

City of Joliet

150 West Jefferson Street
Joliet, IL 60432



Meeting Agenda - Final

Tuesday, July 2, 2024

5:30 PM

City Hall, Council Chambers

Public Safety Committee

Committee Members

Councilman Joseph Clement, Chairperson

Councilwoman Suzanna Ibarra

Councilwoman Jan Hallums Quillman

ROLL CALL

APPROVAL OF MINUTES

Minutes 5/7/2024

[TMP-7343](#)

Attachments: [Minutes 05-07-2024](#)

Minutes 6/4/2024

[TMP-7390](#)

Attachments: [Minutes 06-04-2024](#)

CITIZENS TO BE HEARD ON AGENDA ITEMS

This section is for anyone wanting to speak regarding agenda items and are allowed a maximum of 4 minutes. It is not a question and answer period and staff, and the Committee members do not generally respond to public comments. The City Clerk has a copy of the public speaking procedures; please note, speakers who engage in conduct injurious to the harmony of the meeting shall be called to order by the Presiding Officer and may forfeit the opportunity to speak.

AGENDA ITEMS

Purchase of One New Vehicle for Undercover Drug Enforcement

[TMP-7456](#)

Request to Approve Award of Contract with Hypoint Solutions for Portable LiDAR-Based Vehicle Detection and Warning System

[TMP-7478](#)

Attachments: [LiDAR-Based Vehicle Detection System for City of Joliet](#)

ORDINANCES

RESOLUTIONS

A Resolution Approving Intergovernmental Agreement with Plainfield Community Consolidated School District 202

[TMP-7453](#)

Attachments: [Resolution - Plainfield SRO 2024](#)

[Intergovernmental Agreement between Plainfield Community Consolidated School District](#)

Resolution Authorizing Execution of a Memorandum of Understanding (“MOU”) Between the City of Joliet and Presence Central and Suburban Hospitals Network, d/b/a Ascension Saint Joseph Medical Center [TMP-7455](#)

Attachments: [MOU Ascension Resolution](#)
[Joliet Fire Dept St. Joes MOU](#)

NEW OR OLD BUSINESS, NOT FOR FINAL ACTION OR RECOMMENDATION

PUBLIC COMMENTS

This section is for anyone wanting to speak regarding non-agenda items and are allowed a maximum of 4 minutes. It is not a question and answer period and staff, and the Committee members do not generally respond to public comments. The City Clerk has a copy of the public speaking procedures; please note, speakers who engage in conduct injurious to the harmony of the meeting shall be called to order by the Presiding Officer and may forfeit the opportunity to speak.

ADJOURNMENT

This meeting will be held in an accessible location. If you need a reasonable accommodation, please contact Christa M. Desiderio, City Clerk, 150 West Jefferson Street, Joliet, Illinois 60432 at (815) 724-3780.



City of Joliet

150 West Jefferson Street
Joliet, IL 60432

Memo

File #: TMP-7343

Agenda Date: 6/4/2024

City of Joliet

150 West Jefferson Street
Joliet, IL 60432



Meeting Minutes - Pending Approval

Tuesday, May 7, 2024

5:30 PM

City Hall, Council Chambers

Public Safety Committee

Committee Members

Councilman Joseph Clement, Chairperson

Councilman Larry E. Hug

Councilwoman Jan Hallums Quillman

ROLL CALL

Present Councilman Joe Clement and Councilwoman Jan Hallums Quillman
Absent Councilman Larry E. Hug

Also Present: Chief of Police William Evans, Chief of Fire Jeff Carey, Deputy Chief of Fire John Stachelski, EMA Director Greg Blaskey

APPROVAL OF MINUTES

[TMP-7218](#)

Attachments: [Minutes 04-02-2024](#)

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to approve COUNCIL MEMO #TMP-7218: Minutes 4/2/2024.

The motion carried by the following vote:

Aye: Councilman Clement and Councilwoman Hallums Quillman

Absent: Councilman Hug

CITIZENS TO BE HEARD ON AGENDA ITEMS

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None.

AGENDA ITEMS

Request for Authorization to Purchase One (1) 2008 International Medtec Ambulance from Troy Fire Protection District in the amount of \$30,000.00

[TMP-7223](#)

Attachments: [Troy Fire Protection - Ambulance Invoice](#)

Chief Carey briefly explains purchase.

Councilman Clement asks questions about inspection.

Chief Carey answers.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7223: Request for Authorization to Purchase One (1) 2008 International Medtec Ambulance from Troy Fire Protection District in the amount of \$30,000.00.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

ORDINANCES

None.

RESOLUTIONS

Resolution Approving Interagency Agreement between the City of Joliet and the Joliet Job Corps Center

[TMP-7219](#)

Attachments: [Resolution - Joliet Job Corps 2024](#)
[MOU JPD and Joliet Job Corps 2024](#)

Chief Evans briefly explains.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7219: Resolution Approving Interagency Agreement between the City of Joliet and the Joliet Job Corps Center.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

Resolution Authorizing Execution of a Memorandum of Understanding Between the City of Joliet and Aunt Martha's Health and Wellness

[TMP-7234](#)

Attachments: [Resolution -Aunt Marthas 2024](#)
[Aunt Martha's MOU](#)

Chief Evans briefly explains.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7234: Resolution Authorizing Execution of a Memorandum of Understanding Between the City of Joliet and Aunt Martha's Health and Wellness.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

Resolution Approving an Emergency Management Mutual Aid

[TMP-7220](#)

Agreement

Attachments: [Resolution - Illinois Emergency Management Mutual Aid IESMA Cover Letter](#)
 [IESMA IGA Agreement](#)

Greg Blaskey briefly explains.

Councilman Clement asks question.

Blaskey answers.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7220: Resolution Approving an Emergency Management Mutual Aid Agreement.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

Resolution Declaring Certain City of Joliet Property as Surplus [TMP-7222](#)

Attachments: [Resolution](#)
 [Surplus Radio Inventory](#)
 [Fire Safety House](#)

Chief Carey briefly explains.

Councilwoman Quillman asks what the Fire Safety House is?

Chief Carey answers.

Councilman Clement asks question.

Chief Carey answers.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7222: Resolution Declaring Certain City of Joliet Property as Surplus.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

Resolution to Approve an Updated Master Service Agreement [TMP-7232](#)
(MSA) between the City of Joliet and Thriveworks Administrative
Services

Attachments: [Resolution](#)
 [Thriveworks - Joliet Contract Thrive final 4.26.24](#)

Chief Carey briefly explains.

A motion was made by Councilwoman Jan Hallums Quillman, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7232: Resolution to Approve an Updated Master Service Agreement (MSA) between the City of Joliet and Thriveworks Administrative Services.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

NEW OR OLD BUSINESS, NOT FOR FINAL ACTION OR RECOMMENDATION

Councilman Clement addresses changes in committees.

PUBLIC COMMENTS

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None.

ADJOURNMENT

A motion was made by Councilwoman Hallums Quillman, seconded by Councilman Clement, that this was adjourn.

The motion carried by the following vote:

Aye: Councilwoman Hallums Quillman and Councilman Clement

Absent: Councilman Hug

This meeting will be held in an accessible location. If you need a reasonable accommodation, please contact Christa M. Desiderio, City Clerk, 150 West Jefferson Street, Joliet, Illinois 60432 at (815) 724-3780.



City of Joliet

150 West Jefferson Street
Joliet, IL 60432

Memo

File #: TMP-7390

Agenda Date: 7/2/2024

City of Joliet

150 West Jefferson Street
Joliet, IL 60432



Meeting Minutes - Pending Approval

Tuesday, June 4, 2024

5:30 PM

City Hall, Council Chambers

Public Safety Committee

Committee Members

Councilman Joseph Clement, Chairperson

Councilwoman Suzanna Ibarra

Councilwoman Jan Hallums Quillman

ROLL CALL

Present Councilman Joe Clement and Councilwoman Suzanna Ibarra
Absent Councilwoman Jan Hallums Quillman

ALSO PRESENT: Chief of Police William Evans, Deputy Chief of Fire John Stachelski

APPROVAL OF MINUTES

[TMP-7343](#)

Attachments: [Minutes 05-07-2024](#)

Will move minutes approval to July 2, 2024 Agenda.

CITIZENS TO BE HEARD ON AGENDA ITEMS

None.

AGENDA ITEMS

Purchase and Installation of Cabinets for Fire Station 9 from Tri-Star in the amount of \$23,616.00

[TMP-7346](#)

Attachments: [Station 9 Cabinet Quotes](#)

Deputy Chief Stachelski briefly explains.

Councilman Clement asks about Quotes.

DC Stachelski explains.

A motion was made by Councilwoman Suzanna Ibarra, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7346: Purchase and Installation of Cabinets for Fire Station 9 from Tri-Star in the amount of \$23,616.00.

The motion carried by the following vote:

Aye: Councilman Clement and Councilwoman Ibarra

ORDINANCES

None.

RESOLUTIONS

Resolution Authorizing Execution of Memorandum of Understanding Between the City of Joliet and Troy Community Consolidated School District 30-C Regarding Reciprocal Reporting and Surveillance System Access

[TMP-7335](#)

Attachments: [MOU Troy Resolution](#)
 [Agreement JPD and Troy School District](#)

Chief Evans briefly explains MOU.

Resolution Authorizing Execution of a Memorandum of Understanding Between the City of Joliet and the Joliet Junior College Police Department

[TMP-7381](#)

Attachments: [JJC 911 MOU Resolution](#)
 [JJC 911 MOU](#)

Chief Evans briefly explains MOU.

Councilman Clement asks question.

A motion was made by Councilwoman Suzanna Ibarra, seconded by Councilman Joe Clement, to recommend for approval COUNCIL MEMO #TMP-7381 and COUNCIL MEMO #TMP-7335.

The motion carried by the following vote:

Aye: Councilman Clement and Councilwoman Ibarra

NEW OR OLD BUSINESS, NOT FOR FINAL ACTION OR RECOMMENDATION

Councilwoman Ibarra spoke about concerns at the Train Station and asks about Town Hall Meeting.

Chief Evans answers questions regarding patrol at Train Station and answered questions regarding Meeting.

Councilman Clement asks about new Pistols.

Chief Evans answers.

PUBLIC COMMENTS

Candace Johnson spoke concerning the bodies in the river and what is being done to prevent it.

Chief Evans responds.

A brief discussion was held regarding preventative measures at the river.

ADJOURNMENT

A motion was made by Councilwoman Ibarra, seconded by Councilman Clement, that this was adjourn.

The motion carried by the following vote:

Aye: Councilman Clement and Councilwoman Ibarra

Absent: Councilwoman Hallums Quillman

This meeting will be held in an accessible location. If you need a reasonable accommodation, please contact Christa M. Desiderio, City Clerk, 150 West Jefferson Street, Joliet, Illinois 60432 at (815) 724-3780.



Memo

File #: TMP-7456

Agenda Date: 7/2/2024

TO: Public Safety Committee

FROM: Jeff Price, Fleet Services Director

SUBJECT:

Purchase of One New Vehicle for Undercover Drug Enforcement

BACKGROUND:

The narcotics and tactical unit are currently utilizing vehicles that need to be cycled into other Police Units due to visibility concerns and time in their current role. There are sufficient funds in the Police Special Revenue Fund to update one of these units. The unit replaced would then be redeployed into another role within the Department.

CONCLUSION:

The desired new vehicle would be purchased locally from dealer stock following normal purchasing procedures. A non-descript SUV can be obtained and upfitted internally through normal Fleet purchasing procedures. The price of the unit plus upfit is expected not to exceed \$45,000.00.

Sufficient funds are available for this purchase request from (Org Code 22160020, Object Code 557600, Project code ART36 - ARTICLE 36 Seizures).

Section 2-438 of the City of Joliet Code of Ordinances states that purchases over \$25,000.00 may be awarded without written specifications or bidding under certain circumstances. One of these circumstances applies:

1. (f) Purchases when authorized by a concurring vote of two-thirds (2/3) of the mayor and city council

RECOMMENDATION:

Based upon the above, it is recommended that the Mayor and City Council approve the purchase and up-fit of one vehicle for the narcotics and tactical unit not to exceed \$45,000.00.



Memo

File #: TMP-7478

Agenda Date: 7/2/2024

TO: Public Safety Committee

FROM: William Evans, Chief of Police

SUBJECT:

Request to Approve Award of Contract with Hypoint Solutions for Portable LiDAR-Based Vehicle Detection and Warning System

BACKGROUND:

The Police Department is requesting a contract for Portable LiDAR-Based Vehicle Detection and Warning System. City Council has expressed interest in monitoring truck traffic with the rapid growth of Center Point Intermodal Center. The City of Joliet faces significant challenges due to heavy truck traffic and many violate restricted routes. The program will be able to identify vehicles, generate revenue through citations, help the City with traffic monitoring, along with logging data to enhance road safety.

CONCLUSION:

This proposed contract will equip the city with a Portable Vehicle Detection System and Web based Portal. This will allow the City to Photograph and Capture monitored areas, License Plate Recognition, Data Logging, Real-Time Traffic Counting, and will enhance safety in monitored areas.

The city will utilize the following budget code (**Pending City Hall** Org , Object).

In accordance with section 2-438 the City of Joliet Code of Ordinance which states that purchases over \$25,000.00 may be awarded without written specifications or bidding under certain circumstances. One of these circumstances apply:

- (f) Purchases when authorized by a vote of two-thirds (2/3) of all members of the city council holding office.

RECOMMENDATION:

Based on the above, it is recommended that the Mayor and City Council approve the contract with Hypoint Solutions for Portable LiDAR-Based Vehicle Detection and Warning Systems.



Proposal for implementing a Portable LiDAR-Based Vehicle Detection and Warning System(s) for the City of Joliet, IL

Prepared for: City of Joliet, Chief of Police, William Evans
Prepared by: HyPoint Solutions, John Caya

Friday, June 14, 2024

Introduction

The City of Joliet faces significant challenges due to heavy truck traffic attributed to the rapid growth of the CenterPoint Intermodal Center. To address this issue, HyPoint Solutions proposes the implementation of the Vehicle Identification System, which is designed to identify vehicles that violate restricted routes within the city.

Objective

The primary goal is to initiate a program to discourage heavy truck traffic on designated routes. The program's secondary objective is to generate revenue through citations, which will be allocated towards essential road repairs. To effectively implement the citation program, legislation permitting the city to issue citations is necessary. The City Council has expressed readiness to expedite this process upon demonstration of accurate data. Initially, the system will validate the solution's accuracy in detecting vehicles and issuing citations.

HyPoint's Innovative Vehicle Identification System

The proposed Vehicle Identification system utilizes cutting-edge LIDAR and high-resolution camera technology. This system enhances safety by detecting vehicles traveling on restricted routes.

- **Accuracy in Adverse Conditions:** Vehicle Identification uses LiDAR technology, which excels in adverse conditions like fog and rain. It effectively filters out false positives, ensuring reliable performance.
- **Cost Efficiency:** Vehicle Identification requires only a single sensor mounted on one side of the road, significantly reducing installation costs compared to detectors on both sides. This cost-effectiveness aligns with the City's commitment to efficient budget allocation.
- **Traffic Monitoring:** Besides vehicle warnings, Vehicle Identification provides valuable traffic monitoring data. This data is instrumental for the City in traffic planning and management, further enhancing road safety.

Key Features of Vehicle Identification System for Vehicle Detection

High-Resolution Sensor: Vehicle Identification utilizes a single high-resolution sensor that can scan multiple lanes accurately, outperforming traditional single LED sensors.

- **Precise Alerting:** Upon detecting a vehicle type violating restricted routes, the Vehicle Identification System logs essential data such as time, direction, speed and captures images for comprehensive analysis, reporting, and citation issuance.
- **Data Logging:** Comprehensive data collection allows for accurate reporting and analysis of vehicle violations, enabling informed decisions for effective traffic management.

- **Accurate, Real-Time Traffic Count:** Vehicle Identification also provides accurate, real-time traffic counts, a valuable resource for budget forecasting in highway maintenance.
- **Enhanced Safety:** The Vehicle Identification System ensures early detection of over-height vehicles, preventing potential accidents or infrastructure damage.

System Overview

LIDAR Sensor

The Vehicle Identification system comprises a 3D LiDAR sensor and a camera, which measure vehicles accurately as they travel at highway speeds. A web-based dashboard displays real-time transaction data, including vehicle measurements, images, time stamps, axle counts, and vehicle classification.

Sensor Specification	
Max Detection Range	200m at 30% reflectivity
Angular Resolution (H)2	0.35°
Frame Rate	380 Hz; 1140 lines/sec
Range Accuracy	± 3 cm
Laser Wavelength	905 nm
Laser Safety	Class 1 (eye safe)
Operating Temperature	-40°C to +65°C
Environmental Protection	IP67
Points per Second	315K (single return)

Integrated Camera System

The Vehicle Identification system incorporates an integrated camera module designed to provide a comprehensive view of vehicles and capture their license plates for accurate identification. This camera system serves as a crucial component in the process of detecting vehicles and issuing citations for restricted route violations within the City of Joliet.

Key Features:

- **Photograph Capture:** The integrated camera captures high-quality photographs of vehicles passing through the monitored area. These images serve as visual evidence to support the identification and validation of violating vehicles.
- **License Plate Recognition (LPR):** In addition to capturing images, the camera system includes automated license plate recognition (ALPR) capabilities. This feature enables the extraction of license plate information, enhancing the accuracy of vehicle identification.

- **Day and Night Functionality:** The base camera system operates effectively during daylight conditions. For nighttime operations, the camera requires proper illumination in the monitored area. However, with adequate lighting provided by the City, the camera system performs optimally, ensuring consistent surveillance and detection capabilities during nighttime hours.
- **Opportunity for Validation:** The City of Joliet will have the opportunity to evaluate the performance of the base camera system. This evaluation process enables the City to determine the effectiveness of the base camera and assess the need for potential upgrades or higher-end camera models based on specific installation site requirements.

Edge Device with Cellular Connection

The Vehicle Identification system incorporates an advanced edge device strategically mounted in a weatherproof housing to facilitate real-time data processing of both LIDAR and imaging data. This device serves as the technological hub for seamless data analysis, processing, and transmission within the City of Joliet's surveillance and traffic management system.

Key Features:

- **Edge Device Functionality:** Housed in a durable, weatherproof mount, the edge device is designed for on-site installation and real-time processing of data obtained through LIDAR and imaging technologies. It acts as a localized computing center, ensuring rapid analysis and interpretation of incoming data.
- **Real-Time Data Processing:** The edge device performs instantaneous data processing, enabling immediate interpretation of LIDAR and imaging data collected by the Vehicle Identification system. This real-time processing capability ensures swift and accurate identification of vehicles, particularly those violating restricted routes.
- **Wireless Cellular Connectivity:** Equipped with a cellular connection as part of the system, the edge device operates via wireless cellular networks. This connectivity allows seamless transmission of real-time data to the City of Joliet's central data repositories. Moreover, this feature provides the flexibility for HyPoint Solutions to remotely monitor the system's operations in real time.
- **Remote Monitoring Capabilities:** Leveraging the wireless connectivity, HyPoint Solutions can remotely access and monitor the Vehicle Identification system. This remote monitoring feature enables continuous oversight of the system's performance, ensuring its functionality and allowing for immediate troubleshooting or adjustments as needed.

Upgrading Vehicle Detection System to Portable and Dual-Power Mode

The proposal includes enhancing the vehicle detection system to a portable solution. This advancement involves mounting the system on a lightweight trailer to accommodate a LIDAR sensor, camera, edge device, and local cellular Wi-Fi connection. The components, including the LIDAR and camera, will be secured on an adaptable pole that can collapse for easy transportation and, when positioned, can be raised and securely locked into the optimal height for vehicle scanning.

The system will present two primary power options for maximum flexibility and uninterrupted functionality. Firstly, including solar panels will enable the charging of onboard batteries, ensuring complete self-sufficiency during data collection. Secondly, the system will feature an alternate power provision, allowing direct connection to a permanent power source and providing a secondary operational mode for extended or fixed deployments.

This portable system represents a significant leap in enhancing the efficiency, adaptability, and reliability of vehicle detection operations within Port of Seattle. The portable design, coupled with dual-power capabilities and remote operational efficiency, offers a comprehensive and versatile solution for accurate and convenient vehicle monitoring and data collection, ultimately contributing to enhanced traffic management and safety measures.

