

AN ORDINANCE AUTHORIZING RFP FD27-11 WITH MEMORIAL BEHAVIORAL HEALTH IN THE AMOUNT OF \$160,212.94 AND AUTHORIZING A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF \$160,212.94 FROM THE OPIOID SETTLEMENT RESTRICTED FUND BALANCE FOR PERSONNEL SERVICES ASSOCIATED WITH THE BEACON PROJECT AND BOLT APPARATUS, FOR THE SPRINGFIELD FIRE DEPARTMENT, FOR EMERGENCY PASSAGE

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, the Springfield Fire Department sought proposals for personnel services under proposal RFP FD27-11 in the amount of \$160,212.94.

WHEREAS, the Springfield Fire Department is requesting a supplemental appropriation in the amount of \$160,212.94 using the Opioid Settlement Restricted Fund Balance for cost associated with the Beacon Project and the Bolt Apparatus.

WHEREAS, a copy of RFP FD27-11 shall be located in the Office of the City Clerk.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the City Council hereby accepts and authorizes the proposal agreement under RFP FD27-11 with Memorial Medical Behavioral Health in the amount of \$160,212.94 for personnel services and authorizes a supplemental appropriation in the amount of \$160,212.94 using the Opioid Settlement Restricted Fund Balance for equipment and cost associated with the Beacon Project and the Bolt Apparatus.

Section 2: That the Office of Budget and Management is hereby directed to effectuate a supplemental appropriation as follows:

| | |
|-------------------------------------|-------------------|
| FROM REVENUE ACCOUNT | AMOUNT |
| 001-108-FIRE-OPIO-2020 | \$160,212.94 |
| INTO EXPENDITURE ACCOUNT | AMOUNT |
| 001-108-FIRE-OPIO-1232 | \$160,212.94 |

Section 3: That this ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: _____, 2026

SIGNED: _____, 2026

RECORDED: _____, 2026

Mayor Misty Buscher

ATTEST: _____
City Clerk Charles L. Redpath Sr.

Approved as to legal sufficiency:

Requested By: Mayor Misty Buscher



Office of Corporation Counsel / Date 6-29-26



MEMORIAL BEHAVIORAL HEALTH

Springfield Fire Department Mobile Crisis Response Program Proposal

Executive Summary

Mental Health Centers of Central Illinois (MHCCI), doing business as Memorial Behavioral Health (MBH), is an affiliate of Memorial Health and has provided comprehensive behavioral health and rehabilitation services throughout Central Illinois since 1947. Through an Interim Affiliation Agreement established with Memorial Health in 1995, MBH has strengthened its ability to deliver high-quality, community-based behavioral health services. Today, MBH is one of the region's largest behavioral health providers, serving individuals and families across Central Illinois.

MBH operates offices in Springfield, Lincoln, Jacksonville, and Taylorville and serves an eight-county service area that includes Cass, Christian, Logan, Mason, Menard, Morgan, Sangamon, and Scott counties. The organization employs approximately 134 full-time equivalent (FTE) staff, including licensed clinicians, case managers, care coordinators, crisis professionals, employment specialists, residential staff, and administrative personnel who support a comprehensive continuum of behavioral health services.

MBH's mission is to improve lives and build stronger communities through better health. Its vision is to be the health partner of choice, guided by the core values of safety, integrity, quality, and stewardship. These principles drive the organization's commitment to providing accessible, person-centered care and addressing behavioral health needs across urban and rural communities.

MBH offers a broad range of evidence-based behavioral health services, including outpatient therapy, a First Episode Psychosis Program, school-based mental health services, Youth Crisis Stabilization, Mobile Crisis Response, Care Coordination, Case Management, Individual Placement and Support (IPS) employment services, PATH housing support services, adult residential services, Community Conditional Release Program services, and Crisis Residential services. Through multiple service entry points, MBH reduces barriers to care and ensures timely access to treatment and support for individuals experiencing mental health challenges, including those in crisis.

MBH maintains a strong record of regulatory compliance, quality improvement, and service excellence. In November 2025, the organization was successfully recertified by the Illinois Bureau of Accreditation, Licensure, and Certification (BALC) through March 2029. In February 2026, MBH completed a reaccreditation survey with the Commission on Accreditation of Rehabilitation Facilities (CARF), receiving a full three-year award.

MBH is well positioned to successfully implement and expand a co-response program with the Springfield Fire Department because it builds upon an established service model, existing infrastructure, and proven community partnerships. MBH partnered with the Springfield Police Department in January 2023 and has successfully implemented a co-response model that includes mental health professionals alongside law enforcement officers to provide individuals in the community with the support they need, when and where they need it most.

With decades of experience providing behavioral health services, a highly qualified workforce, established clinical and administrative systems, and strong partnerships throughout Central Illinois, MBH has the capacity to expand services efficiently while maintaining high standards of quality and fidelity. The

proposed project represents a strategic expansion of existing successful programs rather than the creation of a new service line, allowing MBH to leverage proven practices, infrastructure, and community relationships to achieve meaningful outcomes.

