 743 | 350

Police Report Taken
Total - 258 / 18%
35
67
156

No Complaintant Found
Total - 50 / 3%
26
21
3

Other Disposition
Total - 749 / 52%
179
188
382

Proper Agency Nofitied
Total - 54 / 4%
12
24
18

Medical Transport
Total - 239 / 17%
5
11
223

Checked - Condition ok
Total - 239 / 17%
92
98
97

RESTART
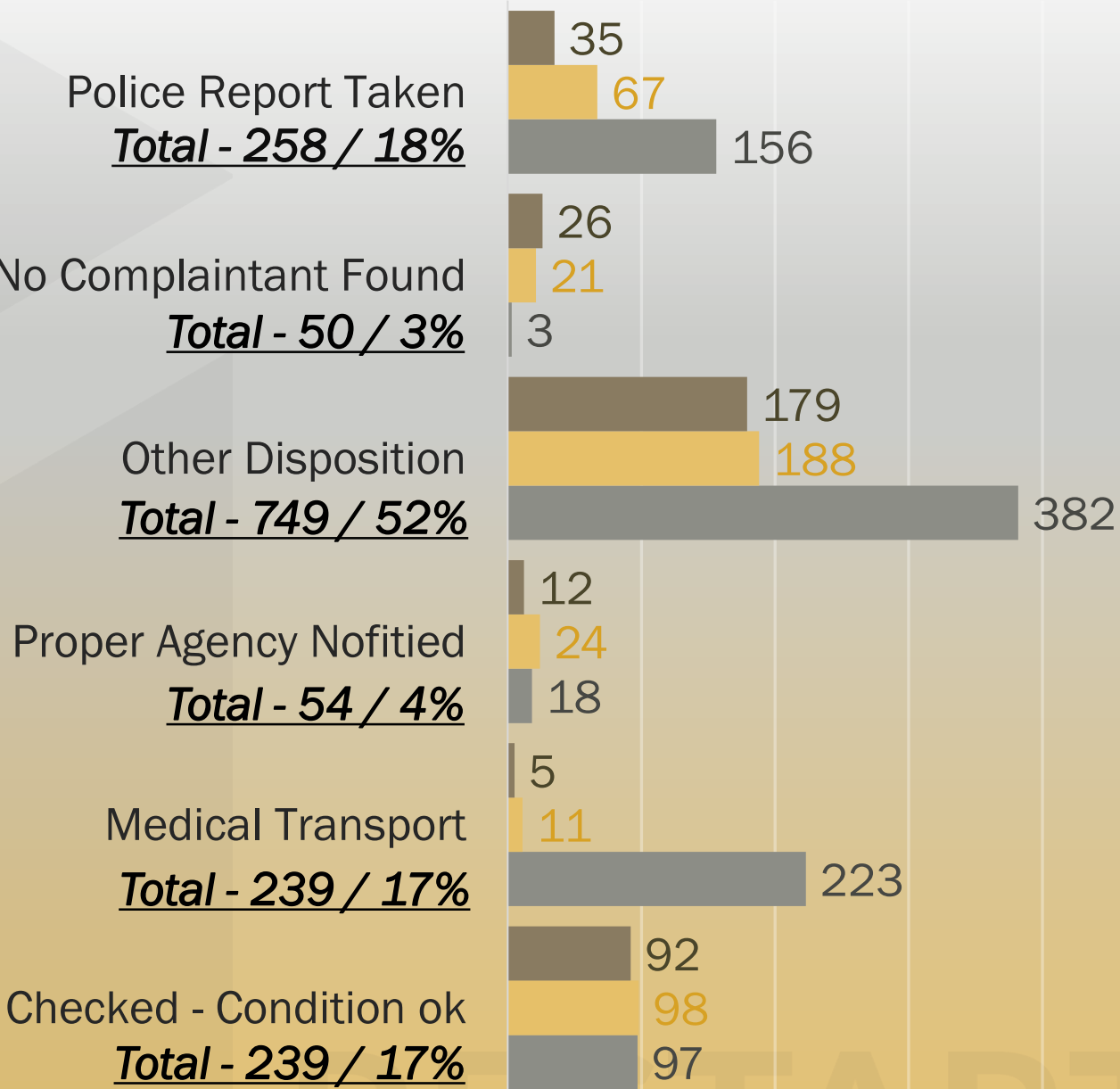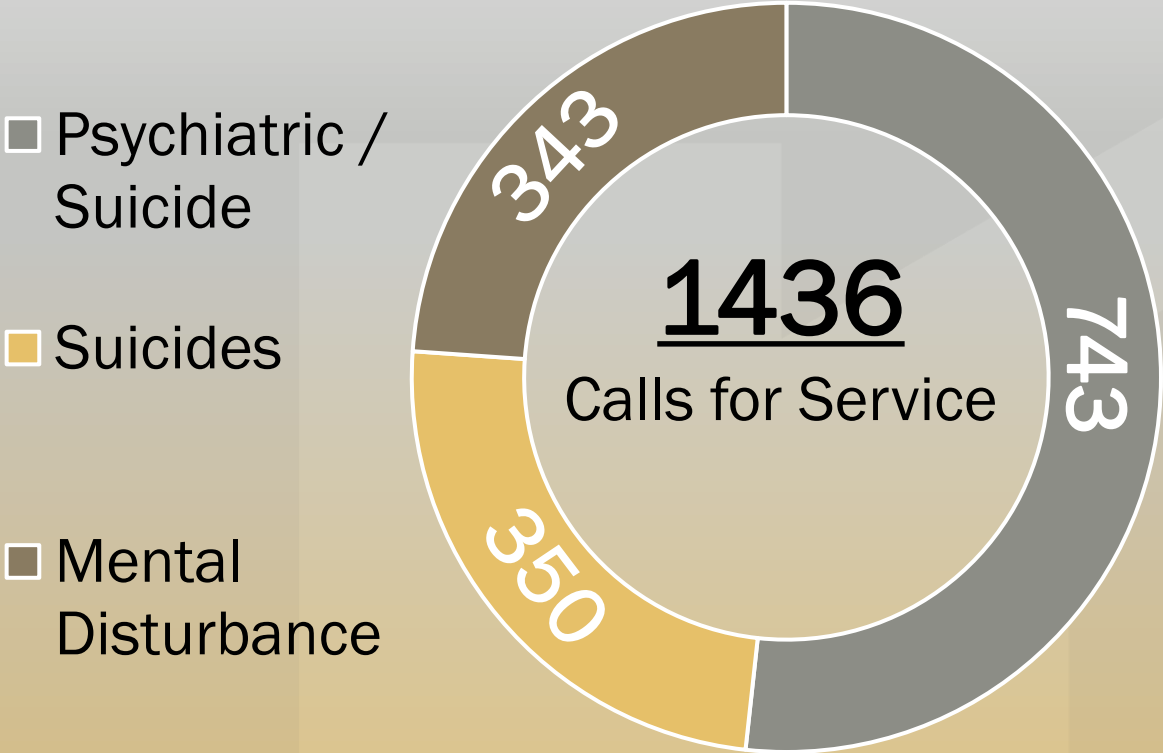
2021 Supporting Data
Monthly/Hourly Call Load