References

Illinois DOT is among the many transportation agencies that have successfully implemented the HyPoint solution and can provide valuable insights regarding the effectiveness and reliability of the HyPoint Solutions. Geno Koehler, Permit Unit Chief at Illinois DOT, 217.725.4690, Geno.Koehler@illinois.gov

Conclusion

HyPoint Solutions believes that the Vehicle Identification System will significantly contribute to mitigating the challenges of heavy truck traffic in the City of Joliet. It offers an advanced solution for monitoring and addressing restricted route violations, fostering safety and efficient traffic management.

Price

Lease Options

Description	QTY	Downpayment	Monthly Lease Payment
Five Year Lease Option 1: Single Portable System			
Vehicle Identification: Vehicle Detection System and Web based Portal	1	\$20,000.00	\$3,200.00
Five Year Lease Option 2: Two Portable System			
Vehicle Identification: Vehicle Detection System and Web based Portal	2	\$38,000.00	\$6,000.00
Three Year Lease Option 1: Single Portable System			
Vehicle Identification: Vehicle Detection System and Web based Portal	1	\$30,000.00	\$3,500.00
Three Year Lease Option 2: Single Portable System			
Vehicle Identification: Vehicle Detection System and Web based Portal	2	\$48,000.00	\$6,600.00

One-Time Cost or Down Payment:

- Initial payment covers the new portable design, installation, setup and training.

Inclusions:

- The overall cost includes annual support and maintenance for the systems.
- Ensures continued functionality and efficiency of the upgraded system.

Purchase Options

Description	QTY	Total
Single Portable System		
Vehicle Identification: Vehicle Detection System and Web based Portal	1	\$75,000.00
(Optional) Extended Support and Maintenance Per Year after First Year		\$18,000.00
Two Portable Systems		

Vehicle Identification: Vehicle Detection System and Web based Portal	2	\$150,000.00
(Optional) Extended Support and Maintenance Per Year after First Year		\$30,000.00

Payment Terms:

25%: Due upon acceptance of this proposal and project initiation.

75%: Due upon the successful completion of installation, testing, and demonstrations.

Collaboration and Notification Process:

Upon finalizing terms, setting up the system in new locations will involve seamless collaboration between HyPoint and the City of Joliet. HyPoint will remotely conduct a collaboration procedure to ensure system accuracy and functionality. Upon completion, a notification will be sent back to the City to initiate data collection, requiring no additional steps from the City's end.

This framework aims to offer flexibility and convenience in the lease structure, aligning with the requirements for the upgraded portable system. We look forward to discussing and finalizing these terms in greater detail upon acceptance of the proposed cost.

Acceptance:

To indicate your acceptance of this proposal, please sign and date below. Upon acceptance, we will initiate the project in accordance with the agreed-upon timeline.

Authorized Signature: _____

Date: _____



Memo

File #: TMP-7453

Agenda Date: 7/2/2024

TO: Public Safety Committee

FROM: William Evans, Chief of Police

SUBJECT:

A Resolution Approving Intergovernmental Agreement with Plainfield Community Consolidated School District 202

BACKGROUND:

The City of Joliet and Plainfield School District 202 entered into an Intergovernmental Agreement ("IGA") on June 28, 2010 that created a School Resource Officer-Program ("SRO") to facilitate a positive collaborative relationship between local law enforcement, school administration, educators, service agencies, parents, and students. Both parties wish to continue this SRO program and have determined that it is in the best interests to enter into a new IGA to address certain changes in state law and to bring the agreement up to current standards. The proposed IGA is attached as Exhibit 1.

RECOMMENDATION:

The Administration recommends the approval of the IGA with Plainfield Consolidated School District 202.

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE EXECUTION OF AN INTERGOVERNMENTAL AGREEMENT WITH PLAINFIELD CONSOLIDATED SCHOOL DISTRICT 202
Intergovernmental Agreement for Police Services

WHEREAS, the City of JOLIET, Illinois (the “City”) is a duly organized and existing municipal corporation created under the provisions of the laws of the State of Illinois; and

WHEREAS, Plainfield Consolidated School District 202 is a School District pursuant to the Illinois School Code; and

WHEREAS, pursuant to 65 ILCS 5/1-1-7 and 65 ILCS 5/11-209, the City of Joliet has the power to contract with school boards; and

WHEREAS, District 202 desires on a contractual basis, to have school liaison officers detailed to certain schools located in District 202; and

WHEREAS, District 202 and the City of Joliet entered into an Intergovernmental Agreement on June 28, 2010 which established a school resource officer program where members of the Joliet Police Department serve as school resource officers at designated schools within District 202; and

WHEREAS, the City and District 202 wish to continue to cooperate in order to provide such services; and

WHEREAS, in order to achieve that end, the City and District 202 wish to renew their Agreement to provide such services; and

WHEREAS, the City is a home rule unit of local government entitled to exercise any power and perform any function pertaining to its government and affairs including, but not limited to, the power and authority to: enter into and perform its obligations under an Intergovernmental Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF JOLIET, ILLINOIS, PURSUANT TO ITS STATUTORY AND HOME RULE AUTHORITY, AS FOLLOWS:

SECTION 1: The Mayor and City Council hereby find that the recitals contained in the remainder of this Resolution are true, correct and complete and are hereby incorporated into this Resolution by reference.

SECTION 2: The Mayor and the City Council hereby find and determine that it is necessary and beneficial to the City of Joliet to enter into an Intergovernmental Agreement with Plainfield Community Consolidated School District 202.

SECTION 3: The Mayor and City Clerk are hereby authorized to execute the Intergovernmental Agreement, which is substantially the same as Exhibit “1” attached hereto and incorporated herein. The City Manager is authorized to take such action as may be necessary for the City to comply with the

terms thereof.

SECTION 4: This Resolution shall take effect upon its passage and approval.

SECTION 5: All resolutions or parts of Resolutions conflicting with any of the provisions of this Resolution are hereby repealed.

SECTION 6: Be it further resolved that the passage of this Resolution be inscribed permanently in the records of the proceedings of the Joliet City Council.

PASSED this _____ day of _____, 2024.

MAYOR

CITY CLERK

VOTING YES: _____

VOTING NO: _____

NOT VOTING: _____

**INTERGOVERNMENTAL AGREEMENT BETWEEN
PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202
AND THE CITY OF JOLIET**

This INTERGOVERNMENTAL AGREEMENT (the "Agreement") is made and entered into as of the effective date provided in Section 22 of this Agreement, by and between PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202, an Illinois Public School District (hereinafter referred to as "District 202"), and the City OF JOLIET, an Illinois municipal corporation (hereafter referred to as the "City").

WITNESSETH:

WHEREAS, the provisions of Article VII, Section 10 of the 1970 Illinois Constitution and the provisions of the Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*) authorize and encourage intergovernmental cooperation; and

WHEREAS, District 202 desires, on a contractual basis, to have school liaison officers detailed to certain schools located within District 202; and

WHEREAS, the City is willing to provide such officers in exchange for the consideration specified in this Agreement and pursuant to the terms and conditions outlined herein; and

WHEREAS, Section 5/10-20.14 of the Illinois School Code (105 ILCS 5/10-20.14) authorizes a school district to develop policy guideline/protocol procedures to establish and maintain a reciprocal reporting system between a school district and local law enforcement agencies regarding criminal and/or quasi-criminal offenses committed by students enrolled within the school district; and

WHEREAS, pursuant 65 ILCS 5/1-1-7, and 65 ILCS 5/11-209, the city has the power to "contract with the school boards"

WHEREAS, District 202 and the City recognize the need for educators and law enforcement officials to share information within the bounds of confidentiality requirements applicable to police officers and school officials regarding the activities of minor students, in and out of school, so that they may work together efficiently to prevent, eliminate and discourage acts of crime, violence and intimidation; and

WHEREAS, District 202 and the City recognize that the exchange of information between them is essential to providing a safe, healthy and violence-free school environment for all students; and

WHEREAS, District 202 and the City desire to establish and maintain a reciprocal reporting system regarding criminal/quasi-criminal offenses and other offenses committed by students, as authorized by the Illinois School Code; and

WHEREAS, District 202 and the City entered into an Intergovernmental Agreement Dated June 28, 2010, to establish a school resource officer program where members of the City's Police Department serve as school resource officers at designated schools within District 202; and

WHEREAS, District 202 and the City determined that it is in their collective best interest to enter into a new Intergovernmental Agreement to address certain changes to state law and other recommended modifications to terms of the June 29, 2010 Agreement.

NOW, THEREFORE, in consideration of the promises, covenants, terms and conditions set forth in this Agreement, District 202 and the City hereby agree as follows:

1. School Resource Officer Program. District 202 and the City hereby create a School Resource Officer Program (the "Program") to facilitate a positive collaborative relationship between local law enforcement, school administration, educators, service agencies, and parents and students residing within the District 202 community. The requirements for a School Resource Officer pursuant to this Agreement are set forth in the attached Exhibit B. The goal of the Program is to maintain a safe, secure environment, free of violence and fear, which will allow the educational process to occur in a natural and uninhibited manner. The Program shall direct increased and focused attention to the prevention of juvenile crime through the positive, proactive involvement of law enforcement personnel, specially trained to work with high school students, in a school setting. The Program shall also provide assistance to students and school personnel with respect to the prevention of substance abuse, gang activity, violence, and other forms of socially unacceptable behavior that threaten a positive educational environment.

The City shall provide one School Resource Officer at Plainfield South High School. A School Resource Officer may, from time to time, provide services to other schools within District 202, as deemed necessary by the parties to this Agreement.

2. Duties and Responsibilities. The School Resource Officer shall, during school hours and at school functions where his/her attendance is required pursuant to the terms of this Agreement, assist in protecting the school community from violations of the state statutes or state law, including but not limited to, theft, vandalism, trespassing, assault, battery, drug and alcohol offenses, and gang activities. The School Resource Officer shall also have authority to enforce any and all provisions of the Illinois Vehicle Code on property owned and/or operated by District 202, 65 ILCS 5/1-1-7 and 65 ILCS 5/11-209, the City has the power to contract with School Boards for the regulation of traffic and the parking of automobiles; and

The School Resource Officer shall initiate police reports and investigate all criminal/quasi-criminal matters reported to them, document and investigate other matters relevant to the safety of the school and the community, establish a positive working relationship with school administration, educators, service agencies, and parents and students residing within the District 202 community, and assist in maintaining a safe and secure school environment free of violence and conducive to a productive learning environment. The School Resource Officer may also be involved in the preparation and/or implementation of educational programs designed to prevent and/or deter students from involvement in criminal/quasi-criminal acts, alcohol and

drug use, and gang activity, and may counsel students in need of crisis intervention and in the confidential reporting of criminal activity.

3. Reciprocal Reporting. As permitted by State law, each party to this Agreement shall share information pertaining to any activity or suspected activity which would jeopardize the safe, orderly and violence-free environment of a school, including but not limited to criminal/quasi-criminal activity, gang-related activity, or any fact or reasonable inference drawn from any fact or combination of facts pertaining to any criminal/quasi-criminal activity or gang-related activity or suspected criminal/quasi-criminal or gang-related activity. Information to be reported under this Agreement shall not include law enforcement records maintained by the City that relate to a minor who has been arrested or taken into custody before his or her 18th birthday.

The protocol for reciprocal reporting as adopted by District 202 and incorporated herein by reference is attached hereto as Exhibit "A". The parties to this Agreement will cooperate to review and periodically amend the protocol, to reflect changes in any applicable law(s) or to better meet the needs of the parties. Any amendment to the protocol shall be in writing and executed by both parties.

4. Reimbursable Expenses. As set forth in the attached Exhibit B, consideration for the services provided to District 202 by the City under the terms of this Agreement, District 202 agrees to reimburse the City for certain expenses related to each School Resource Officer, which reimbursable expenses shall include each Officer's:

- a. Salary;
- b. Health, Life, Vision and Dental Insurance;
- c. Required Pension and Social Security contributions; and
- d. Worker's Compensation Insurance.

Each such expense shall be reimbursed at the then-current rate incurred by the City for that expense. With respect to the School Resource Officer, District 202 shall reimburse the City for each expense for each day a School Resource Officer provides services under this Agreement. The Superintendent of District 202 and the City's Chief of Police are hereby authorized and directed to negotiate the remaining terms for the placement of a School Resource Officer(s) at Plainfield South High School.

5. Re- Assignment. As set forth in the attached Exhibit B, the City retains the right to temporarily re-assign each School Resource Officer should matters of public safety arise that in the sole discretion of the City's Chief of Police, require such re-assignment.

6. Insurance. The City shall keep in full force and effect at all times during the term of this Agreement general public liability insurance, including contractual liability coverage, workers' compensation insurance and such other type of insurance in amounts and with companies or self-insurance pools as are normally maintained in the ordinary course of business against claims for injuries to persons or damage to property that might arise under this Agreement.

7. Indemnification and Hold Harmless. To the fullest extent permitted by law

District 202 agrees to indemnify and hold harmless the City, its officers, employees, officials, trustees, volunteers, agents and representatives, their successors and assigns, in their individual and official capacities, from and against any and all liabilities, loss, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, including without limitation, reasonable attorneys' fees and litigation costs incurred by the City arising out of any activity of District 202 in the performance of this Agreement, or any act or omission of District 202 or of any officer, employee, official, agent, representative contractor, or volunteer of District 202, but only to the extent caused in whole or in part by a negligent or willful and wanton act or omission of District 202.

To the fullest extent permitted by law, the City agrees to indemnify and hold harmless District 202, its officers, employees, officials, agents, representatives, or volunteers, or their successors and assigns, in their individual and official capacities, from and against any and all liabilities, loss, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, including without limitation, reasonable attorneys' fees and litigation costs incurred by District 202 arising out of any activity of the City in the performance of this Agreement, or any act or omission of the City or of any employee, official, trustee, agent, representative, contractor, or volunteer of the City, but only to the extent caused in whole or in part by a negligent or willful and wanton act or omission of the City.

8. Body Worn Cameras. The Law Enforcement Officer-Worn Body Camera Act (50 ILCS 706/10-1 et seq.) was recently enacted into law, enabling police officers to utilize body worn cameras ("BWC") in certain situations. The Joliet Police Department and District recognize both the merit and potential problems that may arise from a School Resource Officer's use of a BWC while on District property.

The Parties agree to cooperate fully, to execute all supplementary documents, and to take all additional actions which are consistent with and which may be necessary or appropriate to give full force and effect to the basic terms and intent of this section of the Agreement (Section 8) and its accompanying Exhibit C. Every police officer equipped with a BWC shall be trained in the operation of the equipment prior to its use. To maximize the effectiveness of the BWC and the integrity of the video documentation, officers shall adhere to the objectives and procedures outlined in this section of the Agreement (Section 8), Exhibit C of this Agreement, and the Joliet Police Department BWC policies when they utilize BWCs. The Parties further agree the employees of the Joliet Police Department are subject to and in compliance with all federal, state and local laws and regulations regarding the use and operation of BWCs.

The Parties acknowledge that each Party shall bear their own cost and expenses incurred to comply with these terms.

9. Term and Termination. This Agreement shall commence on the date set forth above and shall continue in full force and effect until terminated. Either party may terminate this Agreement at any time by providing the other party with at least thirty (30) days prior written notice of such termination. In addition, the parties may terminate this Agreement by written mutual consent and agreement.

10. Notice. All notices concerning this Agreement shall be in writing and addressed to the other party as follows:

City of Joliet Legal Department, 150 W. Jefferson Street, Joliet, IL 60432

If to the City: City of Joliet

Attn: Chief of Police
150 W. Washington
Joliet, IL 60432

If to District 202: Plainfield Community Consolidated School District 202
Attn: Dr. Glenn Wood, Superintendent
15732 Howard Street
Plainfield, Illinois 60544

Unless otherwise provided herein, notices shall be hand delivered, or sent by registered or certified U.S. mail postage prepaid, by commercial overnight delivery service, or transmitted by facsimile. Notices shall be deemed served or delivered to the addressee or its office when received at the address for notice specified above when hand delivered, upon confirmation of sending when sent by facsimile, on the day after being sent when sent by overnight delivery

service, and on the second business day after deposit in the mail when sent by U.S. mail. A party may change its designated recipient or address for notification purposes by giving the other party written notice of the new designated recipient or address.

11. Time of Essence. Time is of the essence and all provisions of this Agreement herein relating thereto shall be strictly construed.

12. Relationship of Parties. The School Resource Officer shall at all times be an employee of the City, and District 202 shall not, except as provided in paragraph 4 above, have any obligation to provide employee benefits or worker's compensation payments of any kind for the benefit of the School Resource Officer. Nothing contained herein shall be deemed or construed by the parties hereto, nor by any third-party, as creating the relationship of employer and employee, principal and agent, or of partnership, or joint venture by the parties hereto, it being understood and agreed that no provision contained in this Agreement nor any acts of the parties shall be deemed to create any such relationship between the City and District 202. No party shall be bound, with respect to third parties, by any representation, act or omission of the other party. This Agreement is for the benefit of the contracting parties only and is not intended to raise or acknowledge any duty regarding conduct or other form of liability as to third parties. The School Resource Officer, at all times shall be subject to the rules and regulations of the City and the City's Police Department governing the conduct of police officers.

13. Use of District 202 Facilities/Equipment. The School Resource Officer shall at all times be permitted to access the school to which he/she is assigned. The School Resource Officer shall be provided a furnished office, telephone, and computer to be utilized in the performance of his/her duties and responsibilities as set forth in this Agreement. All police equipment necessary to the performance of his/her duties and responsibilities as a School Resource Officer shall be provided in accordance with the policies of the City and/or the Joliet Police Department.

14. Preamble and Exhibits. The preambles and exhibits to this Agreement are hereby incorporated as if set forth fully herein.

15. Captions. The captions of this Agreement are for convenience only and are not to be construed as part of the Agreement and shall not be construed as defining or limiting in any way the scope or intent of the provisions hereof.

16. Entire Agreement. This Agreement sets forth all of the covenants, conditions and promises between the parties, represents the entire agreement between the parties, and supersedes all previous communications or understandings whether oral or written, including the June 28, 2010 Agreement which is hereby terminated.

17. Amendments Must be in Writing. The covenants, terms or conditions of this Agreement to be kept and performed by either party, shall not be altered, waived, modified or abandoned except by a written instrument, duly signed, acknowledged and delivered by authorized representatives of District 202 and the City.

18. Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision of this Agreement shall be valid and be enforced to the fullest extent permitted by law.

19. No Assignment and Successors. No party may assign any rights or duties under this Agreement without the prior written consent of the other party. This Agreement shall be binding upon the successors of the parties' respective governing boards.

20. Governing Law. This Agreement shall be construed and governed by the laws of the State of Illinois.

21. Compliance with Laws. The City and District 202 shall at all times observe and comply with the laws, ordinances, regulations and codes of the Federal, State, County and other local government agencies which may in any manner affect the performance of this Agreement.

22. Counterparts. This Agreement may be executed in counterparts, each of which shall constitute an original, but together shall constitute one and the same Agreement.

23. Effective Date. This Agreement shall be deemed dated and become effective on the date of the last of the party's sign, as set forth below, the signature of their duly authorized representative.

IN WITNESS WHEREOF, authorized representatives of District 202 and the City have executed this Agreement as of the day and year first above written.

CITY OF JOLIET

PLAINFIELD COMMUNITY
CONSOLIDATED SCHOOL DISTRICT 202

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A

GUIDELINES FOR RECIPROCAL REPORTING AND COOPERATION BETWEEN PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202 AND THE CITY OF JOLIET

Plainfield Community Consolidated School District 202 (the "School District") and the City of Joliet through its Police Department (the "Police Department"), pursuant to Section 1-7(A)(8) of the Juvenile Court Act, Sections 10-20.14 and 22-20 of the Illinois School Code and Section 10/6(a)(6.5) of the Illinois School Student Records Act, agree to and hereby establish guidelines for a reciprocal reporting system between the Police Department as the local law enforcement agency and the School District regarding criminal offenses committed by students. The following guidelines are intended to meet the requirements of the Juvenile Court Act, the Illinois School Student Records Act and Sections 10-20.14 and 22-20 of the Illinois School Code, to reduce juvenile crime, and to increase school safety by promoting the exchange of appropriate information between the police and school officials. To the extent that any provision of these guidelines may conflict with any provision of law, as may be amended from time to time, the applicable law shall govern.