MBH is also a fiscally responsible organization with extensive experience managing public and private funding sources. The agency operates on an annual budget of approximately \$15 million and maintains a stable financial position through careful stewardship of resources. Funding is supported by a diverse portfolio that includes Medicaid, managed care organizations, private insurance, state and federal grants, United Way, Memorial Health, and contracts with local partners. MBH has extensive expertise in fee-for-service billing, grant administration, compliance, and financial management, ensuring accountability and sustainability in the delivery of behavioral health services.

Scope and Methodology: Detailed approach to co-response, triage, engagement, follow-up.

Memorial Behavioral Health (MBH) has served as the State of Illinois, Department of Human Services-designated Mobile Crisis Response provider for its service region since the inception of Illinois' Mobile Crisis Response program in 2022. For the past four years, MBH has successfully delivered 24/7/365 crisis response services in accordance with state requirements, providing rapid behavioral health intervention, crisis stabilization, risk assessment, safety planning, care coordination, and linkage to community-based services. MBH has again been selected by the State of Illinois to serve as the Mobile Crisis Response provider for Fiscal Year 2027, demonstrating continued confidence in the organization's expertise, performance, and capacity to deliver high-quality crisis services.

MBH has successfully implemented and expanded mobile crisis response services across its eight-county coverage area, as well as a co-response model through its longstanding partnership with the City of Springfield and Springfield Police Department. Utilizing crisis call data and service utilization trends, MBH and public safety leadership collaboratively developed deployment schedules that align with periods of highest behavioral health crisis activity. This data-driven approach has allowed the program to maximize impact while ensuring timely access to crisis intervention services for individuals in need.

When behavioral health-related calls are received through the 911 system, dispatchers may deploy the Co-Response (CORE) Team. The Mobile Crisis Response Team may also request CORE Team involvement when a crisis situation is identified that may require a public safety presence. Upon arrival, the public safety responder's primary role is to ensure the safety of all individuals on scene. This allows the mental health clinician to focus on de-escalation, crisis intervention, assessment of behavioral health needs, safety planning, and linkage to appropriate community-based services and supports. When further evaluation or inpatient psychiatric treatment is necessary, the clinician coordinates the process from initial assessment through admission, providing a warm handoff and ensuring continuity of care throughout the transition.

MBH's established co-response model is well-positioned to support the Springfield Fire Department's BEACON (Bridging Emergency and Community Outreach Network) Project and the BOLT (BEACON Outreach and Lifesaving Treatment) co-response unit. Consistent with the City's vision and the Community Emergency Services and Support Act (CESSA), MBH will provide qualified behavioral health specialists to co-respond alongside Springfield Fire Department EMS personnel to incidents involving substance use disorders, mental health disorders, and behavioral health crises. Through this partnership, behavioral

health clinicians can be integrated into emergency response operations and paired with EMS transport units responding to basic life support (BLS) incidents, providing immediate behavioral health expertise in the field. This integrated approach will ensure timely activation of behavioral health personnel and support the goals of the BEACON Project by connecting individuals in crisis to the most appropriate level of care as early as possible in the emergency response process.

Many emergency calls involving behavioral health concerns, substance use crises, welfare checks, frequent utilizers of emergency services, or non-emergent medical complaints are initially routed through fire and EMS personnel. Embedding a behavioral health clinician within the BOLT co-response model allows for real-time assessment, de-escalation, resource navigation, and diversion from unnecessary emergency department utilization when clinically appropriate. By leveraging MBH's established Mobile Crisis Response and co-response infrastructure, the Springfield Fire Department can expand access to behavioral health expertise in the field, improve outcomes for individuals in crisis, and strengthen coordination between emergency response systems and community-based care.

This integrated approach significantly improves the experience of individuals in crisis by ensuring they feel heard, supported, and connected to appropriate services during what is often a highly stressful and traumatic event. The co-response model allows each professional to operate within their area of expertise, resulting in more effective interventions, improved outcomes, and more efficient use of community resources.

Behavioral health clinicians will respond in real time to eligible behavioral health-related calls, providing crisis assessment, stabilization, suicide risk screening, safety planning, substance use intervention, de-escalation, and trauma-informed support. Clinicians will also offer support to family members and bystanders affected by the crisis and facilitate connections to appropriate behavioral health, substance use treatment, and other community-based services. Through close collaboration with Springfield Fire Department personnel, clinicians will help identify the least restrictive and most clinically appropriate intervention, reducing unnecessary law enforcement involvement, emergency department utilization, and psychiatric hospitalization whenever safe and appropriate.

The program will emphasize community-based intervention by delivering immediate, in-person clinical services during active crisis events. Clinicians will utilize evidence-based de-escalation strategies to stabilize situations in the community whenever possible and conduct comprehensive assessments to determine service needs, risk factors, and appropriate treatment recommendations. When a higher level of care is required, clinicians will coordinate directly with receiving facilities to facilitate timely access to services and ensure a smooth transition of care. Individualized safety plans will be developed to reduce immediate risk, identify coping strategies, and connect individuals with formal and informal supports that promote ongoing stability.