2021	Total Calls for Service		07:00 - 15:00	16:00 - 23:00	00:00 - 06:00
January	92		39	34	19
February	79		35	26	18
March	115		37	69	9
April	104		50	40	14
May	123		41	65	17
June	133		51	66	16
July	128		46	62	20
August	141		50	67	24
September	134		60	58	16
October	154		64	71	19
November	126		51	52	23
December	123		40	64	19
			564	674	214

2021 Top Locations

LOCATION	# of CALLS
407 SW ADAMS ST	40
714 HAMILTON BL	39
3223 W RICHWOODS BL	38
1822 W WAR MEMORIAL DR	19
5817 N WACKER DR	19
2410 NE MADISON AV	18
301 NE JEFFERSON AV	16
2401 N GALE AV	15
5409 N KNOXVILLE AV	15
404 NE MADISON AV	14
3421 W LUCERNE CT	14
501 MAIN ST	13
1800 N KNOXVILLE AV	13
2133 N PROSPECT RD	13
720 W JOAN CT	13
4010 N BRANDYWINE DR	13
3520 N ROCHELLE LN	12
228 NE JEFFERSON AV	11
2719 W RESERVOIR BL	11
740 W JOAN CT	10
6516 N UNIVERSITY ST	10
3614 N ROCHELLE LN	10
2401 W ALTA RD	10
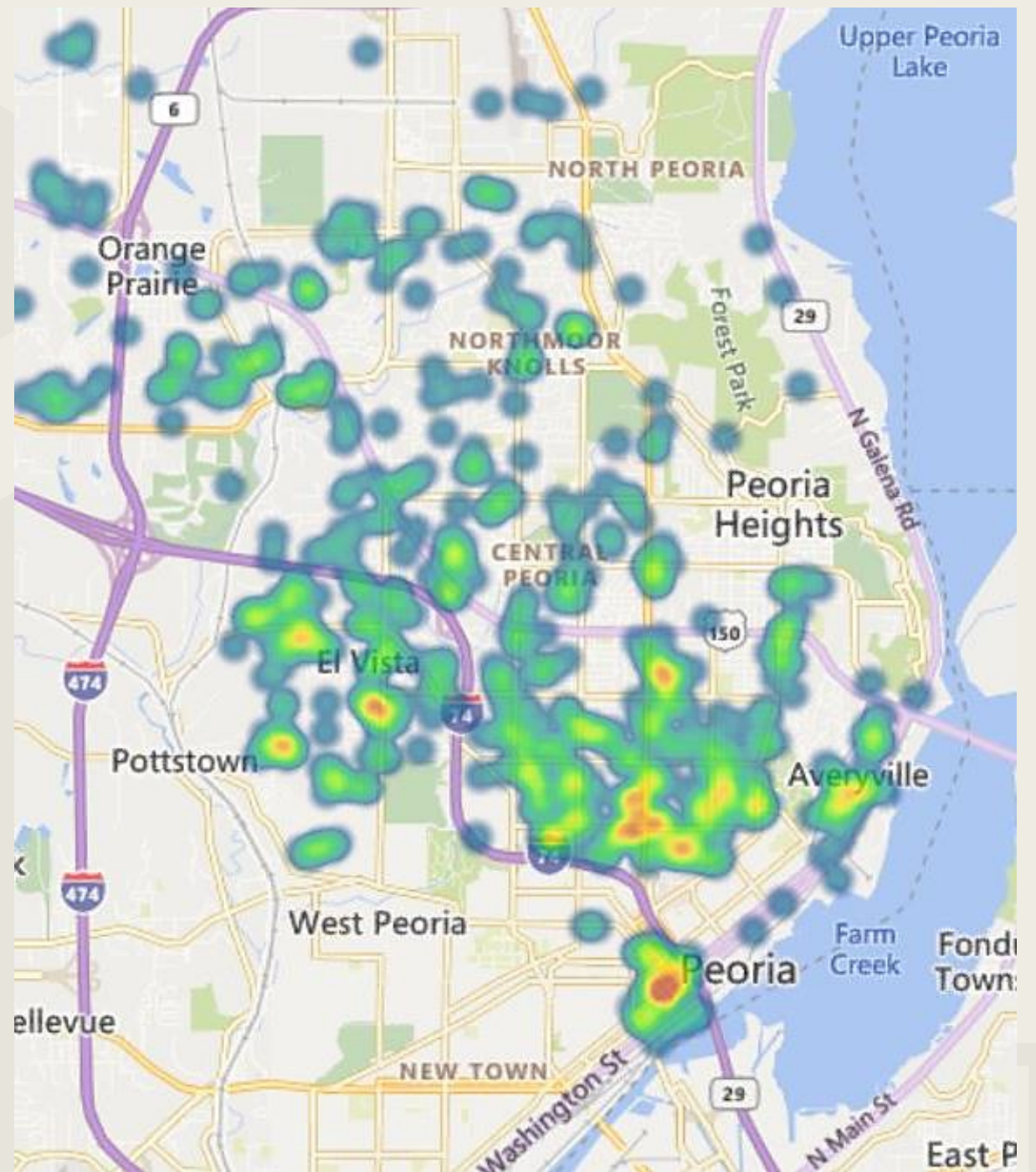
The Peoria Police Model