I. General Protocol

- A. Each party to this Agreement shall designate one or more persons (the "School Officials" and the "Police Officials") who shall transmit information and receive information from the designees of each agency and have primary responsibility for implementing these guidelines.
- B. Unless a certain type of communication is required by law to be in writing, information may be communicated verbally among the School Officials and the Police Officials at any time deemed necessary by the Officials.
- C. Unless a certain type of communication is required by law to be in writing, information may also be verbally communicated among the School Officials and the Police Officials during meetings called for that purpose; such meetings may be held according to a schedule, or may be called by any of the Officials on an as-needed basis with reasonable notice.
- D. Information in written form may be transmitted among the School Officials and the Police Officials by any agreed-upon method, including without limitation United States mail, hand delivery, or facsimile; such sharing of written information may be according to an agreed-upon schedule, or on an as-needed basis, or as required by law.

II. Reporting of Student Criminal Activity

A. By the School District to Police Officials

1. School Officials will promptly report to the Police Officials the activity of students who reside and/or attend school in the City of Joliet that involves or is suspected to involve:
 - a. Criminal gang activity;
 - b. Weapons such as guns and knives, explosives, impact devices or any item used as a weapon;
 - c. Sale of drugs or other intoxicants;
 - d. Possession of illegal drugs or other intoxicants;
 - e. Fights or other violent activity which might reasonably carry over into the community;
 - f. Abuse, neglect, lock-out and runaway situations;
 - g. Acts of vandalism;
 - h. Other activities involving students which threaten the safety of students or community members on or off school property; or
 1. Any state or federal crime occurring or which has occurred on school property or at a school event which might reasonably carry over into the community.
2. Where violence or other activity poses an imminent threat to the safety of students or community members, the information will be shared as soon as possible.
3. Where information regarding a School District student does not constitute an imminent threat to the safety of School District students or community members, is deemed to be minor and unlikely to assist in the protection or safety of School District students or community members, or becomes part of the student's school record under the provisions of the Illinois School Student Records Act (the "Act"), 105 ILCS 10/1 *et seq.*, the School District shall not disclose the information to the Police Department absent the specific written consent of the student's parent/guardian (or the student if age 18 or older), by an order of a court of proper jurisdiction or as otherwise permitted by the Act.

4. In accordance with Section 10/6(a)(6.5) of the Illinois School Student Records Act, and consistent with Section IILC. of these Guidelines, the School District may release school student records or information to juvenile authorities when necessary for the discharge of their official duties upon a request for information prior to adjudication of the student and if certified in writing that the information will not be disclosed to any other party except as provided under law or order of court. "Juvenile authorities" include probation officers for the student authorized by the judge hearing the case, law enforcement officers and prosecutors, and others as defined in Section 10/6(a)(6.5).

B. By Police Officials to the School District

1. Police Officials will report to School Officials the same type of information referenced in Section A above, within the same time frames, where the activity by students or others might reasonably carry over onto school grounds or school activities.
2. As provided by Section 1-7(A)(8) of the Juvenile Court Act, Police Officials will report to School Officials within the time frames referenced in Section A above and disclose the law enforcement records of a minor enrolled in one of the School District's schools who has been taken into custody or arrested for any of the following offenses or suspected offenses:
 - a. Any violation of Section 24 of the Criminal Code;
 - b. A violation of the Illinois Controlled Substances Act;
 - c. A violation of the Cannabis Control Act;
 - d. A forcible felony as defined in Section 2-8 of the Criminal Code, including murder, criminal sexual assault, robbery, burglary, arson, kidnapping, aggravated battery resulting in great bodily harm or permanent disability or disfigurement, and any other felony that involves the use or threat of physical force or violence;
 - e. A violation of the Methamphetamine Control and Community Protection Act;
 - f. A violation of Section 1-2 of the Harassing and Obscene Communications Act.
 - g. A violation of the Hazing Act; or
 - h. A violation of Section 12-1, 12-2, 12-3, 12-3.05, 12-3-1, 12-3-2, 12-3.4, 12-3.5, 12-5, 12-7.3, 12-7.4, 12-7.5, 25-1 or 25-5 of the Criminal Code.

3. As required by Section 22-20 of the Illinois School Code, Police Officials shall report to School Officials whenever a student enrolled in one of the School District's schools is detained for proceedings under the Juvenile Court Act or for any criminal offense or any violation of a municipal or County ordinance. The report shall include the basis for the detention, the circumstances surrounding the events which led to the student's detention, and the status of the proceedings. Police Officials shall periodically update the report as significant stages of the proceedings occur in order to notify School Officials of developments and the disposition of the matter. All such reports shall be kept in a secure location separate from the student's official school record and shall be used by School Officials solely to aid in the proper rehabilitation of the student and to protect the safety of students and employees in the schools.
4. In administering Section 22-20 of the School Code and these guidelines, law enforcement officials shall report conduct involving vandalism, violence, gangs, weapons, drugs, alcohol, runaways, family disputes, abuse, any other offense as required by law, or an appearance in court as a juvenile or an adult for any other offense other than minor traffic offenses. Police Officials will share information with School Officials where student misconduct outside of school is likely to be carried into school or school activities or have a significant impact on the safety and wellbeing of students, staff, and community members associated with the schools.
5. Under these guidelines, Police Officials shall provide School Officials with the same information regarding suspected criminal offenses committed by students of any age as is reported for students included in the scope of the Juvenile Court Act, as may be amended from time to time.

III. Confidentiality and Records

- A. Content of Criminal Activity Information. All criminal activity information shall include the names of all involved persons, including District students and minors, except in cases where the name of the victim is protected under the Rights of Crime Victims and Witnesses Act, 725 ILCS 120/1, *et seq.*, as amended, or other applicable law.
- B. Confidentiality of Law Enforcement Records and Criminal Activity Information. Any law enforcement records subject to disclosure under these guidelines shall not be disclosed or made available in any form to any person or agency other than as set forth in these guidelines or as authorized by law. Police Officials and School Officials shall develop procedures to ensure such nondisclosure of criminal activity information, except as may be authorized by law or set forth in these guidelines. Such procedures shall be designed to also ensure that any criminal activity

information is not available to other employees. or any persons other than as authorized by these guidelines or by law.

- C. Illinois School Student Records Act. This Section III and these guidelines are intended to satisfy Section 6(a)(6.5) of the Illinois School Student Records Act, 105 ILCS 10/6(a)(6.5), which authorizes a school district to release information to law enforcement officers and other juvenile authorities as defined in Section 6(a)(6.5) when necessary for the discharge of their official duties prior to adjudication of the student and upon written certification that the information disclosed by the school will not be disclosed to any other party, except as provided by law or order of court.

- D. Not Educational or School Record. School Officials shall follow State and Federal laws regarding student records. Consistent with Section 10/2(d) of the Illinois School Student Records Act, reports of Police Officials working in a school shall be deemed the reports of a law enforcement professional and shall not be considered a student record. 105 ILCS 10/2(d). For purposes of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232(g). Police Officials designated to work with the School District pursuant to these guidelines shall be considered a law enforcement unit of the school such that the records created by Police Officials for the purpose of law enforcement shall not be considered educational records.

Plainfield Community Consolidated
School District 202

City of Joliet

By: _____
Superintendent

By: _____
Chief of Police

Date: _____

Date: _____

EXHIBIT B

TERMS FOR SCHOOL RESOURCE OFFICER BETWEEN PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202 AND THE CITY OF JOLIET

Plainfield Community Consolidated School District 202 (the "School District") and the City of Joliet (the "City") set forth the following terms for a School Resource Officer in accordance with the Intergovernmental Agreement Between the Board of Education of Plainfield Community Consolidated School District 202 and the City of Joliet, providing for a School Resource Officer and reciprocal reporting guidelines (the "Agreement"):

1. Designated School. The City will assign and detail one (1) School Resource Officer to the following school - Plainfield South High School.
2. Selection and Removal.
 - a. The officer identified by the City for consideration as a School Resource Officer shall have the following minimum qualifications: at least two (2) years of police experience; good oral, writing, and interpersonal skills; experience in public speaking; experience in and knowledge of drug and gang awareness; possess strong leadership abilities; be a certified juvenile officer for a minimum of one (1) year prior to placement at the Designated School as a School Resource Officer; and be able to act as a role model. The selection process for each School Resource Officer shall be regulated and conducted by the City, with participation by the Superintendent of the School District, or his designee. The City shall determine which officer will best meet the requirements and criteria of the Designated School and shall make the final selection of the School Resource Officer. The City will assign the selected School Resource Officer to Plainfield South High School. The City and School District shall work cooperatively throughout the School Resource Officer selection process. The School District may appeal the selection of a School Resource Officer to the Chief of Police, in which case the Chief of Police in cooperation with the Superintendent of the School District will make the final selection of the subject School Resource Officer.
 - b. In the event the School District becomes dissatisfied with the performance of any School Resource Officer, the School District shall notify the Chief of Police, whereupon the City's Police Department shall promptly investigate and determine a proper course of action, which may include additional training, discipline, or reassignment. If reassignment is determined to be the appropriate course of action, the Police Department shall provide the School District with a replacement School Resource Officer acceptable to the School District.
 - c. In the event of emergency, safety issues, any condition that constitutes a threat to the health, safety or well-being of students, employees or others at the School District, or any other condition which warrants immediate removal, all as determined by the School District's Superintendent or designee in his/her sole reasonable discretion, the School District may immediately remove any School Resource Officer from School District property and/or suspend activities under this Agreement until such condition has been remedied to the School District's satisfaction. The School District shall promptly notify the

Chief of Police in writing of its removal of any School Resource Officer under this paragraph. Disciplinary proceedings or other consequences, if any, related to such removal shall be conducted solely by the City, as the employer of the School Resource Officer. The School District shall cooperate with the City in such disciplinary proceedings if so requested by the City.

3. Term and Termination. In accordance with Section 8 of the Agreement, the term of the Agreement shall continue until terminated. Either party may terminate the Agreement at any time by providing the other party with at least thirty (30) days prior written notice of such termination. In addition, the parties may terminate the Agreement by written mutual consent and agreement.
4. Contract Year; Designated School Resource Officer; Substitutes. For purposes of these Terms, the "Contract Year" shall be July 1 through June 30 of each year during the term of the Agreement.

The School Resource Officer for each Contract Year at Plainfield South High School shall be identified by the City and the name of each School Resource Officer shall be provided to the School District's Superintendent on or before July 1 of each Contract Year.

The Superintendent and Chief of Police shall review these Terms annually and make in writing any mutually agreed changes for each Contract Year. The School Resource Officer may, within the discretion of the City and the School District, remain as the School Resource Officer at Plainfield South High School for one or more subsequent Contract Year(s), unless otherwise designated or removed in accordance with these Terms.

In accordance with Section 5 of the Agreement, the City retains the right to temporarily reassign any School Resource Officer should matters of public safety arise that directly relate to the individual School Resource Officer retaining that position at Plainfield South High School. In such instances, the City shall assign a Substitute Officer to Plainfield South High School.

5. Hours/Days. Under the Agreement, the School Resource Officer shall generally work an eight (8) hour day, for one hundred and seventy-four (174) days during the school term of each Contract Year at Plainfield South High School. For each Contract Year, the School Resource Officer shall commence work at Plainfield South High School on a date mutually agreeable to the School District and the City and shall work through the last day of student attendance for the school year, as designated by the School District.
6. Board Policy and Orientation. The School Resource Officer shall familiarize him/herself with all Board of Education policies, School District administrative procedures, and Plainfield South High School protocols and rules, and shall reasonably comply with all applicable requirements thereunder, consistent with their police officer duties. For each newly placed School Resource Officer, and at periodic intervals in subsequent years thereafter, the School District's central office shall conduct a brief orientation for the School Resource Officer.

Approved this 1st day of July, 2024.

Board of Education of Plainfield
Consolidated School District 202,

City of Joliet,

By: _____
Superintendent

By: _____
Chief of Police

Exhibit C

Guidelines Regarding The Use of Body Worn Cameras By Joliet Police Department Employees on School District Property

Body Worn Camera General Usage. During the school day, the School Resource Officer shall not activate his/her body worn camera except in the following situations:

1. Any self-initiated activity where it is previously known or facts develop that a custodial arrest will be made or other law enforcement-related activity will occur;
2. Any self-initiated activity where it is previously known or facts develop that the questioning or investigation will or is reasonably likely to be used in later criminal charges;
3. When feasible, when the contact becomes adversarial, the subject exhibits unusual or aggressive behavior, or circumstances indicate that an internal complaint will likely be filed;
4. As otherwise required by state law.

Body Worn Cameras in Interviews. When interviewing a crime victim or witness of an investigation who is a student, the School Resource Officer shall notify a parent or guardian of the student that the interview shall be or has been recorded, and document the time and manner of the parental notification, unless emergency or exigent circumstances require otherwise that prevent such notification. If the School Resource Officer has a reasonable, articulable suspicion that a victim or witness has committed or is in the process of committing a crime, the School Resource Officer, unless impractical or impossible, must indicate on the recording the reason for recording despite the request of the victim or witness and/or the parent/guardian of the victim or witness not to record the interaction.

Prohibited Uses of Body Worn Cameras. The body worn camera shall not be activated when the School Resource Officer is communicating with an individual in an area where a person has a reasonable expectation of privacy, such as bathrooms, locker rooms, the nurse's office, a school counselor's office, or a school social worker's office, unless the School Resource Officer is engaged in a law enforcement-related encounter or activity. Exceptions may be made by the School Resource Officer in emergency or exigent circumstances.

The body worn camera shall not be activated when the School Resource Officer is engaged in community caretaking functions, such as:

1. Conversations with students and staff that are unrelated to the investigation of a crime;
2. Meetings with school administrators, counselors, deans and other school personnel to identify and discuss individuals and conditions that could result in delinquent behavior and to develop plans to respond to same;

3. Informal and relationship-building conversations with students, staff, parents, and visitors as part of the School Resource Officer's duty to provide a daily visible police presence and amicable collaboration; and
4. Discussions and presentations by the School Resource Officer to students and staff for instructional purposes.

Notice to School District of Recording. The School Resource Officer will notify the Principal or their designee of any recording made in the course of his/her duties as School Resource Officer. Any recording created by a body worn camera is a law enforcement record, not a school student record. Upon request of the School District, and if not prohibited by law, the Joliet Police Department will provide the District copies of any video of students, parents, employees, or others on school property. A video that is shared with the School District may become a school student record. The Joliet Police Department will comply with all applicable laws and policies related to the release of video recordings, including but not limited to the Law Enforcement Officer-Worn Body Camera Act, 50 ILCS 706; the Juvenile Court Act, 705 ILCS 405/1-7; and the Freedom of Information Act, 5 ILCS 140. The County Sheriff's Office will notify the School District point of contact prior to releasing any video recording that includes an identifiable student(s) or District employee(s).

Limited to School Resource Officer. The provisions in Section 8 and Exhibit C of the Agreement shall only apply to the School Resource Officer or an officer acting in the capacity of the School Resource Officer while conducting duties as the School Resource Officer; it shall not apply to other law enforcement officers from the Joliet Police Department or any other law enforcement agency.



Memo

File #: TMP-7455

Agenda Date: 7/2/2024

TO: Public Safety Committee

FROM: Jeff Carey, Chief of Fire

SUBJECT:

Resolution Authorizing Execution of a Memorandum of Understanding (“MOU”) Between the City of Joliet and Presence Central and Suburban Hospitals Network, d/b/a Ascension Saint Joseph Medical Center

BACKGROUND:

The Community Paramedicine Program (CPP) is a new initiative developed within the Joliet Fire Department. The program’s primary goal is to bridge the gap between the community and mental and general healthcare services by educating the public regarding healthy behaviors, providing resources, establishing prevention programs, providing effective crisis care, improving outreach, and establishing relationships with professionals providing needed levels of care. The City of Joliet seeks to partner with Ascension Saint Joseph Medical Center to implement this program. This MOU is necessary for the parties to understand the policies and procedures of the CPP.

RECOMMENDATION:

The Administration recommends the Mayor and the City Council approve the attached resolution that authorizes the Chief of the Fire Department to enter a MOU with Ascension Saint Joseph Medical Center.

RESOLUTION NO. _____

**RESOLUTION AUTHORIZING EXECUTION OF A MEMORANDUM OF UNDERSTANDING
("MOU") BETWEEN THE CITY OF JOLIET AND PRESENCE CENTRAL AND SUBURBAN
HOSPITALS NETWORK, D/B/A ASCENSION SAINT JOSEPH MEDICAL CENTER**

WHEREAS, the City of Joliet is a Home Rule Municipality under and by virtue of the Constitution of the State of Illinois

WHEREAS, the City of Joliet has secured grant funds and has implemented a paramedicine program in the City of Joliet; and

WHEREAS, the City of Joliet seeks to partner with Ascension Saint Joseph Medical Center to administer the paramedicine program; and

WHEREAS, it is necessary and appropriate for the City of Joliet and Ascension to enter into a memorandum of understanding regarding the policies and procedures for this program; and

WHEREAS, the proposed MOU is attached hereto and incorporated herein as Exhibit "A;" and

WHEREAS, the City of Joliet is a Home Rule Municipality under and by virtue of the Constitution of the State of Illinois.

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF JOLIET, ILLINOIS, AS FOLLOWS:

SECTION 1: The Chief of Fire Department or his designee is authorized to execute the MOU on behalf of the City of Joliet.

SECTION 2: This Resolution shall be in full force and effect from and after its passage, approval and publication as provided by law.

BE IT FURTHER RESOLVED THAT THIS RESOLUTION SHALL BE IN FULL FORCE AND EFFECT FROM AND AFTER ITS PASSAGE AND APPROVAL IN THE MANNER PROVIDED BY LAW.

PASSED this _____ day of _____, 2024

MAYOR

CITY CLERK

VOTING YES: _____

VOTING NO: _____

NOT VOTING: _____



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (“MOU”), effective as of the last signature below, is entered into between Presence Central And Suburban Hospitals Network, d/b/a Ascension Saint Joseph Medical Center (“Ascension”) and the City of Joliet.

SCOPE OF SERVICES

The City of Joliet Health & Human Service divisions are operated under the auspices of the Joliet Fire Department (JFD). JFD’s Community Paramedicine Program (“CPP”) seeks to connect residents experiencing a high risk of medical health, mental health, substance use, and general anxiety readmissions to healthcare services. Additionally, the CPP helps citizens with basic needs and homelessness which effects operations at the hospital and supports programs within and around the Community.

It is the policy and practice of the City of Joliet to continually partner with other providers in the community to maximize service delivery to our residents. We hope to add additional structure to our collaboration through the development of basic procedures that hopefully will make service coordination more efficient and effective. The policies and procedures for the CPP are outlined in the Joliet Fire Department Community Paramedicine Program Development and Implementation Guide attached as Exhibit A.

COMPLIANCE

Compliance with Laws. JFD represents and warrants that all services provided comply with all applicable federal, state and local laws, ordinances, regulations and codes. JFD represents and warrants that it is not a Business Associate as defined by HIPAA and that in the provision of services, JFD does not require and shall not request or attempt access to any Protected Health Information of Ascension.

Excluded Provider. JFD represents and warrants that neither it, nor any of its employees or other contracted staff has been or is about to be excluded from participation in any Federal Health Care Program (as defined herein). The listing of JFD or any of its employees on the Office of Inspector General’s exclusion list (OIG website), the General Services Administration’s Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (GSA website) for excluded individuals or entities, any state Medicaid exclusion list, or the Office of Foreign Assets Control’s blocked list shall constitute “exclusion” for purposes of this paragraph. For the purpose of this paragraph, the term “Federal Health Care Program” means the Medicare program, the Medicaid program, TRICARE, any health care program of the Department of Veterans Affairs, the Maternal and Child Health Services Block Grant program, any state social services block grant program, any state children’s health insurance program, or any similar program.

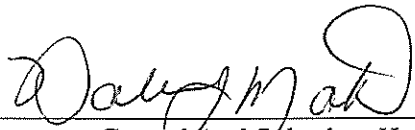
EEOC. The parties shall abide by the requirements of 41 C.F.R. 60-1.4(a), 60-300.5(a) and 60-741.5(a), and the posting requirements of 29 C.F.R. Part 471, appendix A to subpart A, if applicable. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

Corporate Responsibility Program. Ascension has in place a Corporate Responsibility Program which has as its goal to ensure that Ascension complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. JFD acknowledges Ascension's commitment to Corporate Responsibility and agrees that it will not act or conduct business in a manner that requires Ascension to violate or act in a manner that contravenes the Program.

