DATE: April 1, 2025

MEMORANDUM

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

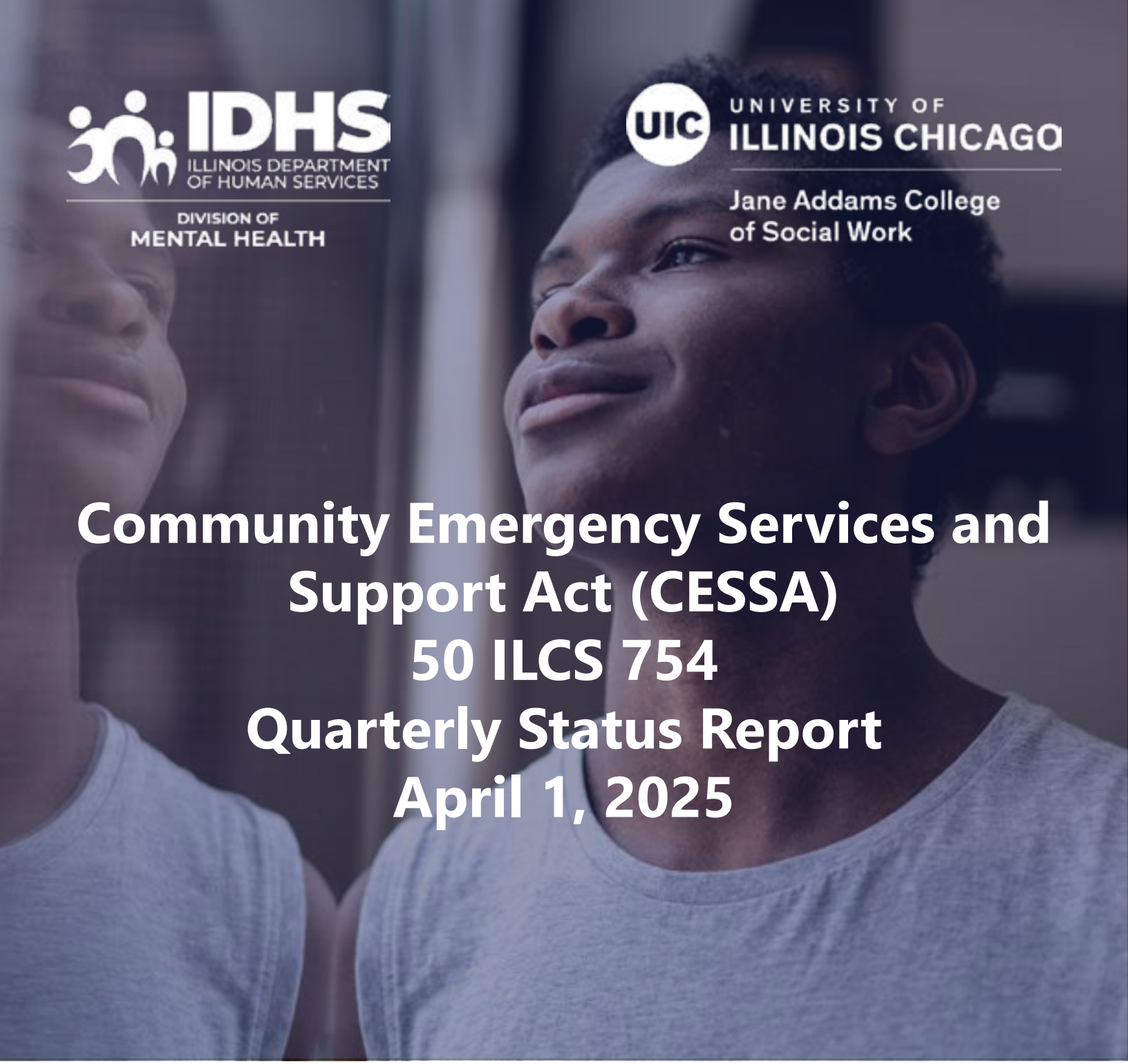
FROM: Dulce M. Quintero
Secretary
Illinois Department of Human Services

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

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

If you have any questions or comments, please contact Allie Lichterman, Crisis Community Programs Administrator, at Allie.Lichterman@illinois.gov.