Immediate Benefits

- A licensed Clinical Social Worker and Licensed Social Workers will ride in a specialty police vehicle or respond in a separate vehicle to assist and or take over on calls with de-escalation, risk assessment, and care coordination.

- Increases training related to mental health for officers through 1:1 work with a clinician on scene to enhance knowledge and skills around mental health, de-escalation, and community resources.

- Safer scenes for all involved.

The Peoria Police Model

Peripheral Benefits

- **Reduced incarceration rates** for individuals with a mental health condition involved in criminal behavior secondary to un/under-managed mental health needs.
- **Diversion** to appropriate community resources.
- **Increased health outcomes** for vulnerable populations.
- **Strengthening of community relationships** between law enforcement and the communities they serve.

The Peoria Police Model

Community Benefits

- **Public safety agencies** – police, fire, emergency medical services.

- **Healthcare organizations** – hospitals, urgent care clinics, primary care offices, mental health agencies.

- **Community partners** – Clients that have become hard to find are often found by co-responder teams and their care coordinated more comprehensively leading to increased services and better health outcomes.
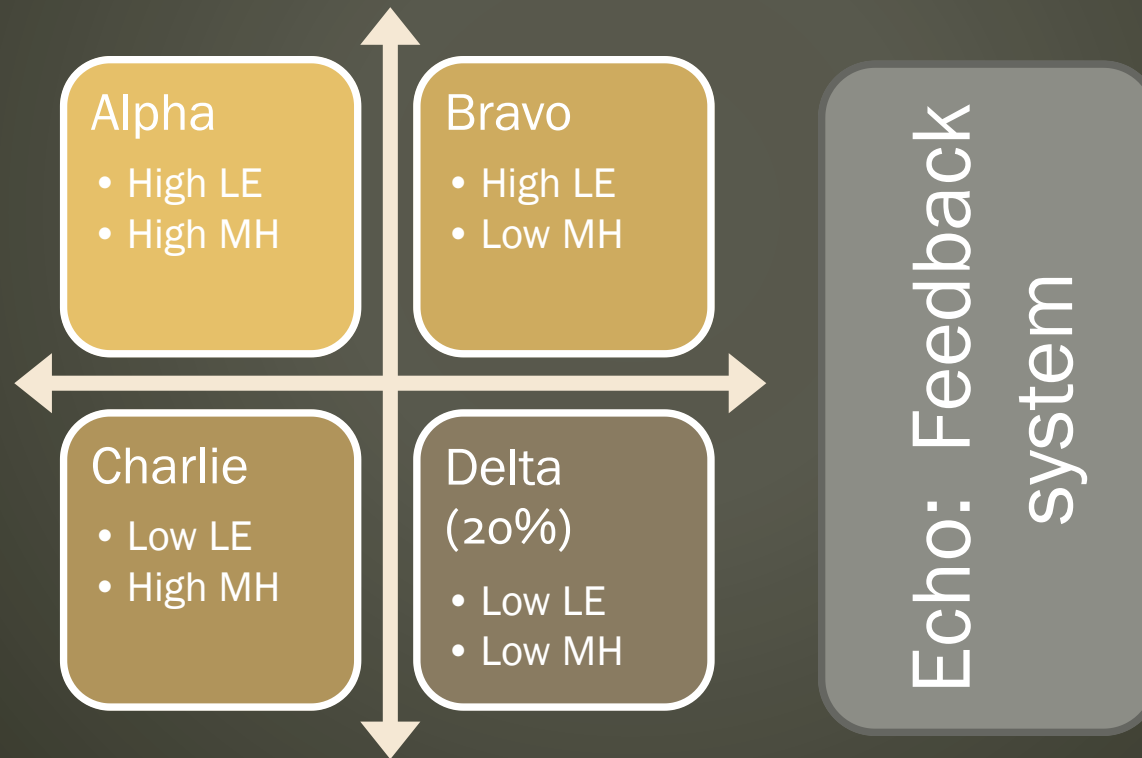
The Peoria Police Model