Ethical and Religious Directives. The parties acknowledge that the operations of Ascension and its affiliates are in accordance with the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church or its successor ("Directives") and the principles and beliefs of the Roman Catholic Church are a matter of conscience to Ascension and its affiliates. The Directives are located at <https://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>. It is the intent and agreement of the parties that neither this MOU nor any part hereof shall be construed to require Ascension or its affiliates to violate said Directives in their operations and all parts of this MOU must be interpreted in a manner that is consistent with said Directives.

Joliet Fire Department, Deputy Chief Health Services

Date: _____



Presence Central And Suburban Hospitals Network
d/b/a Ascension Saint Joseph Medical Center,
Division Director

Date: 6/17/2024

Joliet Fire Department Community Paramedicine Program Development & Implementation Guide



Phase 1: V1.4, 2023

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Section 1: Executive Summary

Community Paramedicine Description and Goal (See attached Program Manual)



The Community Paramedicine Program (CPP) is a new initiative developed within the Joliet Fire Department (JFD). The primary goal of the CPP is to begin to bridge the gap between the community and mental and general healthcare services by educating the public regarding healthy behaviors, providing resources, establishing prevention programs, providing effective crisis care, improving outreach, and establishing relationships with professionals providing needed levels of care. This program is written to be linguistically and culturally competent, will reduce readmissions to local hospitals after discharge, and will improve patient outcomes.

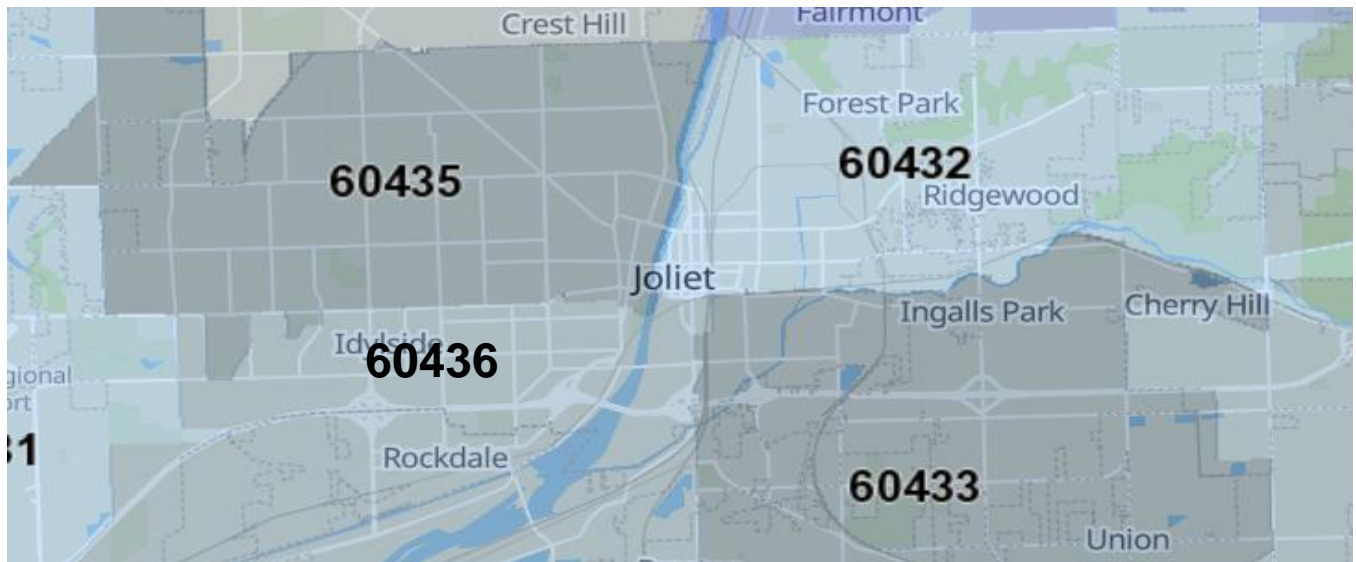
The JFD Deputy Chief of Health Services will manage the CPP, and input will be provided by the Deputy Chief of Human Services. It will initially be staffed by one grant-funded, full-time Community Paramedic (CP) and be supported by a 12-member CP special team within the JFD. The Community Paramedicine Team (CPT) will be like other existing JFD special teams (Hazardous Materials Response, Fire Investigation, Dive/Rescue Team, and Honor Guard) in that members will participate in training and special projects. The EMS Battalion Chief will assign these assignments.

CPP Qualified Census Tracts and Zip Codes

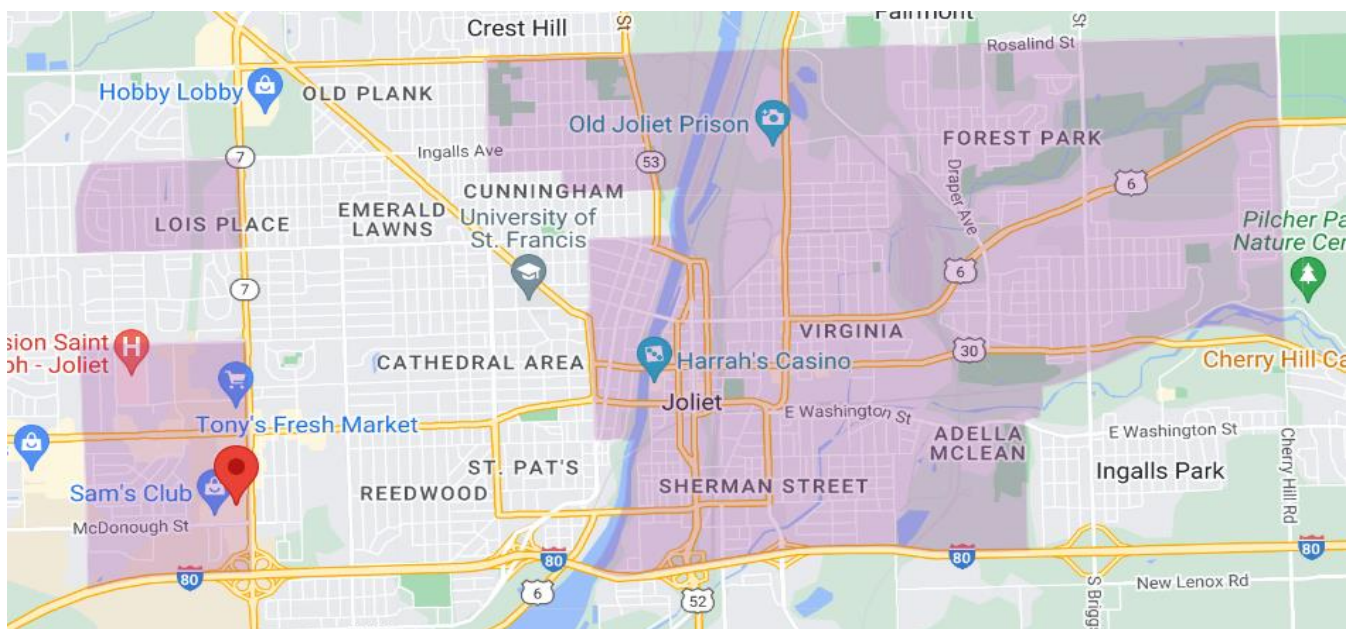
The Joliet Community Paramedic (CP) will be a critical component of the healthcare system, especially for disadvantaged residents who may experience low income, lack suitable access to primary mental health and physical care, and experience transportation issues. The Will

County area of the City of Joliet is home to numerous Qualified Census Tracts, as defined by the Office of Policy Development and Research (PD&R), containing over 30,000 Will County residents. The Zip Codes within these Census Tracts will be used to manage and track patients and outcomes. The focus of this program will be Zip Codes 60432, 60433, 60435, and 60436.

Zip Codes



Qualified Census Tracts



The specific Qualified Census Tracts are:

- Tract 8812.01: Population 2,095
- Tract 8812.02: Population 2,460
- Tract 8813.01: Population 3,040
- Tract 8813.02: Population 1,307
- Tract 8814.01: Population 3,418
- Tract 8816.03: Population 3,301
- Tract 8819: Population 3,725
- Tract 8820: Population 3,445
- Tract 8821: Population 2,596
- Tract 8822: Population 3,934
- Tract 8824: Population 3,392
- Tract 8825: Population 2,246
- Tract 8828.02: Population 3,018

Cultural and Linguistic Competency

The City of Joliet is a diverse community. For this reason, the CPP must perform services in a structurally, culturally, and linguistically competent way, using the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to provide effective, equitable, understandable, and respectful care. This provision includes cost-free verbal and written interpretation services (by video remote translation or other means), non-use of minors or untrained individuals, and translated materials that align with the patient's communication needs.

The CP and CPT members will complete *Culturally Competent Nursing Care: A Cornerstone of Caring* through The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) to ensure they have the tools to communicate effectively with their patients. The principles of this program apply to paramedics and nurses.

CPP Goals

The CPP will perform several tasks, including post-hospital follow-up, outreach, and home visits to help those in the identified Zip Codes manage acute and chronic conditions. Post-

admission follow-up will be offered to patients released from the two area hospitals (St. Joseph Medical Center (Behavioral) and Silver Cross Hospital (Medical) in the identified Zip Codes.

The CPP will also provide outreach programs to focus on prevention and instill healthy behavior habits in residents. This outreach may include neighborhood canvasses, immunization delivery, diet and exercise information dissemination, or other needs identified by the EMS and CRR Battalion Chiefs. Also, the CPP will provide the residents with medical and mental health resources and referrals to needed levels of care, some of which already exist in the community but remain untapped.

The CP's abilities to visit the patient in their home and perform outreach in the community are critical to the program's success. Home assessments reduce the patient's transportation needs while allowing in-person physical examination and evaluation, permitting the CP to observe the conditions where the patient resides, noting risks and potential improvements within the lived environment. Outreach allows the CPP to go into the community and offer services to patients who may otherwise not seek care for acute illness or chronic disease management.

CPP Objectives

Year One

- Perform community assessment (Strategic).
- Assign one new full-time employee to the Emergency Medical Services (EMS) Division of the JFD. This paramedic will work with administrators already in place within the JFD Divisions of Health and Human Services, become the liaison with Silver Cross Hospital, and perform CP tasks for those discharged from that facility. The Health and Human

Chief Administrators will implement the program based on community assessment (Strategic).

- Measurement: Filled position.
 - Measurement: Program documents.
- Train and certify the full-time employee to the Board-Certified Community Paramedic (CP-C) level through the International Board of Specialty Certification (IBSC) (10-week course and exam) and *Culturally Competent Nursing Care: A Cornerstone of Caring* through The U.S. Department of Health and Human Services Office of Minority Health (OMH) (e-learning, 9-hours) (Tactical).
 - Measurement: Certification documents.
- Discuss, plan, and implement a Medical Direction strategy for the program. Secure a Medical Director physician to help manage the program through area hospitals (Operational). The current plan for accomplishing this task is to use a physician from the Behavioral Unit at St. Joseph Medical Center and a physician from the Emergency Department (ED) at Silver Cross Hospital to manage respective follow-ups.
- Select, train, and certify the members of the CPT to the Board-Certified Community Paramedic (CP-C) level through the International Board of Specialty Certification (IBSC) (10-week course and exam) and *Culturally Competent Nursing Care: A Cornerstone of Caring* through The U.S. Department of Health and Human Services Office of Minority Health (OMH) (e-learning, 9 hours) (Tactical).
 - Measurement: Certification documents.
 - Measurement: Team roster.

- Acquire needed equipment and define the roles and responsibilities of the program providers (Tactical).
 - Measurement: Policy Documents
 - Measurement: Medical Plan
 - Measurement: Behavioral Plan
- Establish short- and long-term performance metrics to assess the program's effectiveness (Strategic).
 - Measurement: Metric development.
- Perform individual Zip Code evaluations, focusing on health and behavioral issues determined by data mining EMS reports (Operational).
 - Measurement: Census Tract/Zip Code documents and evaluation forms.
- Perform an initial annual assessment of the program using established performance metrics (Tactical).
 - Measurement: Annual Report.

Year Two

- Fully implement the program (Operational).
 - Physical Health
 - Offer/perform follow-up for discharged medical patients from Silver Cross Hospital & Ascension St Joseph Medical Center into the identified Zip Codes in five primary areas of medical need: Heart failure, post-myocardial infarction, orthopedic (knee and hip), diabetes, and pneumonia. Additionally, follow-up will also include a sixth area which will be behavioral health.

- Create handouts, online videos, and in-person courses, and develop other methods to encourage healthy behaviors, chronic disease, and medication compliance in the community. Critical aspects of the CPP include educating patients on health behaviors in both mental and physical areas, helping patients secure primary care providers, and helping them manage chronic disease (Tactical).
 - Measurement: Assessment and patient care documentation.
 - Measurement: Physical creation of handouts, online videos, and in-person course evaluations from students.
- Develop/implement a CP outreach program for general health screenings such as blood pressure, blood sugar, fall prevention, and other assessments for those with limited transportation or inadequate access to care. This program will be offered to all identified Zip Codes (Strategic) residents.
 - Measurement: Policy and procedure manuals.
 - Measurement: Scheduled health events.
- Revise and maintain a comprehensive physical and mental health resource list (Tactical). Many individual resources exist for psychological and physical health within Joliet and Will County. While some of these resources are known and used, many do not know about each other's existence and work in individual silos without coordination among agencies.
 - Measurement: Updated Resource Guide.
- Perform an annual program review using performance metrics (Tactical).
 - Measurement: Annual Report.

All Years

- Provide referrals for mental and physical healthcare resources outside the CPP (Operational).
 - Measurement: Documented referrals.
 - Measurement: Completed physician agreement forms.
- Partner with local agencies to increase cultural and linguistic awareness and proficiency.
 - Measurement: Partner list.

CPP Planned Phases

Phase 1: 2023-2026

Grant period: Silver Cross Hospital, Qualified Census Tracts/Zip Codes.

Grant period: St. Joseph Medical Center, Qualified Census Tracts/Zip Codes.

Phase 2: 2027

More extensive implementation: Expand Census Tracts/Zip Codes outside Qualified Census Tracts into other areas.

Phase 3: 2028

Citywide expansion.

Section 2: Mission, Vision, and Values

Mission Statement

It is the Mission of the Joliet Fire Department Community Paramedicine Program to support increased access to medical and mental healthcare by providing equitable, knowledge-based, and compassionate care to our citizens.

Vision Statement

A Joliet Community that provides exceptional healthcare management opportunities to all citizens.

Values

Community: One City

Equity: Equal access to quality healthcare

Knowledge: Community Education and Information

Compassion: Caring and empathetic patient service



Section 3: Community Paramedicine Defined

Introduction

Community Paramedicine (CP) is a growing medical service field that seeks to fill critical behavioral and general health gaps between the community and primary and definitive care. The Community Paramedicine Program (CPP) will work under the Emergency Medical Services (EMS) with input from the Community Risk Reduction (CRR) Divisions within the Joliet Fire Department (JFD). A CPP will profoundly affect Joliet's behavioral and general health outcomes.

Joliet Fire Department

The JFD serves over 150,000 residents and responds to over 22,000 service calls annually. The 200 firefighters of the JFD provide community fire suppression, emergency medical care, crisis intervention, outreach, education, active intervention, innovative prevention, and professional response to community needs. The CPP will inform patients with acute and chronic conditions on managing their issues and avoid needing emergency transport or readmission to medical facilities.

Community Paramedic Programs (CPP)

According to the Rural Health Information Hub, Community Paramedicine Programs (CPP) have two potential goals: increasing access to primary care and reducing emergency medical service (EMS) use. Additionally, CPPs may take two forms: expanded scope and expanded role. Expanded scope models are models in which the CP receives specialized training to extend their scope of practice. The expanded role, in contrast, includes the CP acting in their current scope of practice in non-traditional roles using already possessed skills.

The Joliet Fire Department Community Paramedicine Program is an **Expanded Role Program**. It allows JFD Paramedics to operate as Community Paramedics within their current scope of practice with additional education geared toward community health (see Section 6 for training requirements).

CPPs have proven their ability to reduce readmissions for patients experiencing several illnesses. They may be helpful for patients experiencing common readmission illnesses, such as heart failure, diabetes, and pneumonia.

The CPP will perform several tasks, including post-hospital follow-up, outreach, and home visits to help those in the identified Zip Codes manage acute and chronic conditions. Post-admission follow-up will be offered to patients released from the two area hospitals (St. Joseph Medical Center and Silver Cross Hospital) in the identified Zip Codes.

The CPP will also provide outreach programs to focus on prevention and instill healthy behavior habits in residents. This outreach may include neighborhood canvasses, immunization delivery, diet and exercise information dissemination, or other needs identified by Health and Human Services Deputy Chiefs & EMS and CRR Battalion Chiefs. Also, the CPP will provide the residents with medical and mental health resources and referrals to needed levels of care, some of which already exist in the community but remain untapped.

The CP's abilities to visit the patient in their home and perform outreach in the community are critical to the program's success. Home assessments reduce the patient's transportation needs while allowing in-person physical examination and evaluation, permitting the CP to observe the conditions where the patient resides, noting risks and potential improvements within the lived environment. Outreach allows the CPP to go into the community and offer services to patients who may otherwise not seek care for acute illness or chronic disease management.

The CPP will be a critical component of the healthcare system, especially for disadvantaged residents who may experience low income, lack timely access to primary and follow-up mental and physical care, and transportation issues.

This program bridges the gap between the community and mental and general health care services by educating the public regarding healthy behaviors, providing resources, establishing prevention programs, providing effective crisis care, improving outreach, and establishing relationships with professionals providing needed care.

The CPP will be managed by the JFD Deputy Chief of Health Services (with input from the Human Services Deputy Chief), staffed by a grant-funded, full-time Community Paramedic (2023-2026), and supported by a 12-person community paramedicine special team within the JFD. The Community Paramedicine Special Team will be similar to other JFD special teams within the fire department (Hazardous Materials Response, Fire Investigation, Dive/Rescue Team, and Honor Guard). The Community Paramedicine Special Team members will support the full-time Community Paramedic by participating in monthly training and special projects related to the program and assigned by the EMS Battalion Chief.

The CPP will focus on conducting detailed community assessments and defining and confirming specific problems reported in the Will County Community Needs Assessment (2020). The evaluation includes access to healthcare, behavioral health, access to food and nutrition, stabilizing the built environment, and other factors. In addition, chronic diseases listed in the 2017-2020 Will County Health Implementation Plan, such as heart disease, stroke, diabetes, hypertension, obesity, and other illness incidence rates, will be investigated in these and other areas. The result will be community outreach programs to help mitigate these issues.

The CP will provide follow-up care to patients discharged from Silver Cross Hospital &

St. Joseph Medical Center with specific diagnoses of myocardial infarction (heart attack), diabetes, heart failure, pneumonia, and orthopedic issues such as hip and knee replacement. See Section 6: Services for a more detailed look at the processes for each group.

Additionally, the members of the CPP will provide outreach programs to the identified Zip Code areas and among the homeless population, focusing on prevention and instilling healthy behavior habits in residents. These programs may include point-of-care blood testing, immunization delivery, diet and exercise information dissemination, and other services deemed necessary by a completed needs assessment.

In short, to help our residents most effectively, we must be willing to go to them, not require them to come to us. Reaching patients in their homes will reduce the stress on an already overburdened healthcare system, reduce readmissions to local hospitals, and save residents significant money while ensuring they have access to the care they need.

Mental Health Program: 9 Visits

The mental health CPP is divided into hospital discharges and community outreach. The Community Paramedicine Program will provide follow-up care to those discharged from Silver Cross Hospital & St. Joseph Medical Center and ensure the identified Zip Code populations are aware of and have access to the CPP.

While mental and emotional health challenges are not new, the social contexts of individuals within the community and the need for robust care have entered mainstream awareness. Mental health issues affect people from all walks of life and extend beyond those experiencing a mental health issue. Mental health and substance use are the most significant drivers of disability worldwide (WHO, 2022), and access to definitive mental health care is an

important issue. The City of Joliet has partnered with many community stakeholders to provide residents with immediate access to definitive mental health care.

The JFD developed the City of Joliet Community Mental Health Program as a comprehensive and sustainable program to provide residents with timely, definitive mental health care. The mental health program involves three separate tiers to better meet the needs of those with mental and emotional problems and those exposed to traumatic stress-inducing events. The three tiers addressed within this program include an initial response Crisis First Aid for Paramedics (CFA-P), secondary support (local resources), and definitive clinical care (Thriveworks®). This program will work well within the CP framework.

The mental health program allows all residents to see a mental health clinician within 48 hours. In the first year of the program, over 700 residents enrolled in therapy sessions through Thriveworks®.