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



Community Emergency Services and Support Act (CESSA) 50 ILCS 754 Quarterly Status Report April 1, 2025

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

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Executive Summary

After two years of intentional relationship building and system change planning, the third quarter of State Fiscal Year 2025 saw CESSA implementation begin in earnest. The previous quarter included the first test of the guidance on crisis system response changes mandated by CESSA, in the form of the Interim Risk Level Matrix (IRLM), which reflects the participation of hundreds of people across all CESSA stakeholder groups in Illinois. This quarter brought the advent of the first live pilots of system change, as telecommunicators from nine Public Safety Access Points (PSAPs) across the state began dispatching crisis calls with IRLM protocols in place. These pilots began with PSAPs using Total Response software, and two other vendors will have future pilots.

The pilot sites were phased in, with three sites beginning operations on the first day of pilot implementation. Behavioral Health Crisis Hub staff stayed in daily contact with the pilot sites and worked with them to resolve a number of unique technical and operational issues that could only have surfaced with live system testing. All nine sites were in operation by February 25, 2025. The information gathered during the pilot process will provide important insights, lessons, and data that will aid in future implementation of other sites.

With the pilots now underway, all adjacent activities can be evaluated within the lens of actual CESSA implementation. The focus on the Statewide Advisory Committee (SAC), which to this point was focused on the opportunities inherent in the systems change required by CESSA, is shifting to supporting and leveraging pilot lessons to drive pilot process for the other two vendors of PSAP software in Illinois and preparing for a statewide rollout in FY26. For the Regional Advisory Committees (RACs), they are even more focused on building the sub-regional local relationships upon which implementation depends. With the initiation of the pilots, the three CESSA subcommittees (Protocols and Standards, Training and Education, and Technology, Systems Integration, and Data Management) are now focused on the lessons identified in the pilots, and developing plans and interventions that reflect actual evident and operations, rather than anticipated, conceptual outcomes.

The implementation of those first nine pilot sites is setting the cadence that will drive additional pilot implementation. This quarter saw the initiation of a second set of pre-tests with another PSAP software vendor in Illinois, and the preparation for initiation with the third vendor. While the initial nine pilot sites have led to a diverse set of new lessons, it is expected that each subsequent set of pilots will benefit from the lessons from previous pilots, all of which will set the groundwork for the statewide rollout that will dominate the coming fiscal year.

A description of the active and upcoming pilots is provided below, as is detail on the SAC, RAC, and Subcommittee work that supports them.

CESSA Implementation Updates

Pre-tests and Pilots Updates

The implementation of CESSA accelerated during the third quarter of Fiscal Year 2025 (FY25). Key planning and implementation activities are described below and categorized by Emergency Medical Dispatch (EMD) Vendor.

Total Response (Formerly PowerPhone)

Phase: Pilots in progress

The Behavioral Health Crisis Hub at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research (BHCH) convened a kick-off meeting on January 28, 2025, for the sites participating in the Total Response pilots. This meeting included the Illinois Department of Human Services Division of Mental Health (IDHS/DMH) Director, Illinois Department of Public Health, 911 Public Safety Answering Point (PSAP) administrators, the Crisis Program Director for the 988 Suicide and Crisis Lifeline Center (988) in the pilot, and Mobile Crisis Response Team (MCRT) project directors. The pilot successfully launched on January 29, 2025, with a phase-in of all nine pilot sites by February 25, 2025. Weekly and bi-weekly check-in meetings are being convened with PSAP administrators, the 988 Crisis Program Director, and the MCRT project directors throughout the pilot. These meetings provide a forum for discussing and identifying operational and technical issues and troubleshooting them as they arise. Data collection and reporting have been put into place to track these issues and their outcomes. PSAP administrators are working with their resource hospital medical directors to approve the pilot protocol modifications.