Community Benefits

Businesses – People feel more safe shopping in different areas, generating more sales and tax for the city, when business owners and citizens know they can call someone to check on them without the worry of officers arriving and ticketing/arresting someone.

Acronyms

- LE: Law Enforcement

- MH: Mental Health

- CIT: Crisis Intervention Team

- SRT: Special Response Team

- PIO: Public Information Officer

- ERS: Emergency Response Services

- LCSW: Licensed Clinical Social Worker, includes licensed social workers, licensed professional counselor

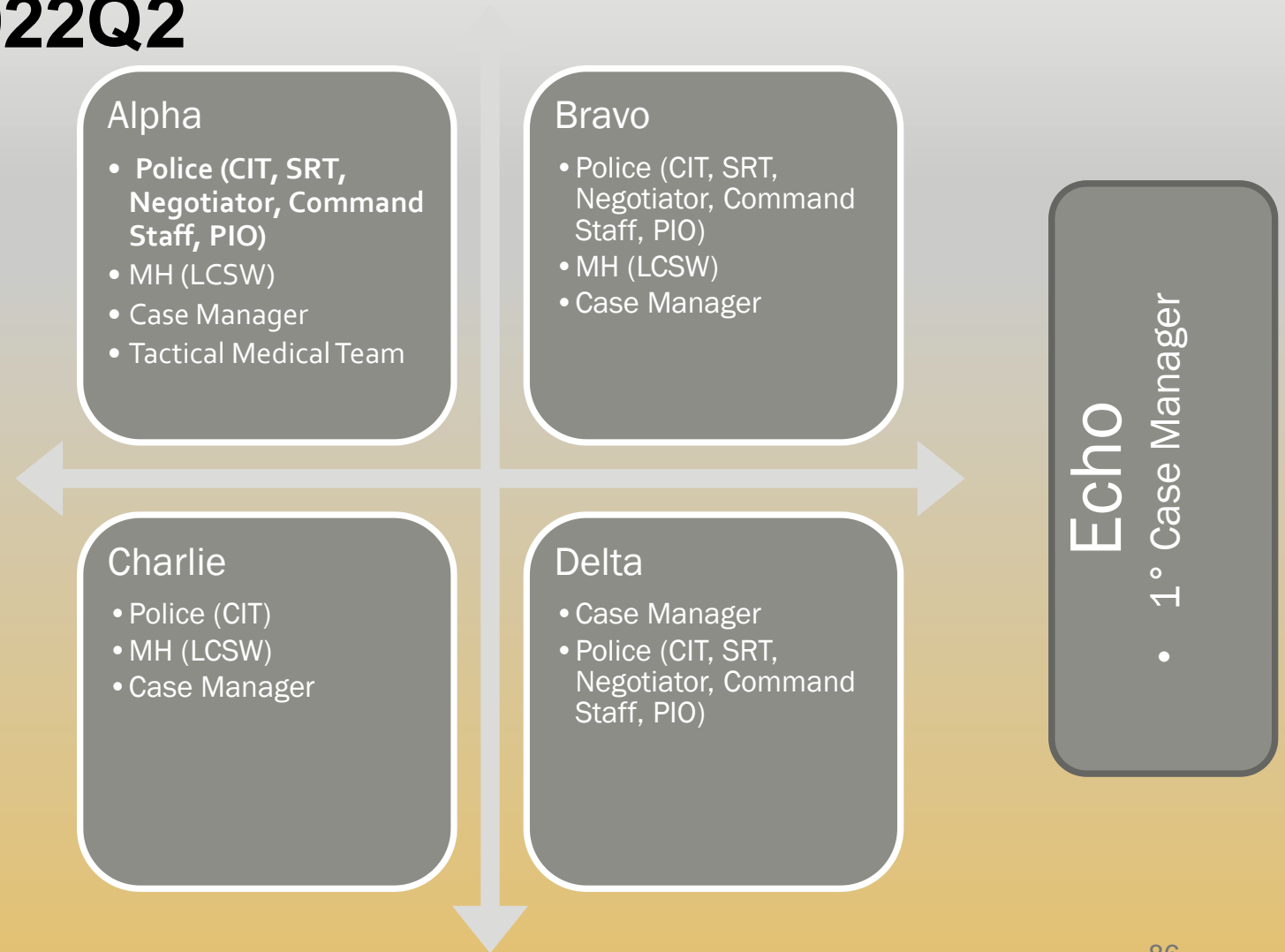# Quadrants of Response: Law Enforcement / Mental Health