A key component of the program will be care coordination and navigation. Clinicians will provide real-time linkage to outpatient behavioral health treatment, crisis stabilization services, substance use treatment programs, and other community resources. Warm handoffs to service providers will be utilized whenever possible to increase engagement and reduce barriers to care. Individuals served through the program will

also receive follow-up outreach at 24, 48, and 72 hours following the initial crisis response to assess ongoing needs, reinforce safety planning, and support successful connection to recommended services.


Recognizing that many behavioral health crises are influenced by unmet social needs, the program will provide short-term post-crisis follow-up and care coordination aimed at promoting long-term stabilization and reducing repeat crisis utilization. Clinicians will work collaboratively with community partners to address social determinants of health, including housing instability, food insecurity, transportation barriers, and other factors that contribute to recurring emergency service use. Through this comprehensive continuum of crisis response, stabilization, care coordination, and follow-up support, the Mobile Crisis Co-Response Program will improve outcomes for individuals in crisis while strengthening community-based alternatives to higher-cost emergency and institutional care.

Staffing Plan: Resumes for key personnel; coverage schedule; training plan

Memorial Behavioral Health (MBH) will dedicate one (1.0) full-time equivalent Crisis Specialist to fill the Behavioral Health Specialist (BHS) role which will support the Springfield Fire Department Behavioral Health Outreach and Liaison Team (BOLT) program. The assigned clinician will be an experienced behavioral health professional who meets all applicable qualification requirements outlined in the RFP and Illinois regulations. Candidates will possess a Bachelor's or Master's degree in Social Work, Psychology, Counseling or closely related human service field from an accredited university or minimally meet the "Mental Health Professional" designation as determined by the Department of Human Services. Candidates may also hold licensure as a Licensed Clinical Social Worker (LCSW), Licensed Clinical Professional Counselor (LCPC), or equivalent behavioral health credential, and/or have substance use disorder expertise, including Certified Alcohol and Drug Counselor (CADC) certification. All staff assigned to the program will have a minimum of two years of crisis response experience, with preference given to individuals who have experience working in mobile crisis, emergency services, co-response, EMS, fire service, or community behavioral health settings.

MBH will complete and maintain all required background checks, drug screenings, driving record reviews, credential verification, and personnel compliance requirements prior to assignment. MBH will provide reliable and safe transportation for Behavioral Health Specialists (BHS) participating in the co-response program, ensuring their ability to respond alongside Springfield Fire Department (SFD) Rescue companies throughout the City of Springfield. MBH maintains the necessary liability coverage, vehicle insurance, and organizational risk management protocols to support field-based crisis response services.

To meet the RFP's minimum coverage expectations, MBH will provide a minimum of 40 hours per week of dedicated BHS coverage. Initial scheduling will prioritize coverage during periods historically associated with increased behavioral health-related emergency calls, with a preferred schedule of four 10-hour shifts per week, generally aligned with the hours of 12:00 p.m. to 10:00 p.m., Monday through Thursday or Tuesday through Friday. MBH recognizes that crisis response demand may fluctuate based on community needs and seasonal trends. Therefore, staffing schedules may incorporate adjusted start times, or alternative evidence-based scheduling models informed by call volume data and ongoing collaboration with Springfield Fire Department leadership. The assigned BHS will remain available for real-time deployment when BOLT responses are initiated and will strive to meet response performance expectations, including becoming en route within five minutes of dispatch notification and arriving on scene within fifteen minutes whenever operationally feasible.



MBH will maintain a contingency coverage structure to ensure continuity of services during periods of planned leave, illness, training, or other staffing disruptions. Backup coverage will be provided through qualified members of MBH's existing 24/7/365 Mobile Crisis Response team who possess the necessary training, credentials, and crisis response experience. Support for BOLT calls will be requested as needed by contacting the MCR line at (217) 788-7070, and the MCR team will co-respond with the BOLT team as quickly as possible based on availability. These clinicians will be cross-trained on Springfield Fire Department response protocols, BOLT procedures, documentation requirements, and community resource networks to ensure seamless service delivery. MBH maintains 24 hours per day, 7 days per week, 365 days per year access to Qualified Mental Health Professionals (QMHPs) who can provide consultation, support, and emergency backup response as needed. Staffing levels and scheduling assignments may be adjusted based on clinician availability, program demand, and the operational needs of the broader Mobile Crisis Response program to ensure responsive and effective service delivery.

Clinical oversight and supervision will be provided by MBH Licensed Practitioners of the Healing Arts (LPHA) and Qualified Mental Health Professionals (QMHP) who will be responsible for ongoing supervision, case consultation, quality assurance, and clinical guidance. The assigned BHS will participate in regular supervision sessions, case reviews, and multidisciplinary discussions to ensure adherence to best practices, program goals, and all applicable state and federal requirements. Program operations will remain fully compliant with agency policies, Illinois Department of Human Services requirements, CESSA implementation standards, confidentiality regulations, and all other relevant legislative and regulatory requirements.

MBH is committed to providing comprehensive onboarding and ongoing professional development to ensure staff are fully prepared to operate effectively within a fire service co-response environment. Prior to deployment, the assigned BHS will receive orientation to Springfield Fire Department operations, incident command structure, dispatch and communication procedures, safety protocols, field response expectations, and interagency collaboration practices. The clinician will also receive training on local emergency response resources, referral pathways, and community-based service networks.