Priority Dispatch

Phase: Pre-test in progress

During this quarter, the Priority Dispatch Subject Matter Expert (SME) Workgroup completed its review of mental health related Priority Dispatch descriptions of primary complaints/conditions, and their associated risks and urgency for response, and mapped this information to the Interim Risk Level Matrix (IRLM). The pre-test, which includes four Priority Dispatch PSAP sites, began on March 3, 2025. The pre-test PSAPs are meeting weekly with the 911 Statewide Administrator and the BHCH to review the extent to which the Priority Dispatch information that was mapped to the IRLM identifies calls that meet level 1 IRLM criteria for transfer to the 988 as opposed to being dispatched for a law enforcement response. The pre-test also provides an opportunity to test operational changes required for pilot implementation as well as data collection and reporting procedures.

The Priority Dispatch pilot is slated to begin following an assessment of the pre-test. Ten PSAP call centers, including the four pre-test sites, have agreed to participate in the pilot. The BHCH convened meetings with the PSAP administrators of these sites on February 18 and March 5, 2025, to discuss pilot processes and procedures in preparation for the start of the pilot. The BHCH will convene all pilot participants, including PSAP administrators and the 988 and MCRT project directors, for a Priority Dispatch pilot kick-off meeting at the end of March 2025.

APCO

Phase: Planning for the pre-test

As noted previously, because of the similarities between the Total Response and APCO protocol structures, modifications to APCO's protocols, modeled after the questions recommended for the Total Response protocols, are being considered. Once their review is completed, the Protocols and Standards Technical Subcommittee (PSTSC) SME Workgroup will send recommendations for revisions and additions to APCO. It is anticipated that the pre-test of the APCO protocols will occur in the early part of the fourth quarter and that the pretest will be followed immediately by a pilot.

Independents

Phase: Preparing to revise protocols

As previously described, "independent" PSAPs utilize EMD protocols developed by the resource hospital with whom they work. The number of Independents has been reduced from six to four as two of the Independents have decided to utilize the EMD software of one of the protocol vendors with whom the PSTSC is working. The PSTSC SME Workgroup will hold initial meetings with the remaining Independents to work towards revising their protocols in the fourth quarter of FY25.

Pilot and Pre-Test Implementation Success and Challenges

Although the Total Response pilot and the Priority Dispatch pre-tests are in progress at the time of this report publication, preliminary observations of patterns in successes and challenges are beginning to emerge. As additional implementation occurs during the fourth quarter, successes, challenges and initial learnings from the pilot evaluation will be updated.

Preliminary Successes

- Pre-test and pilot PSAP administrators, MCRT project directors and 988 staff are committed to participating in the pre-test and pilots as evidenced by the fact that they have volunteered to be early testers and adopters.
- Staff of the three entities (PSAPs, 988 and MCRTs) participating in the pilots are completing or are in the process of completing the prerequisite pilot training developed by the BHCH.
- Weekly meetings scheduled by the BHCH and the 911 State Administrator with PSAP pre-test and pilot administrators are well attended. During these meetings, operational and technical issues identified are discussed and strategies are developed to resolve these issues. Administrators use these meetings as an opportunity to share information regarding implementation with each other as well.
- Bi-Weekly meetings scheduled by the BHCH with MCRT project managers are also well attended. The meetings provide an opportunity for participants to share information regarding safety planning and other issues.
- Pilot PSAP administrators are updating their policies and procedures to accommodate participation in the pilot. They are also developing site-specific training for their staff.

- Bi-weekly meetings with the pilot 988 team have been productive in terms of addressing and resolving issues identified during the Total Response pilot. As the Priority Dispatch and APCO pilots move forward issues, that arise if any, will be integrated into these meetings and addressed.
- Documentation and reporting procedures has been implemented by the BHCH to capture issues related to transfer of callers from 911 to 988, and from 988 to MCRT. These issues are reviewed and addressed as they arise. IDHS/DMH staff, the 911 State Administrator, and BHCH staff collaborate to review and work on resolving these issues.

Preliminary Challenges

Although there are successes as noted above, IDHS/DMH and the BHCH are also addressing challenges in CESSA implementation related to the organizational changes required.