In our program, residents can see the same therapist as often as needed. These services are free for Joliet residents and covered by most insurances, including Medicaid for all Will County residents. The Community Paramedicine Program ensures that all residents have equal access to mental health care, regardless of socioeconomic status.

In 2021, mental health calls accounted for almost 15% of the annual calls for service (J. Carey, personal communication, November 30, 2022). With the addition of substance abuse calls, mental health issues accounted for almost 20% of the JFD's responses. Mental health issues affect people of all gender, race, ages, and socioeconomic status. Since implementing the JFD Community Mental Health Program, the JFD has seen a 12% drop in behavioral health calls for service and completed suicides dropped by 31% in Joliet comparing CY 2022 & 2023.

One in five adults and one in six children in the US experience mental illness (NAMI, 2022). These statistics imply that approximately 30,000 residents of Joliet suffer from at least one mental health issue. Unfortunately, access and affordability keep less than half of these residents from receiving treatment (Mental Health America, 2023). Of those who receive treatment, an average of eleven years go by from the first symptom until definitive care (NAMI, 2022).

Further, suicide is the second leading cause of death for people ages 10-34 (AFSP, 2021), and twelve teenage suicides occurred in the Joliet area high schools in the 2021-2022 school year (J. Carey, personal communication, May 1, 2023). Additionally, the overall suicide rate in America has increased by 35% since 1999, and 90% of people who die by suicide have experienced mental illness.

The costs of untreated mental health disorders extend far into the community beyond the mental health patient. According to the National Alliance on Mental Illness (NAMI), 70% of youth in the juvenile justice system have at least one mental health condition (2022). NAMI (n.d.) also estimates that untreated mental illness costs the US up to \$300 billion annually due to lost productivity and associated costs due to absenteeism, employee turnover, and medical and disability expenses increases. Over eight million caregivers of adults with mental or emotional health issues spend an average of 32 hours per week providing unpaid care (NAMI, n.d.).

The primary problems with definitive mental health care are access, cost, and transportation. For people with insurance, a clinical care first appointment in Joliet can take 4-6 weeks for basic care and 15-16 weeks for advanced care. It is difficult for the uninsured or underinsured to get the needed treatment. Because a person with a mental health issue may not be able to access care, afford care, or have transportation to care, they may call an ambulance

and request transport to the hospital emergency department (ED), where there is minimal treatment for the mental health patient. The patient enters a repeating cycle of calling the ambulance to take them to the ED and being sent home with no definitive care ever being done.

Lastly, according to the Centers for Disease Control and Prevention (CDC), the COVID-19 pandemic exacerbated severe issues such as suicide, substance abuse, anxiety, and depression for high school-aged Americans. Further, according to the American Foundation for Suicide Prevention (AFSP), the suicide rate for teens and young adults aged 15-24 nationwide was 14.24 per 100,000 in 2020 (n.d.). A study performed by Bitsko et al. (2022) and reported by the CDC found that among 12–17-year-old Americans, 18.8% seriously considered attempting suicide, 15.7% made a suicide plan, 8.9% attempted suicide, and 2.5% made a suicide attempt requiring medical treatment. According to the Will County Community Needs Assessment (2020), 16% of 12th and 14% of 10th graders in Will County indicated that they have considered suicide in the last year.

Substance abuse is also a critical issue within this age group nationwide. According to Bitsko et al. (2022) and the CDC, among 12–17-year-olds, 4.1% reported a substance use disorder, 1.6% reported an alcohol use disorder, and 3.2% reported an illicit drug use disorder. This issue extends into Will County, where, in 2108, 23% of 12th graders reported binge alcohol consumption in the last two weeks, and 45% of 12th graders said they were using alcohol.

Anxiety is one of the most common issues among teens. According to the National Institute of Mental Health (NIMH) (n.d.), an estimated 31.9% of adolescents have an anxiety disorder of some type. An estimated 8.3% had severe impairment among those with an anxiety disorder.

Bitsko et al. (2022) also discuss the depression issue among teens. In their study, in 2018-2019, 15.1% had a major depressive episode, and 36.7% had persistent feelings of sadness or hopelessness. This problem manifests locally as well. According to the Will County Community Needs Assessment (2020), 35% of 12th graders in Will County said they felt so sad or hopeless almost every day for two weeks or more in a row and that they stopped doing some usual activities in the past year.

Hospital Discharges:

The CPP will build on the JFD Community Mental Health Program by performing home visits with those discharged from the Behavioral Health Units at Silver Cross Hospital & St. Joseph Medical Center to ensure medication compliance and refer definitive care.

Ideally, this will be done while a patient is admitted to the facility. The CP will be informed of the patient by the hospital, and the CP will visit them and offer services. If this is not possible (i.e., the patient is released from the ED), the team member will contact the person at home to offer services. After discharge, the CP special team members will respond to these patients at their homes following the policies and procedures in this manual.

Community Outreach:

The CPT will schedule regular outreach events in the identified Zip Codes. Churches, community centers, schools, fire stations, and other locations may be used. These events may offer Crisis First Aid and mental health referral services.

Physical Health Program: 6 Visits

The program is divided into hospital discharges and community outreach.

Hospital discharges:

Ambulance call responses and specific medical discharge diagnoses from Silver Cross Hospital & St. Joseph Medical Center will be offered follow-up CP care. Ideally, this will be done while a patient is admitted to the facility. The CP will be informed of the patient by the hospital, and the CP will visit them and offer services. If this is not possible (i.e., the patient is released from the ED), the team member will contact the person at home to offer services. After discharge, the full-time CP will respond to these patients at their homes following the policies and procedures in this manual.

Community Outreach:

The CPP will schedule regular outreach events in the identified Zip Codes. Churches, community centers, schools, fire stations, and other locations may be used. These events may offer medical assessments, blood pressure checks, EKGs, education, medication explanations, immunization clinics, physician referral services, and other needed help.

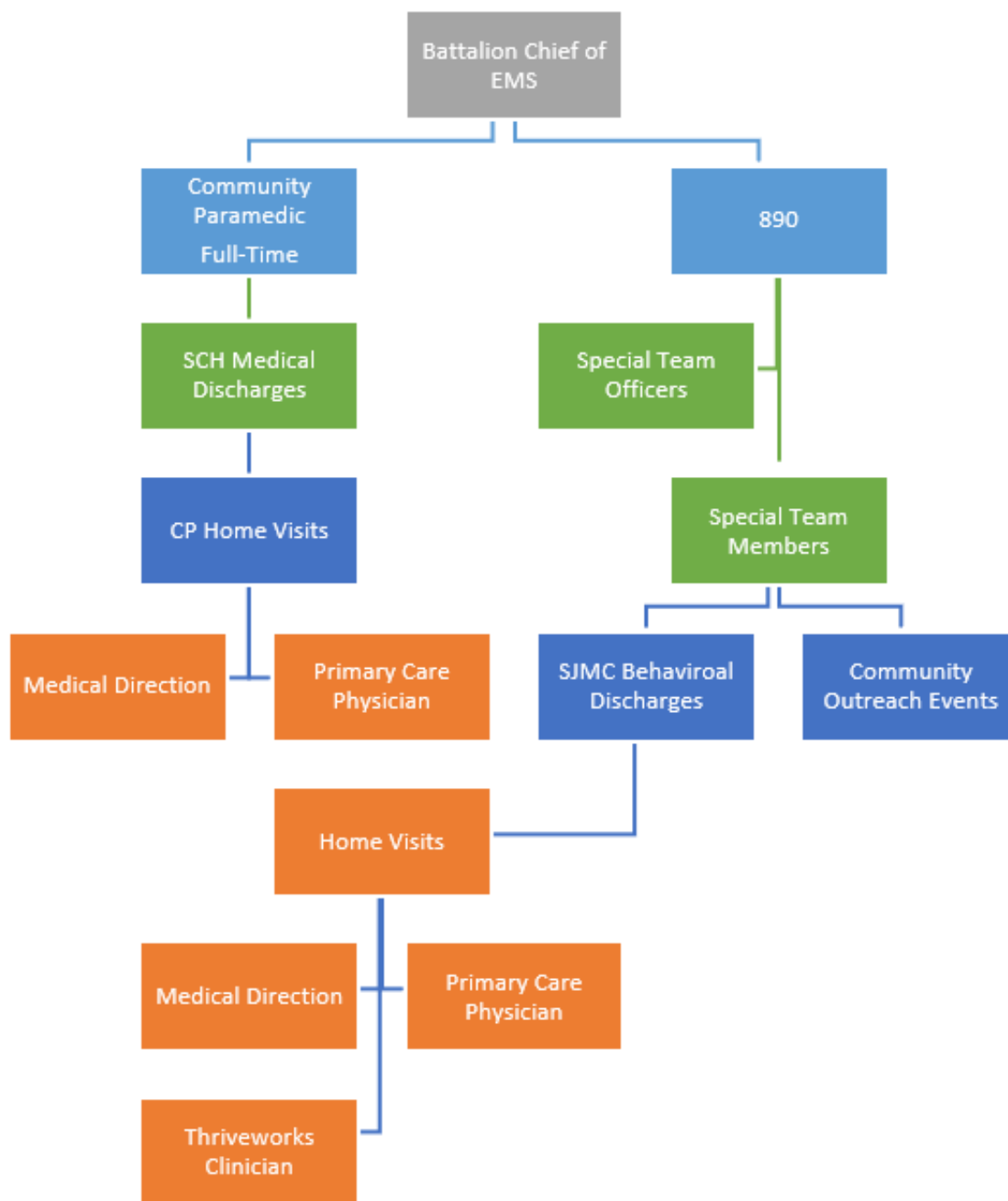
A robust CPP will ensure that people can meet their general health needs at home when they cannot reach their doctor or ED. A CPP will prepare the community for another pandemic by providing general and mental healthcare and vaccinations to homebound and underserved patients.

CP General Function

- Coordinating health services for patients/clients.
- Determining the need for and providing referrals to community resources (such as mental health, substance abuse, public health, and social services).
- Assessing safety risks for the community paramedic (for example, unsafe situations, animals, and diseases).

- Assessing safety risks for the patient/client (for example, disease, falls, and environmental health hazards).
- Assessing the patients' experiences in their work environment.
- Educating on the proper use of healthcare resources.
- Educating on identified healthcare goals.
- Performing a physical safety inspection (home, property, and vehicle).
- Screening for chronic diseases (diabetes, asthma, and coronary artery disease).
- Providing service with the local public health agency (for example, immunization and disease investigation).
- Providing service with the local social service and aging agencies (for example, adult protection, child protection, senior services, and housing).
- Participating in wellness clinics (such as immunization and screening).

Section 4: Joliet Fire Department CPP Structure



The initially planned structure of the JFD CPP includes a two-tier configuration consisting of one full-time community paramedic under the supervision of the JFD Battalion Chief in charge of EMS. The CP will manage the medical aspect of the program and perform follow-up visits to defined medical patients discharged from Silver Cross Hospital. The CPT of 12 members of the JFD will be formed to work part-time and manage mental health follow-up visits to behavioral patients discharged from St. Joseph Medical Center and community outreach. The Fire Chief or their designee will select the members of this team.

The full-time CP will have the following responsibilities:

1. Updated reporting to the Battalion Chief in charge of EMS regarding CPP assignments and training.
2. Coordinating training for the special team CPs

The special teams CPs will have the following responsibilities:

1. Regular attendance at quarterly CP training.
2. Mental health home visits as assigned by the EMS Division.
3. Community outreach event organization and participation.

Quarterly Training

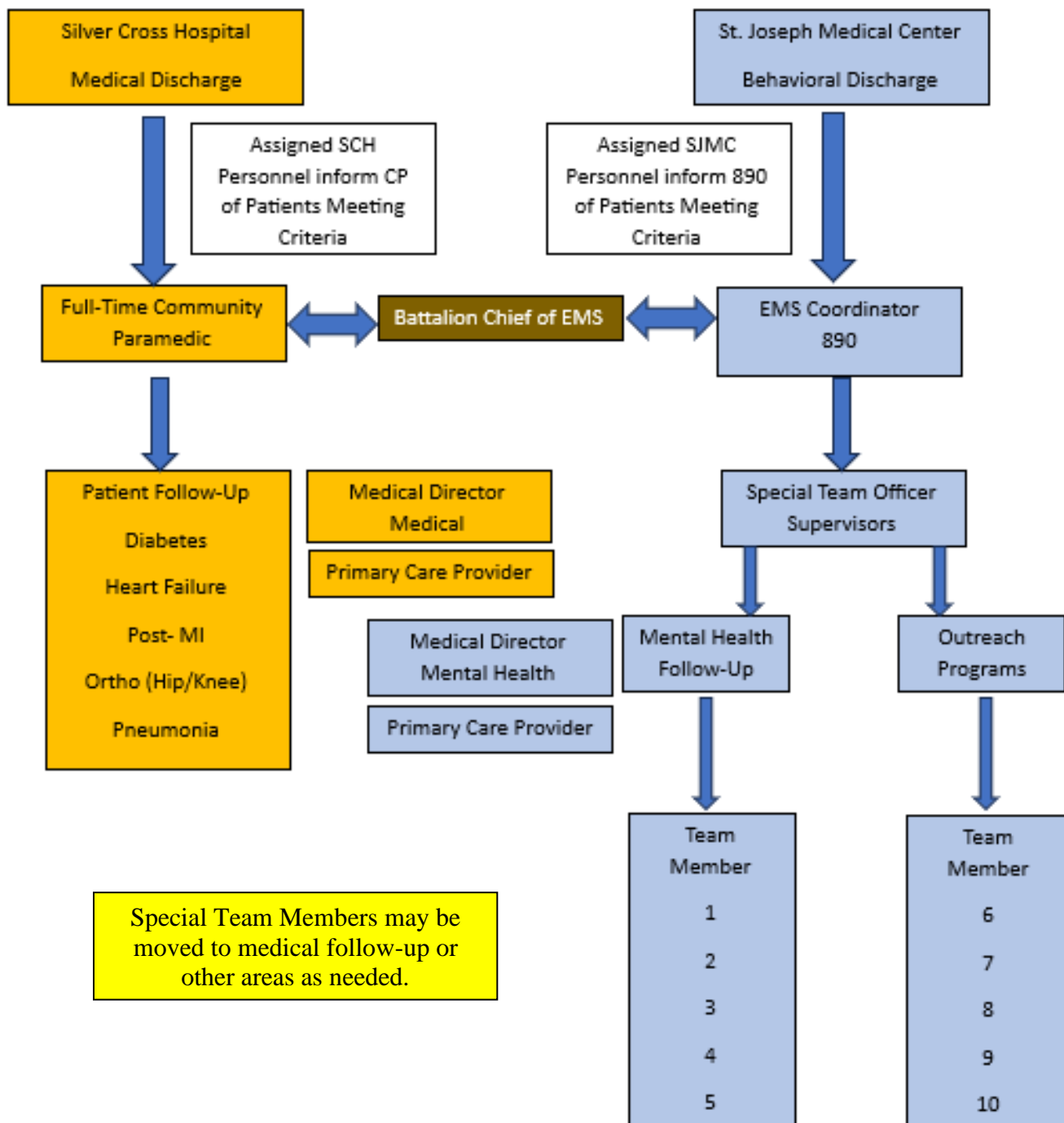
The BC of EMS or their designee will organize and complete quarterly training for the members and determine the topics, dates, and duration.

Connection to JFD Community Risk Reduction (CRR) and Community Mental Health

The patient may experience many challenges outside the medical realm that affect health. The CP should know how to access services outside their scope of practice. The CP must be familiar with their provided services and additional services offered by the Community Risk

Reduction, Community Care, and Community Mental Health programs and make referrals as needed. These needs may include transportation, prescription drug pick-up, home repairs, etc.

JFD Community Paramedicine Flowchart



Section 5: Will County Community Needs Assessment & Will County Health Implementation Plan

The Will County Community Needs Assessment identified four primary areas for improvement. These areas include access to healthcare, behavioral health, stabilizing the built environment, and access to food and nutrition. Two of the four primary needs listed are most appropriate to the CP program. These include access to healthcare and behavioral health.

In addition, chronic diseases listed in the 2017-2020 Will County Health Implementation Plan, such as heart disease, stroke, diabetes, hypertension, obesity, and other illness incidence rates, will be investigated.

Access to Healthcare

Primary Health Care

The CPP will provide equitable, culturally, and linguistically competent care, health literacy, and progress monitoring to those with private insurance, Medicaid recipients, and Medicare recipients in area codes 60432, 60433, 60435, and 60436.

Chronic Disease

The CPP will provide health care services to prevent or enable early disease detection, reduce risk factors, and manage conditions. The program also addresses strategies that link community and clinical services to ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases. This is especially true in the Medicare population, males, African Americans, and area codes 60432, 60433, 60435, and 60436.

Behavioral Health

The CPP will provide equitable access to behavioral health services, resources, providers, and progress monitoring to the 60432, 60433, 60435, and 60436 Zip Codes.

The JFD CP will be a critical component of the healthcare system, especially for disadvantaged residents who may experience low income, lack timely access to primary mental health and physical care, and have transportation issues. These residents are the primary target population for the grant, as the pandemic has disproportionately impacted people within these households and communities.

Section 6: CP Services

Enrollment Visit

Introduction and Explanation

Medication Inventory

Ending the Visit

Intake Visit

Patient Assessment

Patient Needs Assessment

Plan of Care

Follow-Up Visits

Patient Assessment

Goal Evaluation

End of Care Visit

Disenrollment Visits

Patient Education

Documentation

Outreach

Patient Assessment

The patient assessment lays the groundwork for the plan of care and is a critical part of the Community Paramedic's duties. While the Community Paramedic does not diagnose, they aid in managing physician-diagnosed issues. Assessment includes:

1. General Information
2. Chief Complaint

3. History of the present illness
4. Past medical history
5. Family medical history
6. Social history
 - a. Activities of daily living and interests
 - b. Coping strategies
 - c. Social support
 - d. Fears
 - e. Perceived weaknesses
 - f. Occupation
7. Medications
 - a. Over the counter
 - b. Prescription
 - c. Compliance
8. Allergies
9. General Assessment
10. Vital Signs
 - a. Blood pressure
 - b. Pulse
 - c. Respirations
 - d. Temperature
 - e. Oxygen saturation
 - f. End-tidal co2

- g. Blood glucose level, other PoC
- h. Skin condition
- i. Weight and height
- j. Pupils
- k. Lung sounds

Patient Needs Assessment

The patient needs assessment is a tool that enables the community paramedic to gather important information about the patient that extends beyond the working diagnosis, considering factors such as the patient's health history, living environment, and social network. It includes a thorough evaluation that helps determine all patient needs, from transportation to healthcare to social services. This complete patient evaluation separates the patient needs assessment from the general assessment for paramedics.

Sources of information for the patient needs assessment may come from the following:

1. Research
 - a. If possible, the patient's electronic medical records
 - b. Physicians' plan of care
 - c. Discharge plan
2. Interview. Consider the following:
 - a. Ability to perform self-care.
 - b. Care capacity within the home
 - c. Cognitive and functional needs of the patient
 - d. Patient's ability to understand and explain
 - e. Current access to support services

- f. Current access to outreach services such as grocery stores or pharmacy delivery, meal delivery
 - g. Cultural values
3. Evaluation. Consider the following:
- a. Air quality of the home
 - b. The overall condition of the structure
 - c. Cleanliness
 - d. Smoke detectors
 - e. Carbon monoxide detectors
 - f. Condition of walkways, stairs, and floors
 - g. General safety concerns such as loose carpeting, etc.
4. Work
- a. Physical environment
 - b. Benefits to employees
5. Goals
- a. Patient
 - b. Physician
6. Documentation
- a. Brief description
 - b. Form completion
 - c. Observations
7. Plan of Care Development
8. Lab Value Explanations

9. Chronic Disease Management
10. Mental Health Care
11. Immunizations
12. Education: Nutrition
13. Education: Exercise
14. Education: Electronic Patient Records

Section 7: Medical Direction

A critical component of the CPP is medical direction. The CP does not act independently but under the authority of a medical director and the patient's primary care physician. If necessary, the CP may contact the medical director (either by telephone or video conferencing) from the field to discuss care.

The development of the community paramedicine program relies on the initial search for a suitable medical director(s). The Fire Chief and EMS BC will work with the local hospitals to determine the best physician to direct the program components. The Silver Cross Emergency Medical Services System offers medical direction for emergency transports within Joliet. They have expressed interest in partnering with the JFD to guide the CPP.