In addition to orientation training, the assigned BHS will complete annual training in crisis intervention, trauma-informed care, behavioral health de-escalation techniques, suicide risk assessment and safety planning, and evidence-based crisis stabilization practices. Training will also include substance use disorder assessment and intervention, motivational interviewing, cultural humility, responder safety, documentation standards, and updates related to CESSA and other relevant state initiatives. Whenever possible, MBH will collaborate with Springfield Fire Department personnel to participate in joint training exercises, case reviews, and cross-disciplinary learning opportunities that strengthen team coordination and improve outcomes for individuals experiencing behavioral health crises.

This staffing and training model leverages MBH's established mobile crisis infrastructure and clinical expertise while providing the flexibility necessary to respond to changing community needs, maintain service continuity, and support the successful implementation of the BOLT program.

Operational Plan: Dispatch integration, scene protocols, safety procedures, transport coordination (non-transport role for BHS).

Memorial Behavioral Health (MBH) will implement the BEACON Outreach and Lifesaving Treatment (BOLT) program through a collaborative operational model that integrates behavioral health expertise into Springfield Fire Department's emergency response system. The program is designed to provide timely, community-based behavioral health intervention while supporting fire and EMS personnel in addressing behavioral health-related emergencies safely, effectively, and with the least restrictive level of care appropriate to the individual's needs.

Dispatch Integration

The assigned Behavioral Health Specialist (BHS) will operate in coordination with Springfield Fire Department dispatch procedures and established response protocols. During designated coverage hours, the BHS will remain available for real-time deployment to eligible behavioral health-related incidents identified through dispatch screening criteria or requested by responding Springfield Fire Department personnel. MBH will work closely with Springfield Fire Department leadership and emergency communications personnel to establish clear dispatch guidelines, response criteria, communication procedures, and documentation workflows.

The BHS will maintain readiness to respond immediately upon notification and will strive to meet the program's operational benchmarks of becoming en route within five minutes of dispatch and arriving on scene within fifteen minutes whenever operationally feasible. Response activity, disposition outcomes, and follow-up interventions will be documented in MBH's electronic health record (EHR) and incorporated into ongoing program evaluation and performance monitoring efforts.

As call volume data become available, MBH and Springfield Fire Department will jointly review utilization patterns and adjust deployment strategies, scheduling, and response protocols as needed to maximize program effectiveness and ensure resources are aligned with community demand.

Scene Response and Operational Roles

The BOLT program is structured to complement, rather than replace, the responsibilities of Springfield Fire Department personnel. Upon arrival at an incident, Springfield Fire Department responders will maintain primary responsibility for scene management, emergency medical assessment, and responder safety. The Behavioral Health Specialist will serve as the subject matter expert for behavioral health assessment, crisis intervention, de-escalation, suicide risk screening, safety planning, and service coordination.

Once the scene has been determined to be safe for engagement, the BHS will conduct an assessment of the individual's behavioral health needs, identify immediate risks, evaluate available supports, and determine appropriate intervention strategies. The clinician will provide trauma-informed crisis stabilization services and work collaboratively with responders, the individual, family members, and other involved parties to develop a plan that promotes safety and addresses the underlying causes of the crisis.

The BHS will also assist in identifying alternatives to unnecessary emergency department utilization, hospitalization, or law enforcement involvement when clinically appropriate and consistent with public safety considerations. Through evidence-based de-escalation and community-based intervention strategies, the program seeks to stabilize individuals in the least restrictive setting possible while maintaining the safety of all involved.

Safety Procedures

Safety is a foundational component of the BOLT operational model. The Behavioral Health Specialist will operate under Springfield Fire Department scene safety procedures and will not enter a scene until it has been deemed safe by responding personnel. Situations involving active violence, weapons, significant safety threats, criminal activity, or other high-risk circumstances will remain under the direction of the appropriate emergency response agency. Reports of historical violence is documented in MBH's electronic health record and can be reviewed prior to presenting on scene.

MBH clinicians assigned to the program will receive orientation to Springfield Fire Department operational procedures, radio communications, incident command principles, scene safety expectations, and emergency response protocols prior to deployment. Ongoing training will include crisis intervention, trauma-informed care, behavioral health de-escalation, suicide risk assessment, substance use crisis response, responder safety, and other topics deemed necessary for effective operation within a fire and EMS environment.

Clinical staff will have access to routine supervision from an MBH Licensed Practitioner of the Healing Arts (LPHA) and 24/7/365 consultation from Qualified Mental Health Professionals (QMHPs) to support clinical decision-making and ensure adherence to best practices and program standards.

Additionally, all BTS clinicians are issued a personal safety device upon hire with MBH. The POM Safe system is designed to enhance field-based safety by enabling staff to rapidly and discreetly alert emergency services during a safety concern. In addition to emergency alerting, the system provides an auto-generated phone call feature that allows clinicians to create a supported exit from potentially unsafe or uncomfortable situations. This added layer of protection helps staff disengage from encounters while maintaining personal safety and professional boundaries. The platform also includes supervisor notification capabilities, allowing leadership to view a clinician's location when an alert is activated, thereby supporting rapid response, coordination, and staff well-being during fieldwork activities.