- The pilots require a cultural shift and an operational shift in policies and procedures involving hundreds of professionals, which are being implemented in a relatively short time.
- There is some variability in protocols, policies, and procedures utilized by PSAPs participating in the pilot. This, in turn, impacts data collection strategies that have been put into place.
- PSAP administrators have expressed some concerns regarding the extent to which some information included in one of the training modules addresses the "real life" situations that telecommunicators need to address when responding to calls. This module is currently in the process of being revised to address this issue based on this feedback.
- There have been some concerns with regard to whether there is liability associated with the transfer of calls from 911 to 988. These concerns have been addressed in both CESSA legislation and the Emergency Telephone System Board Act.
- Technical issues with the Total Response software have affected reporting from some pilot sites. These issues are being addressed on a case-by-case basis with follow-up from the BHCH and the 911 State Administrator.
- Several issues have emerged with the 988 provider that receives pilot calls transferred from 911. These issues are being addressed consistently and seem to be related to training issues with the staff.

Training Updates

Implementation activities related to training this quarter included administering required training for the pilots and optional training courses and developing a learning management system.

Pilot Training

Participants in the pilots must complete core training courses required by CESSA. As of March 19, 2025, 857 unduplicated individuals have completed courses for the pilot and the total number of on-demand training courses completed for the pilot is 3,650.

Optional Training

The BHCH continues to offer live virtual training courses to MCRT staff and 988 crisis counselors. These trainings are optional and intended to advance the skills of staff responding to behavioral health crises. This quarter, four live training sessions were held with 159 total participants.

- Healing in Motion: The Science of Dance and Stress Relief, held on February 6, 2025, had 70 participants.
- Indicators of Suicide Risk in Adolescents Part I, held on February 20, 2025, had 14 participants.
- Addressing the Mental Wellness Needs of Immigrants Part 2, held on March 27, 2025, had 47 participants.
- Indicators of Suicide Risk in Adolescents Part 2, held on March 20, 2025, had 28 participants.

Learning Management System

The BHCH began using the Articulate 360 Learning Management System (LMS) this quarter. The LMS will facilitate e-learning opportunities by providing on-demand training, creating interactive course content, migrating existing core training content, built-in quizzes for knowledge checks, and creating learners' historical activity and agency reports.

Data Updates

Implementation activities related to data this quarter included progress on the provider data collection system, data dashboards, pilot data collection procedures, and a baseline data assessment.

Provider Data Collection System

Development on the provider data collection system software continued this quarter as scheduled. The data collection system is scheduled to launch by the end of FY25.

Data Dashboards

This quarter, the BHCH continued to plan for the development of additional data dashboards to be released in FY26 as a tool to share data related to the implementation of CESSA with the public. The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) reviewed possible indicators to be included in future dashboards.

Pilot Data Collection Procedures

The BHCH continued to work closely this quarter with Total Response pilot participants to answer questions regarding data collection, which is ongoing throughout the pilot. In addition, in preparation for the Priority Dispatch pilot, data collection procedures were reviewed with pilot participants this quarter.

Baseline Data Assessment
During this quarter, the BHCH presented a timeline for the baseline data assessment, with the expected draft and delivery of the results report by the end of FY25. TSIDM addressed potential outcomes and measures, data sources, and report formatting. Subcommittee members were invited to provide feedback and dialogue throughout the assessment process, which will continue in the upcoming quarter.

Regional Implementation Activities
This quarter, the main activities for the Regional Advisory Committees (RACs) were strategizing about communications, holding town halls or summits, conveying information about the pilots, and implementing Subregional Committees.

Communication about CESSA has continued to be a priority for both SAC and the RACs this quarter. RACs were asked to hold critical discussions with membership focused broadly on multi-sector communication, a goal identified by the Statewide Advisory Committee (SAC) in the previous quarter. Each RAC will provide the BHCH with a synopsis of their discussions, which will be compiled for the SAC in April.

In the third quarter of FY25, three RACs convened Summit/Townhall meetings to ensure that local stakeholders are informed of the work of CESSA and the interconnectedness of the Emergency Response network to address crises of a mental health/behavioral health nature. The three Summits/Townhalls are listed below.

- RAC #8 met virtually on February 13, 2025.
- RAC #6 met on March 6, 2025, at the Hilton Garden Inn in Matton, IL and virtually.
- RAC #9 met virtually on March 17, 2025.