Alpha
- High LE
- High MH

Bravo
- High LE
- Low MH

Charlie
- Low LE
- High MH

Delta (20%)
- Low LE
- Low MH

Echo: Feedback system

Quadrants of Response: Law Enforcement / Mental Health 2022Q2

2022 Q2 Data:
- Non-Violent and No Weapon = 81%
-Assumption
- 19% are Alpha & Bravo
- 81% are Charlie & Delta

Alpha
- **Police (CIT, SRT, Negotiator, Command Staff, PIO)**
- MH (LCSW)
- Case Manager
- Tactical Medical Team

Bravo
- Police (CIT, SRT, Negotiator, Command Staff, PIO)
- MH (LCSW)
- Case Manager

Charlie
- Police (CIT)
- MH (LCSW)
- Case Manager

Delta
- Case Manager
- Police (CIT, SRT, Negotiator, Command Staff, PIO)

Echo
1° Case Manager
-

Other Opportunities

There are still several opportunities to expand these programs to have a larger impact on the city:

Hoarding/"High Fire Load" Locations/Homes – Meeting our citizens where they are and helping them work through the root of the problem as opposed to manage city sanctions that typically only lead to a short-term improvement as opposed to problem solved.

Support to the aging population – Cities benefit when their citizens stay there. Allowing people to age in place and provide in home services is becoming increasingly important.

Understanding citizen complaints – Co-responders are experts in communication and listening, as well as helping bridge gaps in understanding between groups.

Benefits of Co-Response

Increased tourism – People tend to travel where they feel safe and enjoy the area.

Code enforcement – What people can manage in public, they often struggle to manage in private. Providing citizens with mental health needs leading to interactions with code enforcement not only connects the citizen to the right resource, but solves the problem for all affected.

Increased community safety (drug and human trafficking) – These types of activities thrive where they can easily hide and are not adequately addressed. Co-responders understand the root causes that factor into these issues and can collaborate across organizations to provide the ongoing support to reduce these problems.

THANK YOU!

Questions and Discussion

9-8-8

- Response Team Model
- How is 9-1-1 involved?

9-1-1 Surcharge Sweep

- What occurred?

- Next Steps

- Waiting for the FCC to weigh in?

ETSA Rewrite

- ETSA rewrite / FCC Guidelines
- Summary of IL-APCO and INENA Membership Meeting
- Potential for surcharge increase in the future?
- Dark Backup