Transport Coordination and Care Transitions

The Behavioral Health Specialist will function in a non-transport role and will not provide medical transportation services. Springfield Fire Department EMS personnel will retain responsibility for determining medical transport needs and facilitating transportation when indicated.

When a higher level of behavioral health care is required, the BHS will coordinate closely with EMS personnel, receiving facilities, crisis stabilization programs, hospitals, and community providers to facilitate appropriate placement and continuity of care. The clinician will assist with behavioral health assessments,

communication of clinical findings, referral coordination, safety planning, and warm handoffs to receiving providers whenever possible.

For individuals who can be safely served in the community, the BHS will facilitate direct connections to outpatient behavioral health services, substance use treatment programs, crisis stabilization services, primary care providers, and other community resources. Individualized safety plans will be developed to address immediate risks and identify supports, coping strategies, and follow-up recommendations.

Following the initial response, the BHS will conduct follow-up outreach at 24, 48, and 72 hours, to assess ongoing needs, reinforce safety planning, support engagement with recommended services, and reduce the likelihood of repeat crisis utilization. Additional care coordination activities may include collaboration with housing providers, healthcare organizations, social service agencies, schools, recovery support organizations, and other community partners that address social determinants of health contributing to recurring crises.

Through this integrated operational model, MBH and Springfield Fire Department will provide a coordinated, clinically informed response that improves access to behavioral health care, strengthens community-based crisis intervention, enhances responder effectiveness, and promotes safer, more appropriate outcomes for individuals experiencing behavioral health emergencies.

Technology and Data Plan (Including ESO Technology): ESO integration, reporting formats, security

Memorial Behavioral Health (MBH) maintains a comprehensive technology, data management, and quality improvement infrastructure that will support the successful implementation, monitoring, and evaluation of the BEACON Outreach and Lifesaving Treatment (BOLT) program in partnership with the Springfield Fire Department (SFD). MBH has extensive experience collecting, managing, analyzing, and reporting programmatic and financial data across multiple state and federally funded initiatives and is well positioned to meet all reporting, performance measurement, and data-sharing requirements associated with the BOLT program.

MBH utilizes the EchoVantage electronic health record (EHR) system to document client encounters, service delivery activities, assessments, referrals, follow-up contacts, and clinical outcomes. EchoVantage provides secure, timely, and auditable documentation and reporting capabilities that support both operational management and program evaluation. All BOLT-related clinical services provided by MBH staff will be documented within EchoVantage in accordance with organizational policies, state regulations, and applicable privacy requirements.

MBH understands that Springfield Fire Department utilizes ESO as its Health Management Information System (HMIS) and will provide access to SFD electronic health records associated with calls receiving a BOLT response. MBH will work collaboratively with SFD leadership, administration, and information technology personnel to establish efficient workflows for data collection, documentation, information sharing, and performance reporting. This collaboration will ensure that behavioral health response data can be coordinated with operational and EMS response information while maintaining compliance with all applicable confidentiality, privacy, and security requirements.

As part of the BOLT program, MBH will collect and report statistical information related to all behavioral health co-response encounters. Data elements may include demographic information, presenting concerns, available behavioral health and medical history, assessment findings, diagnoses when applicable, services provided, referrals made, disposition outcomes, follow-up activities, and engagement with recommended services. MBH will also analyze aggregate trend data to assist SFD in identifying service utilization patterns, peak demand periods, repeat utilizers, service gaps, and opportunities to optimize dispatch protocols and resource allocation.

MBH is prepared to provide the reporting cadence outlined by SFD. Monthly reports will include response volume, response times, on-scene activities, disposition outcomes, repeat caller data, and barriers encountered during service delivery. Quarterly performance dashboards will include outcome measures such as successful linkages to services, engagement rates at seven and thirty days following contact, equity indicators examining access to services across demographic groups, and any identified safety events or operational concerns. An annual program summary will be prepared to support BEACON Project reporting requirements and City Council updates and will include trend analyses, outcome summaries, recommendations for program enhancements, and opportunities for system improvement.

MBH's established Quality Improvement System will provide ongoing oversight of program performance through routine data monitoring, trend analysis, and outcome measurement. Data collected through the BOLT program will be reviewed regularly by clinical supervisors, program leadership, quality improvement staff, and administrative leadership to assess program effectiveness, monitor response performance, identify service gaps, and guide continuous quality improvement efforts. Internal dashboards and standardized reporting tools will support timely access to meaningful performance data and facilitate data-driven decision-making.

The organization's Administrative Operations, Compliance, and Quality Improvement departments provide additional oversight through routine chart audits, documentation reviews, service verification processes, and data validation activities. These established quality assurance procedures ensure the accuracy, completeness, and consistency of all reported data elements. Client satisfaction feedback, stakeholder input, service utilization patterns, and community partner feedback will also be incorporated into ongoing program evaluation efforts to provide both quantitative and qualitative measures of program success.