Section 8: Required Training and Certification

CP is a discipline separate from emergency response. As such, it requires unique training and certification. The general and specific requirements for the position are detailed below.

Requirements for Full-Time CP Position:

- Selected by Local 44 bid process.
- Successful completion of the education requirement upon assumption of bid (see section below).
- Successful credentialing through the International Board of Specialty Certification (IBSC) (see the selection below).
- Successful completion of *Culturally Competent Nursing Care: A Cornerstone of Caring* through The U.S. Department of Health and Human Services Office of Minority Health (OMH).
- Successful completion of the Centers for Disease Prevention and Control (CDC) STEADI Program.

Requirements for Special Team CP Members:

- IDPH Licensed Paramedic with:
 - Excellent patient assessment skills
 - The ability to work collaboratively as a member of a healthcare team.
 - Good communication and social skills
 - Empathy
 - Acceptable EMS System and EMS Agency personnel file upon review.
- Field experience for a minimum of two years
- Application letter to the Fire Chief detailing reasons for the application

- Interview by Chief or Designee and Program Manager
- Successful completion of the education requirement (see section below)
- Successful credentialing through the International Board of Specialty Certification (IBSC) (see the selection below)
- Successful completion of *Culturally Competent Nursing Care: A Cornerstone of Caring* through The U.S. Department of Health and Human Services Office of Minority Health (OMH)
- Successful completion of the Centers for Disease Prevention and Control (CDC) STEADI Program.
- The Fire Chief and Coordinator may offer preference or non-adherence to the field experience requirements due to the following:

Special medical training (e.g., nursing license, current CP-C Certification, etc.)

Special skills detailed in the application letter.

Spanish language speakers due to community need

Training

Training will be provided and paid for by the Joliet Fire Department

- Columbia Southern University CE 1300: Certified Community Paramedic Review Course
- *Culturally Competent Nursing Care: A Cornerstone of Caring*
- Centers for Disease Control and Prevention (CDC) STEADI (Stopping Elderly Accidents, Deaths and Injuries) Training

Columbia Southern University CE 1300: Certified Community Paramedic Review Course

A paramedic assigned to a position with CP responsibilities will complete CE 1300: Certified Community Paramedic Review Course through Columbia Southern University. It is an online course and will be provided by the JFD.

This course will assist in preparing the student for the International Board of Specialty Certification (IBSC) Certified Community Paramedic (CP-C) examination, which can lead to the CP-C designation. It is geared toward the paramedic proficient in the current national standards for paramedics. It is specific to patient-centered care, interdisciplinary collaboration, community needs, disease/injury prevention, and community and patient education.

Textbook(s)

All course materials are included in the course at no additional fee.

- Nies, M. A., & McEwan, M. (2019). *Community/public health nursing: Promoting the health of populations*. Saunders

Additional Course Information

Students will review the presentations in each of the four units and complete an assessment of the content. Students cannot move to the next unit until they successfully pass the previous unit assessment with an 80% or higher to ensure they grasp concepts. Students may contact the instructor if they are struggling with specific ideas.

Course Learning Objectives:

- Define determinants of health.
- Recognize the role of community paramedics in addressing community-based needs.
- Describe health promotion strategies.
- Identify components commonly found in a patient's plan of care.

- Discuss the importance of interprofessional disciplinary collaboration for proper patient care.
- Relate ethical and legal considerations of care.
- Recognize the factors that affect the monitoring and management of the chronic disease patient.
- Apply knowledge of the principles of care.

A certificate of completion with the number of CEUs awarded will be issued upon completing the course. The course must be paid for in full before the student can receive a certificate of completion.

Enrollment Details (as of 2023)

- Tuition: \$325
- Course Credits: 9.0 CEUs

Certification

The CP-C Examination

Community Paramedicine is an emerging healthcare delivery model that increases access to essential services by utilizing specially trained emergency medical service (EMS) providers in an expanded role. Community Paramedics care for patients at home or in other non-urgent settings outside of a hospital under the supervision of a physician or advanced practice provider. Community Paramedics can expand the reach of primary care and public health services by using EMS personnel to perform patient assessments.

Over the past decade, local healthcare gaps around the US and internationally have been filled through Community Paramedic programs that use EMS personnel to fill gaps in the healthcare system, particularly in round-the-clock management of non-acute illnesses, mental health issues, and chronic care follow-up needs. The Community Paramedic is ideally suited to

provide better care through non-emergency interaction with community patients, integration, coordination with various needed services, and improved patient navigation. Community Paramedic services will help reduce unnecessary trips to the emergency department, reduce readmission to the hospital, improve the patient's quality of life, and decrease overall healthcare costs.

Community Paramedic Exam Candidates

The expectation for the CP-C exam candidate is competency in mobile integrated healthcare and expanded EMS services in rural and urban settings, including various healthcare, mental health, housing, and social service needs. This examination is not meant to test entry-level knowledge but to validate the competency of paramedics providing services beyond traditional emergency care and transport roles.

CP-C Eligibility

To obtain certification, the candidate must hold an unrestricted license or certificate to practice as an EMT, paramedic, or other nursing or community health worker with appropriate education and training as defined by local regulations.

Community Paramedic Certification Renewal Information

The purpose of the recertification program is to support the continuous competence and professional development of IBSC certificates. The Certified Community Paramedic (CP-C) recertification cycle is every four (4) years. During the four years, continuing education and position duties that exemplify continued growth in safety-related education in the critical care transport industry must be demonstrated.

Recertification can be achieved in one of two ways:

1. Successfully retake the written certification examination

2. Complete the required recertification hours

Culturally Competent Nursing Care: A Cornerstone of Caring

The US Department of Health and Human Services provides cultural and linguistic awareness training for various care providers, a cornerstone of this program. While they offer a course for emergency and disaster response (which all firefighters should take), there is no program for community paramedicine. There is, however, a version for nursing staff that is appropriate for this program.

Culturally Competent Nursing Care: A Cornerstone of Caring is a free e-learning program from the HHS Office of Minority Health. It is accredited for up to 9 continuing education credits, at no cost.

This e-learning program helps deliver culturally and linguistically competent care. Cultural and linguistic competency is the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations. Cultural and linguistic competency can help improve the quality of the care delivered to patients from diverse cultural backgrounds. This e-learning program is grounded in the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*. These *Standards* are intended to advance health equity, improve quality, and help eliminate health disparities. The *National CLAS Standards* provide health professionals with a blueprint for increasing cultural and linguistic competency.

Centers for Disease Control and Prevention (CDC) STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Training

Falls are a significant cause of ED visits and readmissions. The CDC STEADI Program is an online fall prevention program developed to proactively assess, screen, and mitigate fall

hazards for older adults. It educates CP responders to evaluate patients who have fallen or are at risk of falling to ensure steps are taken to reduce the potential for future issues.

Fall history, comorbidities such as osteoporosis management, gait, strength, balance, medication assessment, orthostatic hypotension management, visual acuity assessment, referrals to evidence-based fall prevention programs, physical therapy, occupational therapy, podiatrists, and eye care professions are discussed.

Appendix A: JFD Community Paramedicine Policy/Procedure

Note: All Region 7 Standard Medical orders (SMO) must be followed in an emergency.

CP Policy 1: Care Process: (Medical)

1. Patient selection
 - a. Patients must live within the Zip Codes 60432, 60433, 60435, and 60436.
 - b. Patients should have one or more of the following.
 - Frequent all-cause ED utilization.
 - Frequent admission for a chronic condition.
 - Frequent 911 utilization.
 - Documented barriers to care participation (financial, transportation, education).
 - High risk for readmission on discharge.
 - c. The Hospital Case Manager (CM)/Assigned CP should speak with all patients about CP before referring them to the program.
2. Submitting a referral
 - a. CMs can submit patient referrals via email to CPP@joliet.gov
 - b. The referral should include.
 - Patient's name
 - DOB
 - Address & phone number
 - Primary Care Provider (PCP)
 - Problem list/goals
3. Scheduling a visit
 - a. JFD personnel will receive referrals and confirm with submitting CM via email.
 - b. JFD will attempt to arrange the first visit within 72 hours of receiving the referral.
 - c. JFD will make three attempts to contact the patient.
 - If unable to contact or the patient refuses CP, the referral will be closed through the same email chain.
 - d. If patient contact is successful, and the patient agrees to CP;
 - The first visit will be scheduled in coordination with the referring CM.
4. CP Visits
 - a. Week 1 – Program Introduction & Assessment
 - During the visit
 - Consents
 - Patient assessment – health, home, knowledge, needs, barriers to care.
 - Safety assessment – Home safety survey, personal safety, suicide screening, food insecurity
 - Medication reconciliation – knowledge of meds, availability/affordability, compliance
 - Ask if the medications are helping the person or meeting their needs.
 - Ask the patient what their goals are.
 - After the visit

- Develop a safety plan.
 - Coordinate with PCP
 - Develop goals for the CP program.
 - 3 short-term & 2 long-term
- b. Week 2 – Present Patient Plan/ Education
- Provide a safety plan for the patient.
 - If not done on the first visit, provide resources and education to address safety issues.
 - Present CP plan, incorporating patient goals.
 - Provide strategies for overcoming identified barriers.
 - Provide disease/condition-specific education
 - Medication reconciliation – if not done on the first visit
- c. Week 3 – Work toward achieving short-term goals.
- Reassess for care plan participation.
 - Assess the effectiveness of education.
 - Work to remove identified barriers to care.
 - Goal-specific work
- d. Week 4 – Reinforcement and Resiliency
- Continue goal-specific work.
 - Reinforce the care plan.
 - Provide strategies for independence/self-advocacy.
- e. Visit 5- Follow up.
- It may occur up to 2 weeks after visit 4
 - Reinforce independence.
 - Reinforce care plan participation.
- f. Visit 6 – Graduation
- It may occur two weeks after visit 5
 - Patients who have met their short-term goals and are working earnestly toward their long-term goals are graduated from the program at this visit.

Policy 2: Care Process (Mental Health)

1. Patient selection

- a. Patients must live within the Zip Codes 60432, 60433, 60435, and 60436.
- b. Patients **MUST** have a diagnosed psychiatric condition **AND** one or more of the following;
 - Frequent all cause ED utilization
 - Frequent psychiatric admission
 - Frequent 911 utilization
 - Documented barriers to care participation (financial, transportation, education)
 - High risk for readmission on discharge
- b. The Hospital Case Manager (CM)/Assigned CP should speak with all patients about CP before referring them to the program.

2. Submitting a referral

- a. RNs can submit patient referrals via email to CPP@joliet.gov
- b. The referral should include;
 - Patient's name
 - DOB
 - Address & phone number
 - PCP & Clinician
 - **Psych Dx/problem list/goals**

3. Scheduling a visit

- a. JFD personnel will receive referrals and confirm with the submitting RN via email.
- b. JFD will attempt to arrange the first visit within 72 hours of receiving the referral.
- c. JFD will make three attempts to contact the patient
 - If unable to contact or the patient refuses CP, the referral will be closed through the same email chain.
- d. If patient contact is successful, and the patient agrees to CP;
 - The first visit will be scheduled

4. CP Visits

- a. Week 1 – Program Introduction & Assessment
 - i. During the visit
 - Consents
 - Patient assessment – health, home, knowledge, needs, barriers to care
 - Safety assessment – Home safety survey, personal safety, suicide screening, food insecurity

- Medication reconciliation – knowledge of meds, availability/affordability, compliance
- Ask if the medications are helping the person or meeting their needs
- Ask the patient what their goals are
- ii. After the visit
 - Develop a safety plan
 - Coordinate with PCP/Psychiatrist/Thriveworks
 - JFD to coordinate with PCP
 - RN to coordinate with Psychiatrist/Thriveworks
 - RN & CP to collaborate if PCP manages psych dx.
 - Develop goals for the CP - MH program
 - 3 short-term & 2 long term
- b. Week 2 – Present Patient Plan/ Education
 - Provide a safety plan for the patient
 - If not done on the first visit, provide resources and education to address safety issues.
 - Present CP plan, incorporating patient goals
 - Provide strategies for overcoming identified barriers
 - Provide disease/condition-specific education
 - Medication reconciliation – if not done on the first visit
- c. Week 3 – Work toward achieving short-term goals
 - Reassess for care plan participation
 - Assess the effectiveness of education
 - Work to remove identified barriers to care
 - Goal specific work
- d. Week 4 – Reinforcement and Resiliency
 - Continue goal-specific work
 - Reinforce the care plan
 - Provide strategies for independence/self-advocacy
- e. Visit 5- Follow up
 - Reinforce independence
 - Reinforce care plan participation
- f. Visit 6 – Follow up and transition to bi-weekly check-in
- g. Visits 7 & 8
 - Reassess patient participation and progress toward goals
- h. Visit 9 – Graduation
 - Patients who have met their short-term goals and are working earnestly toward their long-term goals are graduated from the program at this visit.

Policy 3: Medical Visit 1

Week 1 – Program Introduction & Assessment

During the Week 1 visit, the CP will perform the following activities:

- During the visit
 - Consents
 - Patient assessment – health, home, knowledge, needs, barriers to care.
 - Safety assessment – Home safety survey, personal safety, suicide screening, food insecurity
 - Medication reconciliation – knowledge of meds, availability/affordability, compliance
 - Ask if the medications are helping the person or meeting their needs.
 - Ask the patient what their goals are.
- After the visit
 - Develop a safety plan.
 - Coordinate with PCP
 - Develop goals for the CP program.
 - 3 short-term & 2 long-term
- Documentation

Policy 4: Medical Visit 2**Week 2 – Present Patient Plan and Education**

During the Week 2 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Provide a safety plan for the patient.
 - If not done on the first visit, provide resources and education to address safety issues.
- Present CP plan, incorporating patient goals.
 - Provide strategies for overcoming identified barriers.
- Provide disease/condition-specific education.
 - Medication reconciliation – if not done on the first visit
- Documentation

Policy 5: Medical Visit 3**Week 3 – Work Toward Short-Term Goals**

During the Week 3 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Reassess for care plan participation.
- Assess the effectiveness of education.
- Work to remove identified barriers to care.
- Goal-specific work
- Documentation

Policy 6: Medical Visit 4**Week 4– Reinforcement and Resiliency**

During the Week 4 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Continue goal-specific work.
- Reinforce the care plan.
- Provide strategies for independence/self-advocacy.
- Documentation

Policy 7: Medical Visit 5**Week 5 – Follow-up may occur up to 2 weeks after Visit 4**

During the Week 5 visit, the CP will perform the following activities:

- Reinforce independence.
- Reinforce care plan participation.
- Documentation
- It may occur up to 2 weeks after visit 4

Policy 8: Medical Visit 6**Week 6 – Graduation**

During the Week 6 visit, the CP will perform the following activities:

- It may occur two weeks after Visit 5
- Patients who have met their short-term goals and are working earnestly toward their long-term goals graduate from the program at this visit.
- Documentation

Policy 9: Behavioral Visit 1

Week 1 – Program Introduction and Assessment

During the Week 1 visit, the CP will perform the following activities:

- During the visit
 - Consents
 - Patient assessment – health, home, knowledge, needs, barriers to care.
 - Safety assessment – Home safety survey, personal safety, suicide screening, food insecurity
 - Medication reconciliation – knowledge of meds, availability/affordability, compliance
 - Ask if the medications are helping the person or meeting their needs.
 - Ask the patient what their goals are.
- After the visit
 - Develop a safety plan.
 - Coordinate with PCP/Psychiatrist/Thriveworks
 - Develop goals for the CP program.
 - 3 short-term & 2 long-term
- Documentation

Policy 10: Behavioral Visit 2

Week 2 – Program Introduction and Assessment

During the Week 1 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Provide a safety plan for the patient.
 - If not done on the first visit, provide resources and education to address safety issues.
- Present CP plan, incorporating patient goals.
 - Provide strategies for overcoming identified barriers.
- Provide disease/condition-specific education.
 - Medication reconciliation – if not done on the first visit
- Documentation

Policy 11: Behavioral Visit 3**Week 3 – Work Toward Short-Term Goals**

During the Week 3 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Reassess for care plan participation.
- Assess the effectiveness of education.
- Work to remove identified barriers to care.
- Goal-specific work
- Documentation

Policy 12: Behavioral Visit 4**Week 4– Reinforcement and Resiliency**

During the Week 4 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Continue goal-specific work.
- Reinforce the care plan.
- Provide strategies for independence and advocacy
- Documentation

Policy 13: Behavioral Visit 5**Week 5 – Follow-Up**

During the Week 5 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Reinforce independence.
- Reinforce care plan participation.
- Documentation

Policy 14: Behavioral Visit 6**Week 6 – Follow-Up and Transition to Bi-Weekly Check-In**

During the Week 6 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Patients who have met their short-term goals and are working earnestly toward their long-term goals graduate from the program at this visit.
- Documentation

Policy 15: Behavioral Visits 7 and 8**Week 7 and 8 – Follow-Up**

During the Week 7 and 8 visits, the CP will perform the following activities:

- Patient assessment/focused assessment
- Reassess patient participation and progress toward goals
- Documentation

Policy 16: Behavioral Visit 9**Week 9 – Graduation**

During the Week 9 visit, the CP will perform the following activities:

- Patient assessment/focused assessment
- Patients who have met their short-term goals and are working earnestly toward their long-term goals graduate from the program at this visit.
- Documentation

Policy 17: Disenrollment Visits

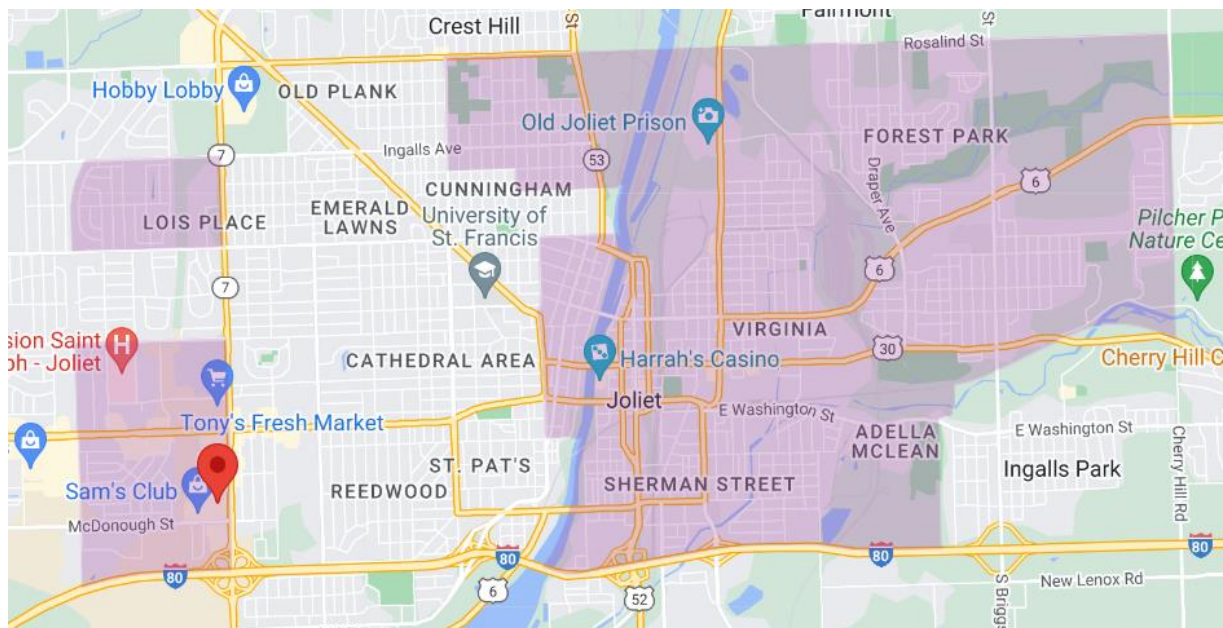
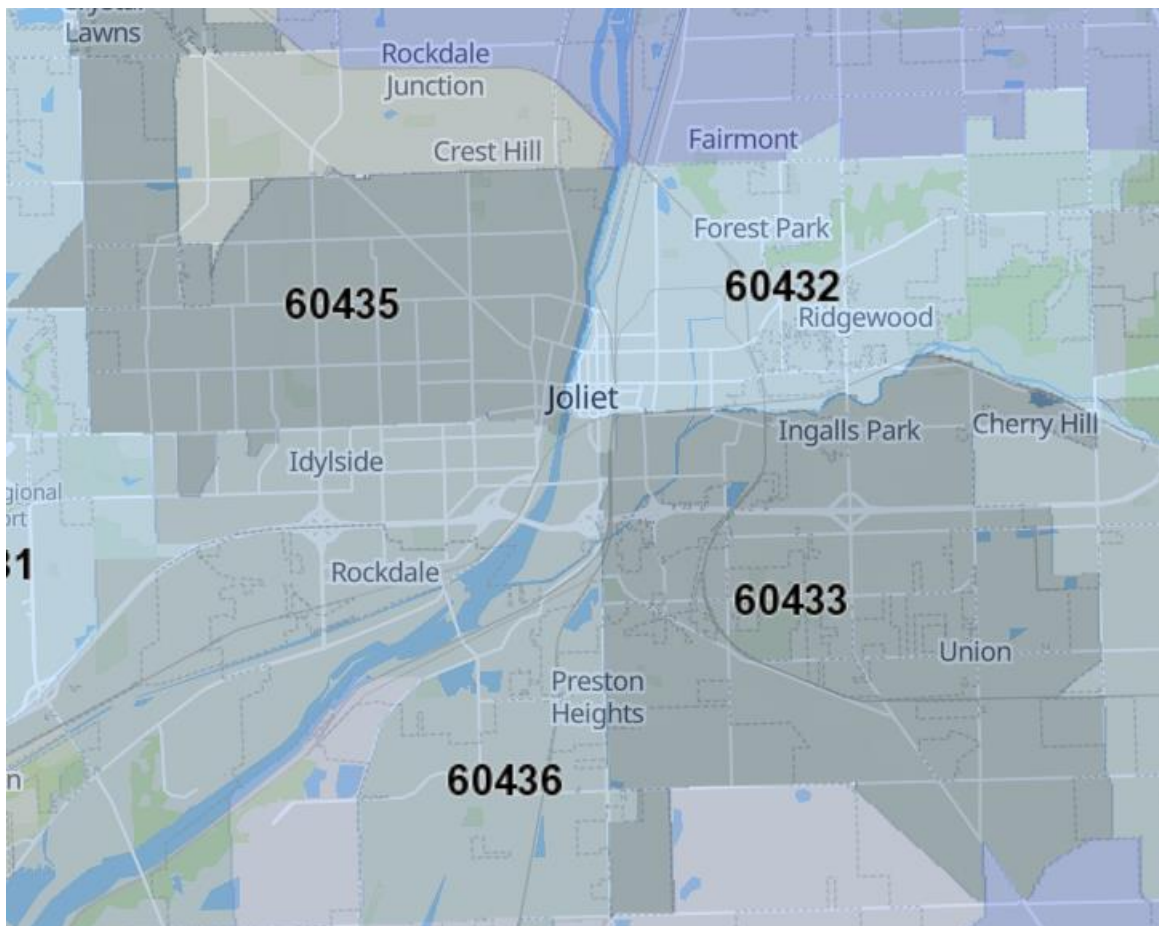
If a patient is non-compliant with stated program goals and objectives, the CP may perform a disenrollment visit. During this visit, the CP will discuss the issues with the patient to find a potential solution. If no resolution is reached, the patient will receive a disenrollment form.