RACs have also been active during this period, conveying information and activities concerning the roll-out of the Total Response pilot. The role of the RACs is to articulate to members and stakeholders the intricacies involved in the CESSA system change, the evolution of these changes, the many nuances involved, and to lay the foundation for the creation and expansion of the Subregional Committee (SRC) structure to support the wide acceptance of these changes.

This quarter saw RACs creating local SRCs across the state. SRCs are expanding as the roll-out of the pilots occurs, and as RACs forge ahead with articulating the benefit of these committees at a subregional level, particularly in areas where RACs may not have representation. While RAC meetings are open to the public, the constellation of RAC appointed members may not represent all corridors, counties, municipalities, or communities that exist within the respective Regions' boundaries. During this quarter, Regions 1, 2, 3, 4, and 8 implemented a total of nine SRCs. There are additional SRC development discussions in several RACs, which are awaiting a quorum vote for creation. In the upcoming quarter, SRCs will continue to play a critical role in engaging stakeholders across the state in CESSA implementation.

Progress Report on SAC Action Plan and Goals

The SAC Action Plan for FY25 was created from SAC priorities, deliberations, and contributions over the period of September to November 2024. The goals of the Action Plan are detailed below. As in the previous quarterly report, progress reports for each goal follow.

Regional/Subregional Goals

Goal 1: Phased implementation of the revised, approved PowerPhone protocols by end of FY25 including the ability to transfer from 911 to 988 to mobile crisis response teams (MCRT) [Protocols]

Status: Complete. The first step in implementing the revised Total Response (formerly PowerPhone) protocols is pilot testing the protocols and the transfer of appropriate behavioral health calls from 911 to 988 to MCRT. The pilots began at the end of FY25 Quarter 1, continued during Quarter 3, and are anticipated to be completed early in FY25 Quarter 4.

Goal 2: Complete pilots for APCO, Priority Dispatch and Independents by end of FY25 [Pilots]

Status: In process. During this quarter, the PSTSC Subject Matter Expert Workgroup continued to prepare for the Priority Dispatch, APCO, and independent pilots. For the Priority Dispatch pilot, the Priority Dispatch Subject Matter Expert (SME) Workgroup completed its review of the protocol determinant codes and the mapping of these codes to the IRLM risk and acuity levels, response urgency, and response type. The pre-test, which includes four Priority Dispatch PSAP sites, began March 3, 2025.

In addition, the PSTSC SME Workgroup continued to review the APCO protocols this quarter and identified pre-test sites. A pre-test of revised APCO protocols is expected to begin early in FY25 Quarter 4. Finally, as stated above, the PSTSC SME Workgroup will hold initial meetings with the remaining Independents to work towards revising their protocols in the upcoming quarter of FY25.

Goal 3: Stakeholder groups understand the purpose of CESSA, what crisis response services will be available, and how to access them [Communications]

Status: In process. Throughout the third quarter, the SAC and the BHCH continued their ongoing communication and information sharing with the Regional Advisory Committee (RAC) Chairs and Co-Chairs, state agency partners, and agencies participating in the PowerPhone/Total Response pre-tests and pilots. Since launching the pilot sites in January, the BHCH has prioritized regular communication with the participating agencies. The BHCH also worked closely with the SAC to develop a communications strategy and refine stakeholder-specific messaging. Finally, RACs were asked to provide input on the communications needs for their regions this quarter. All of these activities are necessary to reach those most closely associated with this stage of CESSA implementation, but they are not sufficient to meet all stakeholders – especially members of the general public – who will require targeted communications for CESSA to be fully implemented statewide.

Statewide Goals

Goal 1: Reduce the reliance of people in a behavioral health crisis on the 911 system [System]

Status: In process. To reduce reliance on the 911 system for persons experiencing a behavioral health crisis, the public needs to be aware of the existence of alternatives to 911, namely 988. Tracking yearly data on any increases in call volume to 988 is paramount to achieving this goal. Yearly call volume data helps normalize the seasonal spikes and provides a more consistent benchmark for comparison to track trends. The 988 call volume for Illinois in FY23 was 11,329 and in FY24 was 13,485. Since FY25 is a partial year, the call volume average can be projected based on the data available so far. The projected 988 call volume for FY25 is 13,930. We will continue to track this data on an ongoing basis. As data becomes available, we expect to be able to track any decreases in call volume for behavioral health calls to 911.