MBH is committed to maintaining secure and appropriate information-sharing practices. If vendor HMIS access is required to support coordinated service delivery, MBH will work with SFD to establish secure access protocols for designated Springfield Fire Department rescue personnel and administrative staff, consistent with applicable privacy laws, organizational policies, and data-sharing agreements. All data exchange processes will be governed by formal policies and procedures that define authorized access, permissible use, documentation standards, retention requirements, and security safeguards.

MBH is prepared to execute a contract which outlines any required data-sharing agreements with the Springfield Fire Department to support the secure exchange of protected information. The organization utilizes encryption for electronic data, role-based access controls, audit trail monitoring, and other administrative, technical, and physical safeguards designed to protect sensitive information. MBH will also support records management and public records processes consistent with Illinois Freedom of

Information Act (FOIA) requirements to the extent that is allowed by MBH regulatory bodies, applicable laws, contracts, and agency policies, while ensuring that protected health information and other confidential records remain appropriately safeguarded from unauthorized disclosure. Mental health records are strictly protected from disclosure under the **Illinois Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA)**. This statute operates independently of FOIA and dictates that all records and communications related to mental health services are confidential. Under Section 7 of the Illinois FOIA (5 ILCS 140/7), records that are specifically prohibited from disclosure by federal or state law are exempt from public release. In addition, MBH complies with all applicable federal, state, and local nondiscrimination and accessibility requirements, and will ensure equitable access to services for all individuals served through the BOLT program.


Data security and confidentiality are fundamental components of MBH's technology infrastructure. All client information is maintained within secure electronic systems utilizing role-based access controls, password protection, encrypted data transmission, audit tracking, and other safeguards designed to protect sensitive information. MBH maintains policies and procedures that ensure compliance with HIPAA, applicable Illinois confidentiality laws, and all organizational privacy and security standards. Staff assigned to the BOLT program receive ongoing training regarding confidentiality requirements, secure documentation practices, information sharing protocols, and cybersecurity expectations.

MBH also maintains a strong organizational capacity to support reporting and evaluation activities. A dedicated Grant Coordinator oversees grant-related reporting requirements, data collection timelines, and compliance monitoring. This role is supported by finance leadership, quality improvement personnel, program managers, and clinical supervisors who collectively ensure accurate, timely, and validated reporting. Established workflows for data extraction, review, quality assurance, and approval are already embedded within organizational operations, allowing MBH to consistently meet monthly, quarterly, annual, and ad hoc reporting requirements.

Through this integrated technology and data management approach, MBH will provide Springfield Fire Department with reliable operational and outcome data, secure information-sharing processes, meaningful performance measurement, and actionable recommendations that support program evaluation and continuous improvement. The combination of MBH's established clinical documentation infrastructure and SFD's ESO platform will create a strong foundation for accountability, transparency, and data-driven decision-making while ensuring the highest standards of confidentiality and information security.

Community Partnerships (Existing or proposed): Letters/MOUs and referral pathways

Memorial Behavioral Health (MBH) recognizes that effective crisis intervention extends beyond the immediate emergency response and requires strong partnerships across healthcare, behavioral health, public safety, and social service systems. The success of the proposed BEACON Outreach and Lifesaving Treatment (BOLT) partnership with the Springfield Fire Department will be supported by MBH's extensive network of community relationships and established referral pathways designed to connect individuals in crisis with ongoing services and supports that address both behavioral health needs and the social determinants of health.



MBH has a long history of collaboration with healthcare providers, emergency responders, behavioral health organizations, educational institutions, social service agencies, and community-based organizations throughout Central Illinois. These partnerships create a comprehensive continuum of care that allows individuals encountered through the BOLT program to access appropriate follow-up services, reducing repeat crisis utilization and improving long-term stability and recovery outcomes.

As part of the proposed program, MBH will establish and/or maintain formal partnership agreements, memoranda of understanding (MOUs), and letters of support, as appropriate, with the Springfield Fire Department and other key stakeholders involved in crisis response and care coordination. These agreements will outline referral processes, communication protocols, information-sharing practices consistent with applicable privacy regulations, and collaborative responsibilities to ensure seamless service delivery and continuity of care.

MBH leadership actively participates in numerous local and regional committees, coalitions, and planning councils that bring together representatives from behavioral health, healthcare, emergency medical services, law enforcement, emergency communications centers, education systems, and community organizations. These collaborative forums provide ongoing opportunities to identify service gaps, coordinate resources, strengthen referral networks, and improve crisis response systems. Through these established relationships, MBH is well-positioned to integrate the BOLT program into existing community response frameworks and ensure efficient coordination among providers and stakeholders.

Referral pathways for the BOLT program will include direct linkage to outpatient behavioral health treatment, psychiatric services, crisis stabilization programs, substance use disorder treatment and recovery services, primary care providers, hospital-based services, and community support programs. When individuals require a higher level of care, MBH clinicians will coordinate directly with receiving facilities to facilitate timely access and ensure smooth transitions between levels of service. Warm handoffs will be utilized whenever possible to increase engagement and reduce barriers to accessing recommended care.

Recognizing that many behavioral health crises are influenced by unmet social needs, MBH will also maintain referral pathways to organizations that address housing instability, food insecurity, transportation barriers, employment needs, educational supports, and other social determinants of health. Through these partnerships, individuals served by the BOLT program will have access not only to crisis intervention services but also to the resources necessary to support long-term recovery and community stability.