Reasons for disenrollment

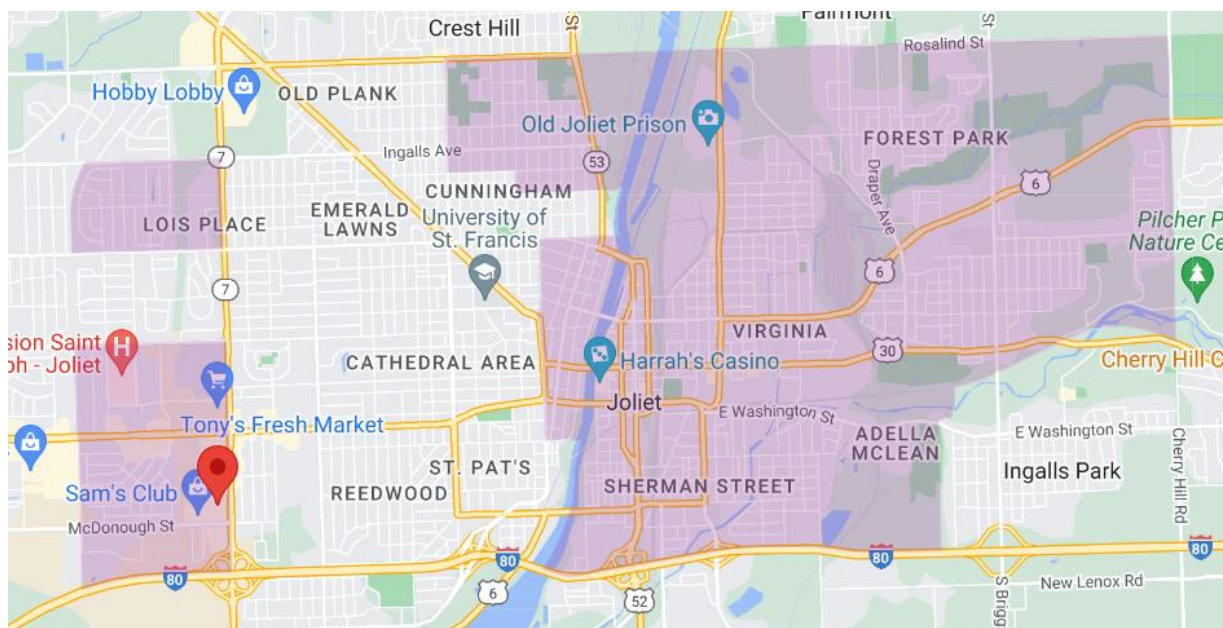
- Non-compliant with the care program
- Miss two appointments in a row without cause
- The patient is belligerent or harassing

Appendix A: Qualified Census Tract/Zip Codes

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Qualified Census Tracts, Joliet & Potential Community Partners



- Tract 8812.01: Population 2,095
 - Forest Park Community Center
 - JFD Station 4
- Tract 8812.02: Population 2,460
- 8813.02
 - Our Lady of Mt. Carmel
 - St. Joseph's Church
- 8814.01
 - St. Joe's Park
- 8816.03
 - Hufford Jr. High
- Tract 8819: Population 3,725
 - St. Mary Nativity
 - St. John the Baptist
- Tract 8820: Population 3,445
 - Christ Temple Apostolic Church
 - JFD Station 1
 - Joliet Central High School
- Tract 8821: Population 2,596
 - Bethlehem Lutheran Church
- Full Gospel Community Fellowship Church
- JFD Station 4
- 8813.01
 - Holy Hills Deliverance Church
 - Iglesia Cristo es la Roca
 - JFD Station 1
- Tract 8822: Population 3,934
 - St. Bernard's Catholic Church
- Tract 8824: Population 3,392
 - Apostolic House of God
- Tract 8825: Population 2,246
 - Sacred Health Catholic Church
- Tract 8826.02: Population 2,842
 - Joliet Fire Station 6
 - St. Jude's Catholic Church
- Tract 8828.02: Population 3,018
 - Northern Illinois Food Bank
 - Redeem Enrichment Ministries

- Tract 8812.01: Population 2,095
- Tract 8812.02: Population 2,460
- Tract 8813.01: Population 3,040
- Tract 8813.02: Population 1,307
- Tract 8814.01: Population 3,418
- Tract 8816.03: Population 3,301
- Tract 8819: Population 3,725
- Tract 8820: Population 3,445
- Tract 8821: Population 2,596
- Tract 8822: Population 3,934
- Tract 8824: Population 3,392
- Tract 8825: Population 2,246
- Tract 8828.02: Population 3,018

Search for address or place...

Vulnerability	
Tract 8812, Will County, IL	
Overall Vulnerability	0.81
Socioeconomic Status	0.88
Minority Status & Language	0.86
Household & Transportation	0.83
Epidemiological Factors	0.30
Healthcare System Factors	0.99
High Risk Environments	0.10
Population Density	0.48
Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

Share your findings: [e](#) [t](#) [f](#) [in](#)

For more information, contact Surgo's COVID-19 team at covid19@surgoventures.org

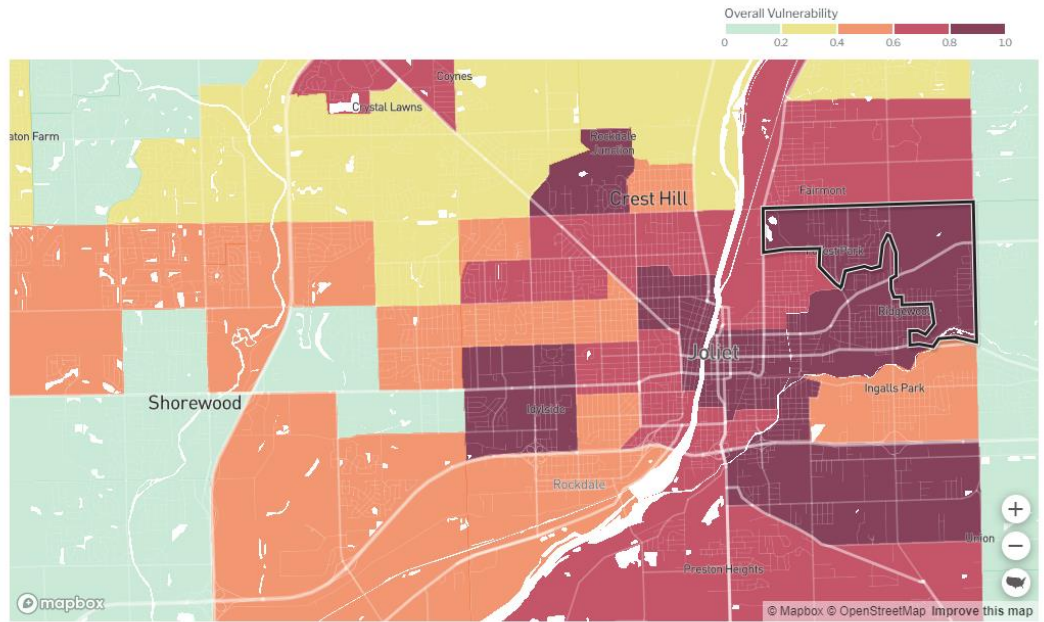
Designed & Developed by Darkhorse Analytics

Overall Vulnerability

The COVID-19 Community Vulnerability Index (CCVI), developed by Surgo Ventures, assesses how well any community in the United States could respond to the health, economic and social consequences of COVID-19 without appropriate response and additional support. It overlays indicators of social vulnerability, such as socioeconomic status or language barriers, with indicators of vulnerability unique to the COVID-19 pandemic, such as access to healthcare and comorbidities among the population. The sub-themes allow you to explore these underlying drivers of vulnerability.

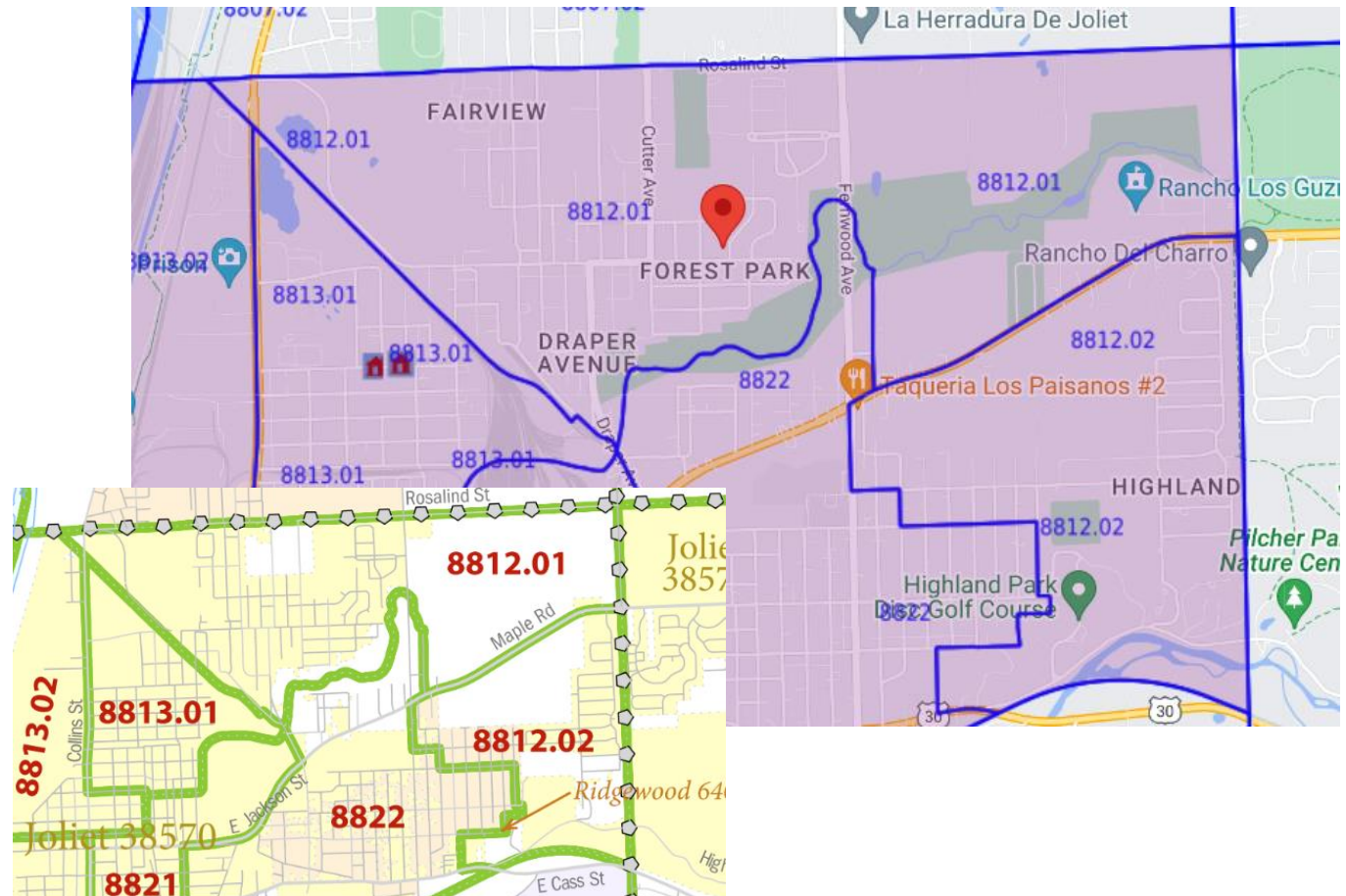
GRANULARITY: States Counties **Tracts**

FOCUS ON: Illinois Will County



ONLY SHOW REGIONS WITH

Tract 8812, Will County, IL



Search for address or place...

Vulnerability

Tract 8813.01, Will County, IL



- Race +
- Elevated Health Risk (EHR) Individuals +
- COVID-19 Stats +
- Test Sites and Mobility +
- Critical Risk Workers +

Share your findings: [e](#) [t](#) [f](#) [in](#)

For more information, contact Surgo's COVID-19 team at covid19@surgoventures.org

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Overall Vulnerability

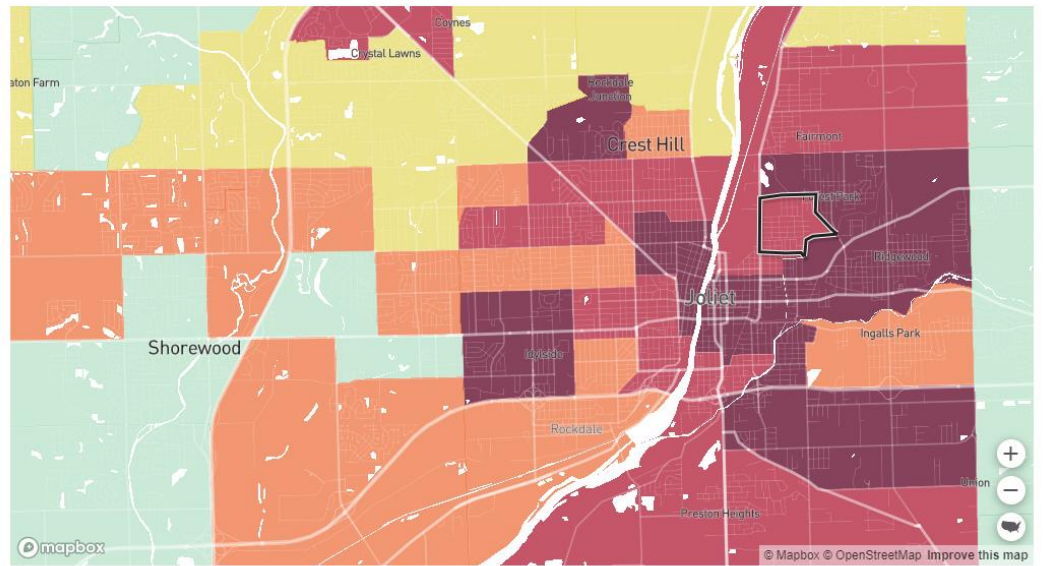
The COVID-19 Community Vulnerability Index (CCVI), developed by Surgo Ventures, assesses how well any community in the United States could respond to the health, economic and social consequences of COVID-19 without appropriate response and additional support. It overlays indicators of social vulnerability, such as socioeconomic status or language barriers, with indicators of vulnerability unique to the COVID-19 pandemic, such as access to healthcare and comorbidities among the population. The sub-themes allow you to explore these underlying drivers of vulnerability.

GRANULARITY

- States
- Counties
- Tracts**

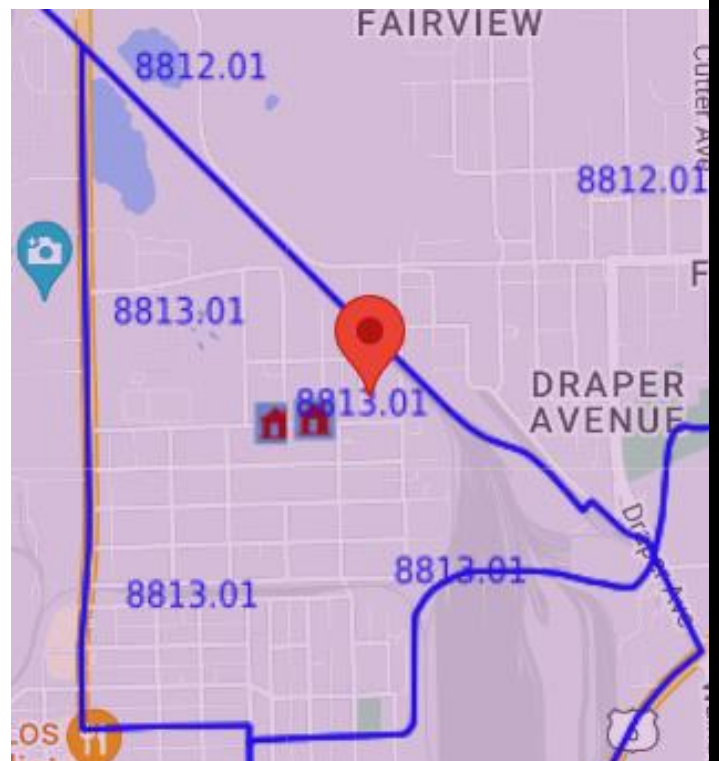
FOCUS ON

- Illinois
- Will County



ONLY SHOW REGIONS WITH

Tract 8813.01, Will County, IL



Search for address or place...