Goal 2: Develop and implement a Quality Assurance plan for CESSA implementation [QA Plan]

Status: In process. A Quality Assurance (Sentinel Event) Plan for 988 was submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) at the end of March 2025. SAC members identified that 988 is crucial to the functioning of the Illinois behavioral health crisis continuum, and as such, members will build off of the 988 Quality Assurance Plan in the fourth quarter of FY25 to identify opportunities to develop Quality Assurance in all areas of the system. A broader Quality Assurance plan will be completed by May 2025.

Goal 3: Increase collaboration between different parts of the crisis response system [Collaboration]

Status: In process. SAC members primarily collaborated across systems this quarter by providing direction and expert guidance to the RACs and pilots. The steady increase in the number of subregional committees (SRCs) highlights the success in this area, as SRCs provide a space for additional stakeholders that are participating in the pilots to come together. The first subregional committee officially launched early in the third quarter of FY25. By February, there were three subregional committees. As of the end of March 2025, nine subregional committees have launched. The most crucial element of crisis response integration is the ongoing efforts by stakeholders in the pilots, as they identify and work through the barriers and norms that impede collaboration.

Goal 4: Develop an actionable and sustainable plan for FY26 and beyond [Sustainability]

Status: In process. Attainment of long-term sustainability requires the commitment of and investment by multiple entities, including state agencies, the legislature, regional and local jurisdictions and a variety of public and private organizations. The SAC members previously recognized several recent complementary initiatives, including the 988 Workgroup Action Plan, the Strengthening and Transforming Behavioral Health Crisis Care in Illinois Report, and the Behavioral Health Crisis Care Cost Analysis conducted by Chartis, the results of which may be utilized to create sustainability. SAC members acknowledge that achieving sustainability will be an ongoing activity rather than a goal to be accomplished in a single fiscal year.

Proposed legislation to extend CESSA for two more years would give the SAC additional runway to address this key element of long-term systems change. It has been reported that there is pending legislation to introduce and establish a telecom tax is support of the 988 system, which is an important part of long-term system sustainability. Finally, the lessons we are learning from the pilots will provide a roadmap for the systems and cultural change which will be a necessary foundation for sustainability.

Summary of CESSA Meetings

CESSA meetings continued regularly in the third quarter of Fiscal Year 2025 (FY25).

Statewide Advisory Committee

The SAC met three times over the third quarter of FY25. The January 13 meeting addressed communications strategies and goals in breakout groups. Each group focused on the needs of a particular stakeholder type (e.g., first responders or advocates). The BHCH collected valuable insights that will inform messaging about CESSA implementation, as well as the development of informational flyers and other materials (expected in the fourth quarter of FY25).

At the February 10 meeting, the BHCH provided a brief update about learnings from the CESSA implementation pilots, which launched on January 28. This was followed by a dialogue about how various stakeholders most effectively absorb new information and about the importance of clear, consistent messaging about system change under CESSA. SAC members reviewed and further clarified highlights from the January 10 breakout groups, which shaped the communications materials under development. Furthermore, SAC members had the opportunity to review examples of data visualization dashboards, which the BHCH is currently developing.

SAC members continued the conversation about communications strategies at the March 10 meeting. They viewed the existing draft of a stakeholder-specific informational flyer and provided further content recommendations. Additionally, members reviewed flow charts that will provide a visual aid during warm handoffs and 911 to 988 transfers.

While no new members were added to the SAC this quarter, the current members received reappointment letters to ensure their appointments met statutory requirements. Members also continued to be reminded in meetings of the need to complete annual mandatory trainings in FY25. In the upcoming quarter, SAC members expect to focus on finalizing communications materials, reviewing incoming pilot findings, and strengthening collaborative relationships across the crisis continuum.