The implementation of Illinois' Community Emergency Services and Support Act (CESSA) further strengthens opportunities for collaboration and community engagement. MBH's Senior Director serves as the CESSA Co-chair for Regional Advisory Committee #3, thus actively participates in regional CESSA planning efforts and Sub-Regional Committee meetings, which include representatives from emergency communications centers, healthcare systems, behavioral health providers, law enforcement agencies, fire and EMS departments, and community organizations. These established collaborative structures provide an effective mechanism for educating stakeholders about the BOLT program, strengthening referral

pathways, coordinating crisis response activities, and ensuring awareness of available services throughout the community.

Community outreach and education will serve as additional components of partnership development and program sustainability. MBH will work with Springfield Fire Department and community partners to promote awareness of the BOLT program through educational presentations, stakeholder meetings, community events, healthcare providers, schools, social service agencies, and other high-impact community settings. Information regarding available crisis services and referral options will also be disseminated through digital communications, social media platforms, organizational websites, electronic newsletters, and local media outlets as appropriate.

Through these formal and informal partnerships, established referral pathways, and ongoing community engagement efforts, MBH will ensure that individuals served through the Springfield Fire Department BOLT program have timely access to a coordinated network of behavioral health, healthcare, and community-based services. This integrated approach will support crisis stabilization, reduce unnecessary emergency service utilization, strengthen continuity of care, and improve outcomes for individuals experiencing behavioral health crises.

Attachments:

- **Attachment A - Cost Proposal**
- **Community Mental Health Center Certificate**
- **CARF Accreditation Letter**
- **Secretary of State - Certificate of Good Standing**
- **General & Professional Liability Insurance**
- **Automobile Liability Insurance**
- **Property liability Insurance**
- **Worker's Compensation Insurance**
- **Emergency Procedure Manual - Community**
- **Letter of Support - Gateway**
- **Personnel Records - Andrew Bridges**
 - **Resume**
 - **Background Checks**
 - **Trainings & Certifications**

Attachment A — Cost Proposal

| Section | Cost Category | Description | Amount (\$) |
|----------------|------------------------|------------------------------|---------------------|
| Personnel | BHS Salary (1.0 FTE) | Annual salary for specialist | \$72,987.20 |
| Personnel | Fringe Benefits | Benefits & payroll taxes | \$19,706.55 |
| Personnel | Back-Up Coverage | Additional staffing cover | |
| Personnel | Training | Initial & annual training | |
| Admin/Overhead | Admin Costs | Program management | \$16,510.00 |
| Admin/Overhead | Overhead | Indirect operating costs | \$36,016.86 |
| Technology | Devices/Licenses | Hardware/software | \$2,219.00 |
| Technology | HMIS/EHR Integration | ESO configuration | \$720.00 |
| Technology | Data Security | Security & compliance | |
| Transportation | Vehicle Lease/Purchase | Vendor vehicle | \$8,333.33 |
| Transportation | Fuel/Maintenance | Operational costs | \$2,400.00 |
| Transportation | Vehicle Insurance | Required coverage | \$600.00 |
| Insurance | Insurance Costs | General/professional/etc. | \$720.00 |
| Compliance | Compliance Costs | Certifications, audits | |
| Optional | Enhancement 1 | Additional service 1 | |
| Optional | Enhancement 2 | Additional service 2 | |
| Total | TOTAL LUMP SUM | Total base year cost | \$160,212.94 |
| Total | Renewal Year Pricing | Optional renewal cost | |

CERTIFICATION:

Authorized Representative:

Laura Rapaport

Title:

Director, Accounting

Signature:

Laura Rapaport

Date:

June 18, 2026

Memorial Behavioral Health
Springfield Fire Department RFP June 2026
Cost Proposal Detail

| Category | Description | Quantity | Type | Rate | Total Amount |
|------------------------------|---|----------|-------------------|---------------|-----------------------------|
| PERSONNEL | | | | | |
| Annual Salary for Specialist | Crisis Specialist I | 2,080 | Hours | \$ 35.09 | \$ 72,987.20 |
| Fringe Benefits | FICA | 7.65% | % of Salaries | \$ 72,987.20 | \$ 5,583.52 |
| Fringe Benefits | Health & Dental Insurance | 13.00% | % of Salaries | \$ 72,987.20 | \$ 9,488.34 |
| Fringe Benefits | Retirement Contributions | 5.00% | % of Salaries | \$ 72,987.20 | \$ 3,649.36 |
| Fringe Benefits | Other Insurances | 1.35% | % of Salaries | \$ 72,987.20 | \$ 985.33 |
| PERSONNEL TOTAL | | | | | <u>\$ 92,693.75</u> |
| ADMIN/OVERHEAD | | | | | |
| Program Management | Manager, Behavioral Health Salaries | 104 | Hours | \$ 47.00 | \$ 4,888.00 |
| Program Management | Supervisor, Behavioral Health Salaries | 208 | Hours | \$ 39.00 | \$ 8,112.00 |
| Program Management | Fringe Benefits | 27% | % of Salaries | \$ 13,000.00 | \$ 3,510.00 |
| ADMIN/OVERHEAD TOTAL | | | | | <u>\$ 16,510.00</u> |
| TECHNOLOGY | | | | | |
| Hardware/Software | Laptop | 1 | Item | \$ 1,250.00 | \$ 1,250.00 |
| Hardware/Software | Monitor | 1 | Item | \$ 209.00 | \$ 209.00 |
| Hardware/Software | Docking Station | 1 | Item | \$ 70.00 | \$ 70.00 |
| Hardware/Software | Mouse & Keyboard | 1 | Item | \$ 54.00 | \$ 54.00 |
| Hardware/Software | Cell Phone | 12 | Months | \$ 53.00 | \$ 636.00 |
| HMIS/EHR Integration | Clinical Software | 12 | Months | \$ 60.00 | \$ 720.00 |
| TECHNOLOGY TOTAL | | | | | <u>\$ 2,939.00</u> |
| TRANSPORTATION | | | | | |
| Vendor Vehicle | Company Vehicle Depreciated Over 3 Years | 12 | Months | \$ 694.44 | \$ 8,333.33 |
| Fuel/Maintenance | Fuel & Vehicle Operating Costs | 12 | Months | \$ 200.00 | \$ 2,400.00 |
| Vehicle Insurance | Required Coverage | 12 | Months | \$ 50.00 | \$ 600.00 |
| TRANSPORTATION TOTAL | | | | | <u>\$ 11,333.33</u> |
| INSURANCE | | | | | |
| Insurance Costs | Professional Liability Insurance | 12 | Months | \$ 60.00 | \$ 720.00 |
| INSURANCE TOTAL | | | | | <u>\$ 720.00</u> |
| ADMIN/OVERHEAD | | | | | |
| Indirect Operating Costs | Indirect Costs at 29% of Total Direct Costs | 29% | % of Direct Costs | \$ 124,196.08 | \$ 36,016.86 |
| ADMIN/OVERHEAD TOTAL | | | | | <u>\$ 36,016.86</u> |
| TOTAL BASE YEAR COST | | | | | <u><u>\$ 160,212.94</u></u> |

ORDINANCE FACT SHEET

DATE OF 1st READING: _____

OFFICE REQUESTING: Springfield Fire Department

CONTACT PERSON: Alivia Carrigan

PHONE NUMBER: 217-788-8474

EMERGENCY PASSAGE: No Yes If yes, explain justification - See attached document

Following RFP process, authorization of this agreement is needed to ensure Memorial Behavioral Health is prepared to begin offering services as closely to the start time of the BOLT responses for the Springfield Fire Department.

FISCAL IMPACT: \$160,212.94

SUGGESTED TITLE: An Ordinance authorizing the agreement RFP FD27-11 with Memorial Behavioral Health in an amount of \$160,212.94 and authorizing a supplemental appropriation in the amount of \$160,212 from OPIOD Settlement restricted fund balance for personnel services associated with the BEACON Project and BOLT response for the Springfield Fire Department.

CONTRACTOR / VENDOR NAME: Memorial Behavioral Health VENDOR NO: OMEN6000

CONTRACT TERM: 1-Year Change in Scope Yes No

CONTRACT AMOUNT: \$160,212.94
(Original amount if change order) Change Order # Additional Amount

Method of Purchase (check one)

- Low Bid
- Low Bid Meeting Specs
- Low Evaluated Bid
- Other: _____
- Exception: _____
- Code Provision: _____

Previous Ord #'s _____

- Is Purchasing Agent approval required? No Yes
- Is Purchasing Agent approval attached? No Yes

Accounting information (if more than four accounts, please attach list)

| REVENUE | | | | | |
|---------|--------|-----|----------|--------|-------------------|
| Fund | Agency | Org | Activity | Object | Amount |
| 1 | 001 | 108 | FIRE | OPIO | 2020 \$160,212.94 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| EXPENDITURE | | | | | |
|-------------|--------|-----|----------|--------|-------------------|
| Fund | Agency | Org | Activity | Object | Amount |
| 1 | 001 | 108 | FIRE | OPIO | 1232 \$160,212.94 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Please list supporting documentation (i.e., contract, agreement, change order, bid book, etc.)
 Attached are the Memorial Behavioral Health Program Proposal and Cost Proposal.

STAFF ANALYSIS

Ordinance authorizing supplemental appropriation from the Opioid Settlement Restricted fund 001-108-FIRE-OPIO-2020 in an amount of \$160,212.94 for personnel services provided by Memorial Behavioral Health (MBH) associated with BEACON Project and the BOLT apparatuses. Use of these funds will be specific to the BEACON Project and will report quarterly through the OPIOD Settlement system for compliance.

FUNDS CHECK BY: Courtney Hagedorn

Date: 06-25-2026

DIRECTOR / SUPERVISOR: [Signature] 4C

Date: 6-25-26

CITY PURCHASING AGENT: [Signature]

Date: 6/25/26

SIGN OFF: [Signature]
(Mayor's Signature) GEM

[Signature]
(Director of OBM)

The information supplied on this form is not confidential information.

2026-345