SAC Technical Subcommittees

Subcommittee on Protocols and Standards

The Protocols and Standards Technical Subcommittee (PSTSC) continued to meet bi-weekly during the third quarter of FY25. The prior quarter marked a period of important decision-making for the Subcommittee, and the third quarter consisted of implementing these decisions (the launch of the Total Response pilot and the Priority Dispatch pre-test).

The five PSTSC meetings during the third quarter featured updates from the BHCH on Total Response pilot progress, planning for the Priority Dispatch and APCO pre-tests and lively discussions from both Subcommittee members and non-Subcommittee member stakeholders. No votes were required of committee members during this quarter.

Subcommittee on Technology, Systems Integration, and Data Management
The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) met twice this quarter on January 6, 2025, and February 3, 2025. These meetings focused on describing, discussing and establishing plans to collect, assess, and present data during the pilot stage and beyond. The Subcommittee recognized that their efforts will be more relevant after the pretests, pilots and initial statewide rollout in FY26 has generated meaningful data regarding changes in the crisis system.

Subcommittee on Training and Education
The Training and Education Technical Subcommittee (TETSC) met five times this quarter. Recurring meeting topics included reviewing the number of individuals who completed the core training courses for the pilots and discussing strategies to ensure the de-escalation training course for the pilot sites addresses the telecommunicators' needs and skill sets.

Regional Advisory Committees
RACs continue to hold meetings based on each committee's agreed schedule . Six of the eleven RACs hold monthly meetings, whereas the remaining five RACs are scheduled for alternating months. During this quarter, RACs were required to reaffirm membership ensuring that they were aligned with other structures operating as Boards and Commissions.

Challenges and Opportunities

Communication

As we have described regularly, CESSA implementation represents a systems transformation with deeply complex technical, systems and organization culture change requirements. Without a comprehensive and systematic communications and marketing plan, each element of implementation is more difficult, costly and uncertain than it might be if a communications effort were more fully resourced by the State agencies leading CESSA, the BHCH as their academic partner, or the many organizations and individuals with a stake in CESSA success. In place of a dedicated focus on multi-stakeholder communications, this quarter saw the BHCH working with the SAC and RAC members to collect input on what information needs to be updated in communications materials, such as Frequently Asked Questions. The primary activity for this quarter, the pilots, provides an opportunity for a key communications activity, as more stakeholders learn what CESSA is and how the implementation affects the current and future behavioral health crisis continuum. RACs have highlighted this opportunity during this quarter, prioritizing spreading awareness about CESSA through townhalls and summits, Subregional Committees, and other efforts to spread information in their regions. One bright spot in communications is the leadership from DMH to fund and coordinate statewide public education encouraging usage of the 988 system. However, there is no similar commitment of resources for CESSA broadly.

Collaboration Across Systems

As CESSA implementation progresses, the need to collaborate across the various systems involved in behavioral health crisis response remains. This quarter, the BHCH facilitated a discussion between a law enforcement representative and the Illinois Department of Public Health to hear concerns and create an opportunity for dialogue in order to promote problem-solving. In addition to the above example, the pilots also provide an opportunity to engage additional stakeholders at the local level, as do Subregional Committees, and both activities are places where trust is being built by bringing in more stakeholders.

Implementation Timeline

CESSA, as currently amended, has an implementation deadline of June 30, 2025. While we expect to have made significant progress by that date, it remains clear that this level of systems change will require a more extended approach. IDHS/DMH supports two amendatory bills, HB3697 (Cassidy) and SB2500 (Peters), currently in the legislative process, which, if passed, will further clarify the CESSA statute and provide an extended implementation deadline, with phased deadlines through June 30, 2027.

IDHS/DMH and the BHCH are pleased that the pilots are anticipated to be completed by the end of 2025. IDHS/DMH and the BHCH expect to finalize pilot testing during this fiscal year and will rapidly move to a re-evaluation and possible revision of the IRLM in accordance with findings from the pilots, in consultation with stakeholders and approval from the SAC. Thereafter, final approval from the EMD Medical Directors, and implementation by early adopters and those eager for the change will occur. However, full implementation across all PSAPs in Illinois will require more time.

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