Vulnerability

Tract 8813.02, Will County, IL

- Overall Vulnerability** 0.70
- Socioeconomic Status 0.82
- Minority Status & Language 0.98
- Household & Transportation 0.52
- Epidemiological Factors 0.15
- Healthcare System Factors 1.00
- High Risk Environments 0.10
- Population Density 0.51

Race +

Elevated Health Risk (EHR) Individuals +

COVID-19 Stats +

Test Sites and Mobility +

Critical Risk Workers +

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Overall vulnerability

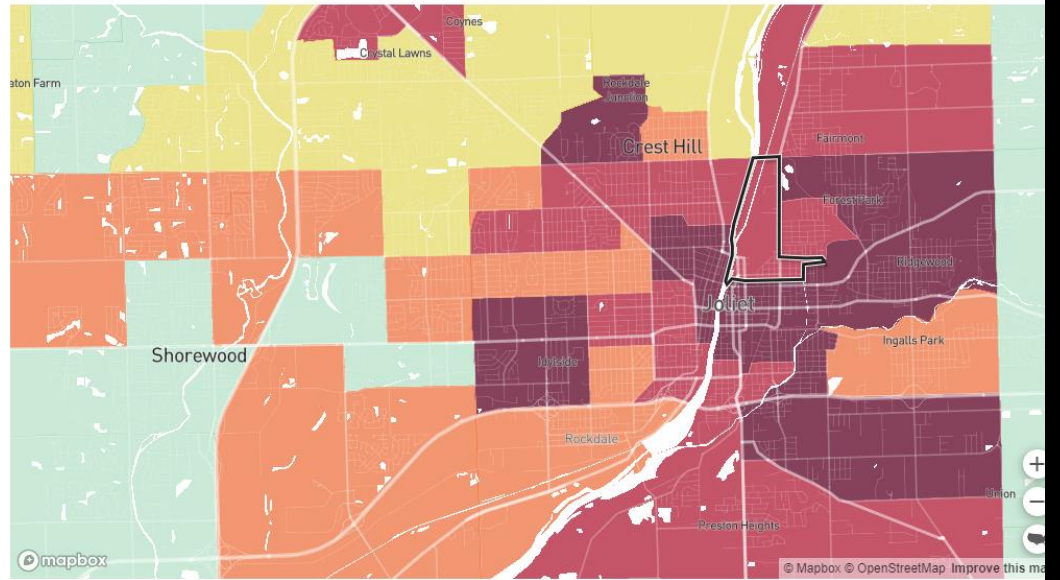
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GRANULARITY

States Counties **Tracts**

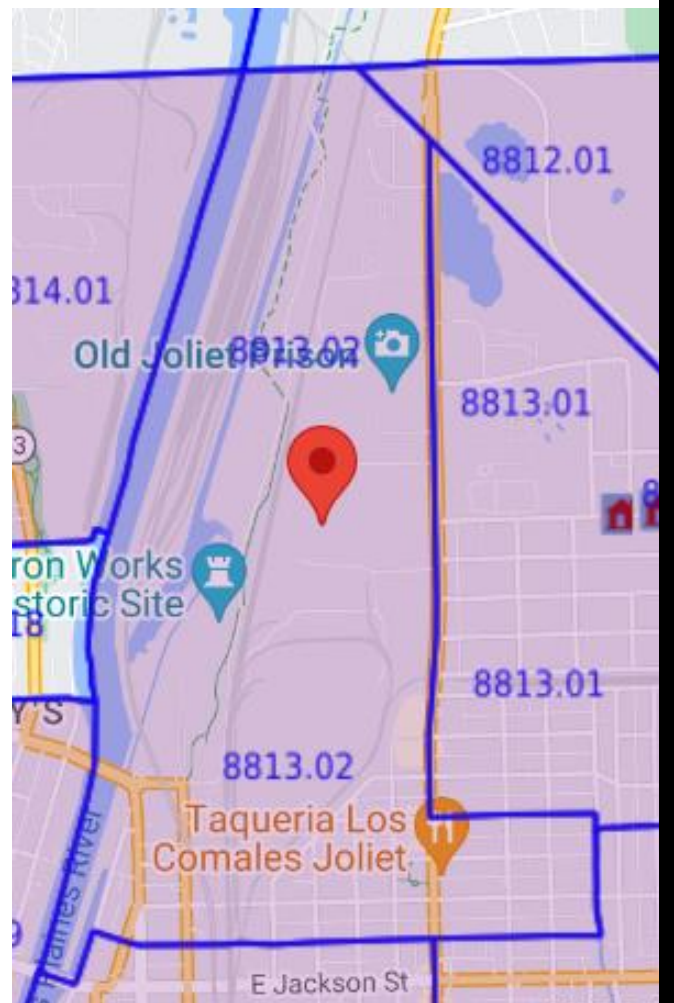
FOCUS ON

Illinois Will County



ONLY SHOW REGIONS WITH

Tract 8813.02, Will County, IL



Search for address or place...

Vulnerability	
Tract 8818, Will County, IL	
Overall Vulnerability	0.86
Socioeconomic Status	0.87
Minority Status & Language	0.86
Household & Transportation	0.83
Epidemiological Factors	0.13
Healthcare System Factors	0.99
High Risk Environments	0.10
Population Density	0.86
Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

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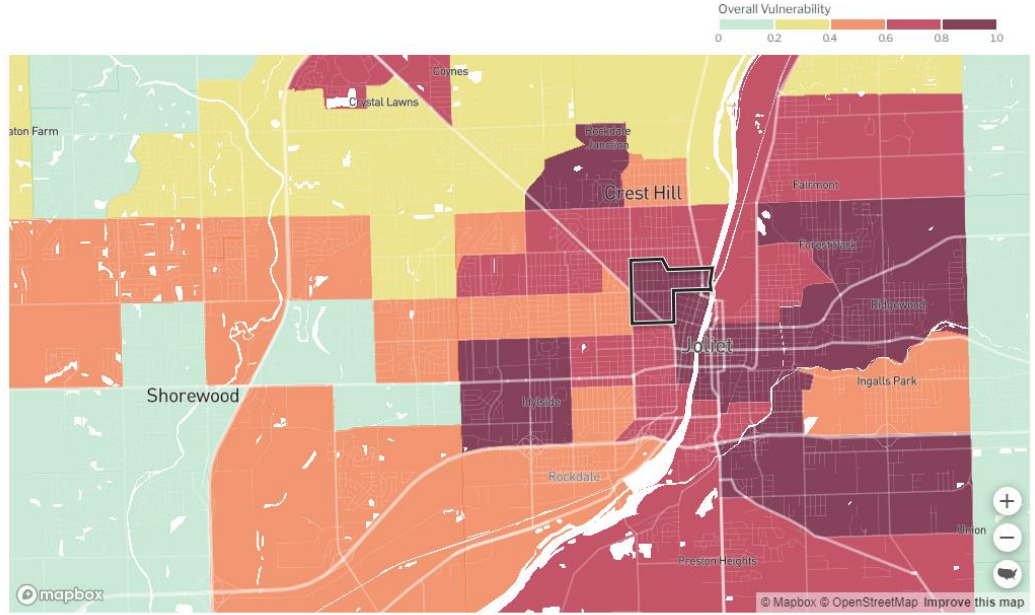
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Overall Vulnerability

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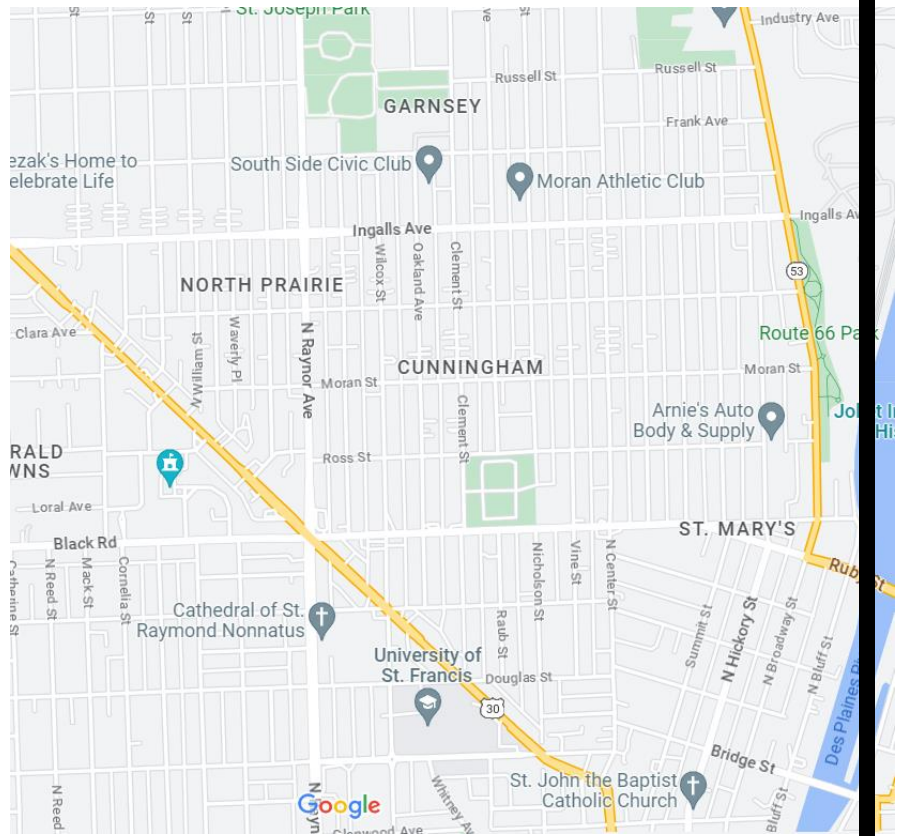
GRANULARITY: States Counties Tracts

FOCUS ON:



ONLY SHOW REGIONS WITH

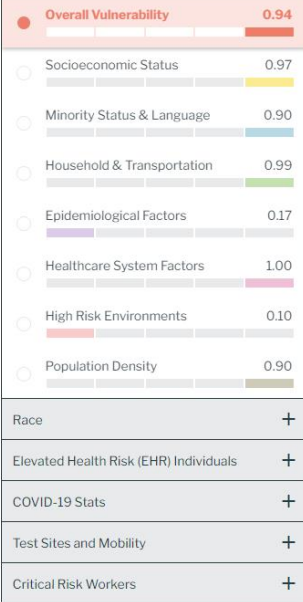
Tract 8818, Will County, IL



Search for address or place...

Vulnerability

Tract 8819, Will County, IL



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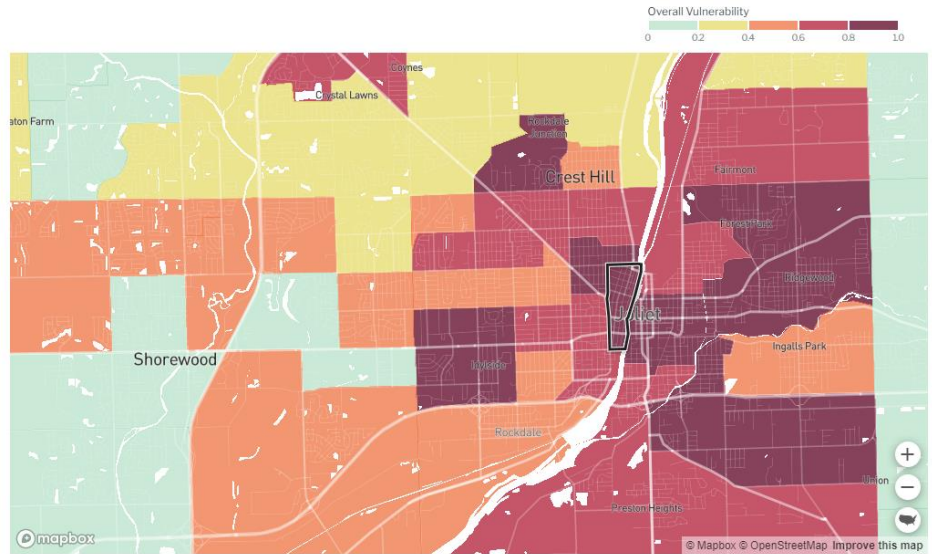
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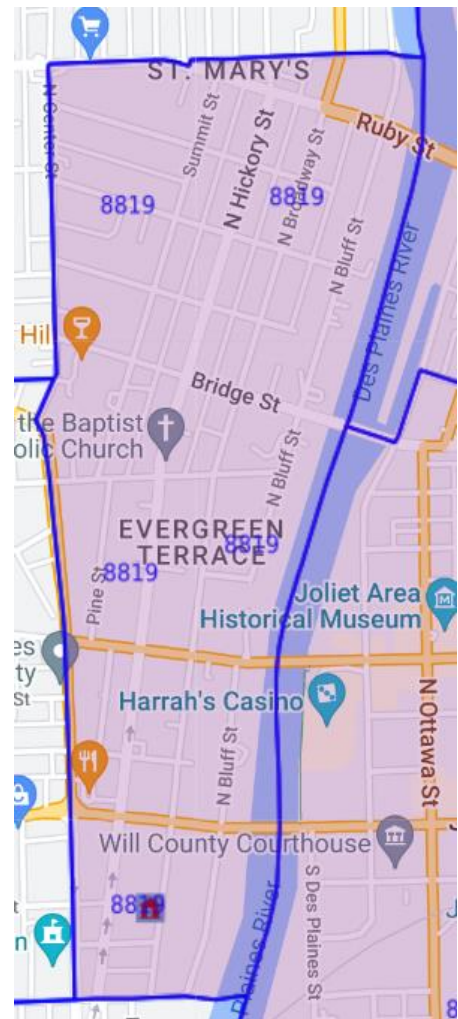
GRANULARITY

States Counties **Tracts** Illinois Will County



ONLY SHOW REGIONS WITH

Tract 8819, Will County, IL



Search for address or place...

Vulnerability

Tract 8820, Will County, IL

Overall Vulnerability	0.91
Socioeconomic Status	0.94
Minority Status & Language	0.91
Household & Transportation	0.97
Epidemiological Factors	0.23
Healthcare System Factors	1.00
High Risk Environments	0.10
Population Density	0.74
Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

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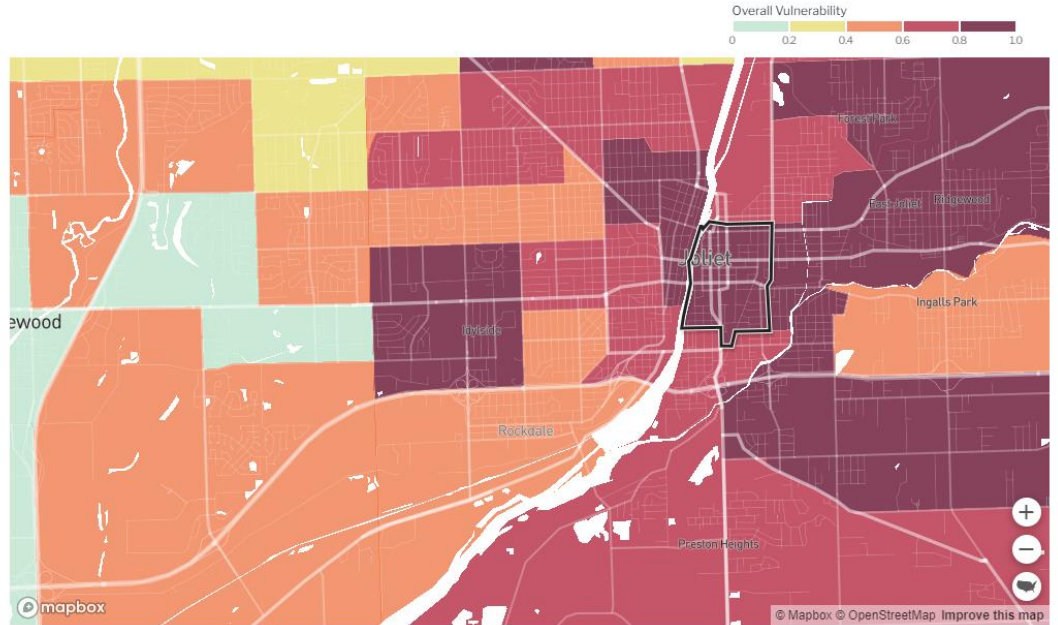
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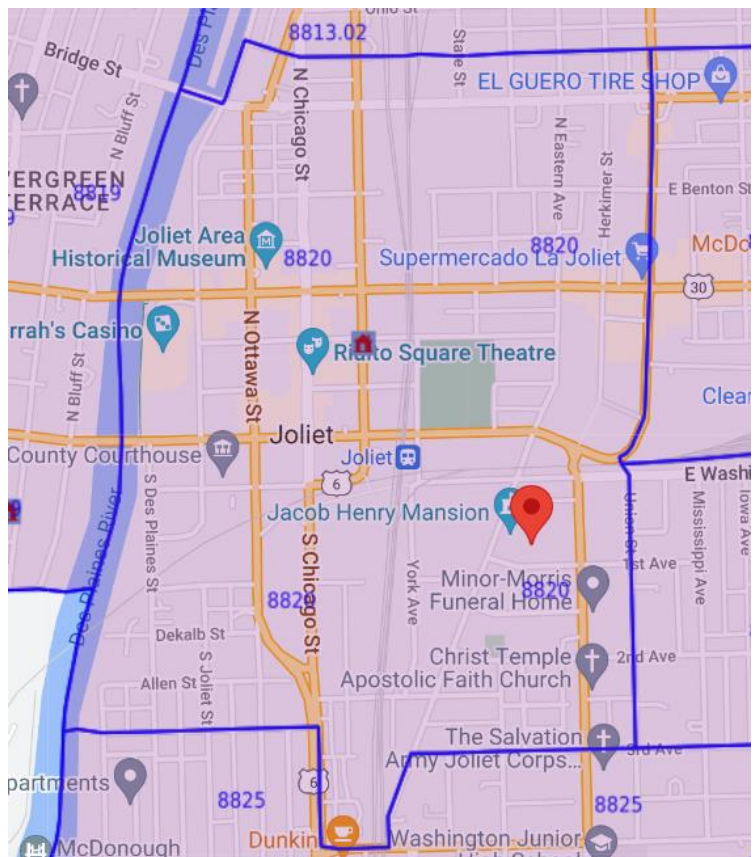
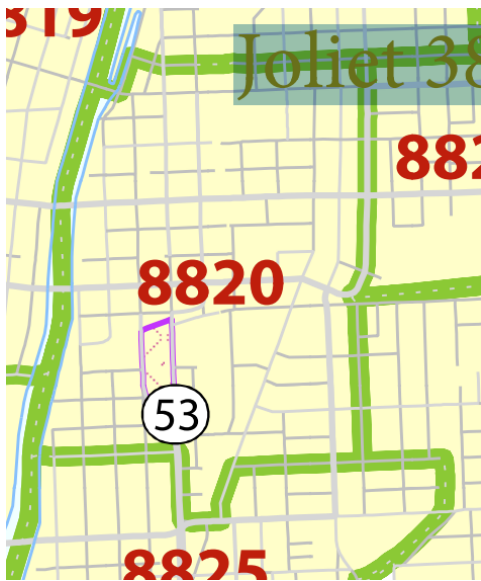
GRANULARITY

States Counties **Tracts** Illinois Will County



ONLY SHOW REGIONS WITH

Tract 8820, Will County, IL



Search for address or place...

Vulnerability

Tract 8821, Will County, IL

Overall Vulnerability	0.90
Socioeconomic Status	0.97
Minority Status & Language	0.99
Household & Transportation	0.84
Epidemiological Factors	0.19
Healthcare System Factors	1.00
High Risk Environments	0.10
Population Density	0.74
Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

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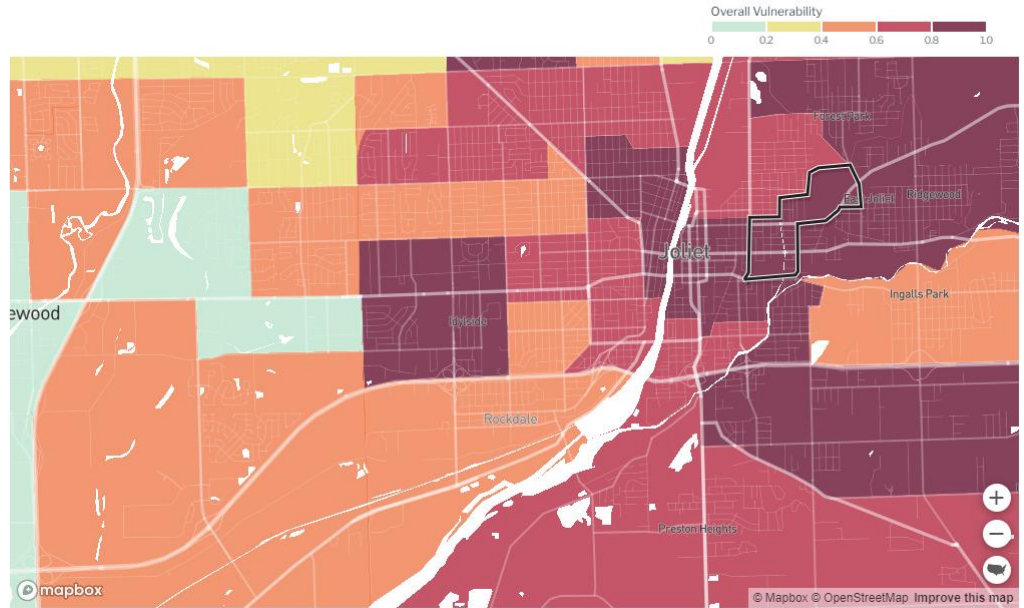
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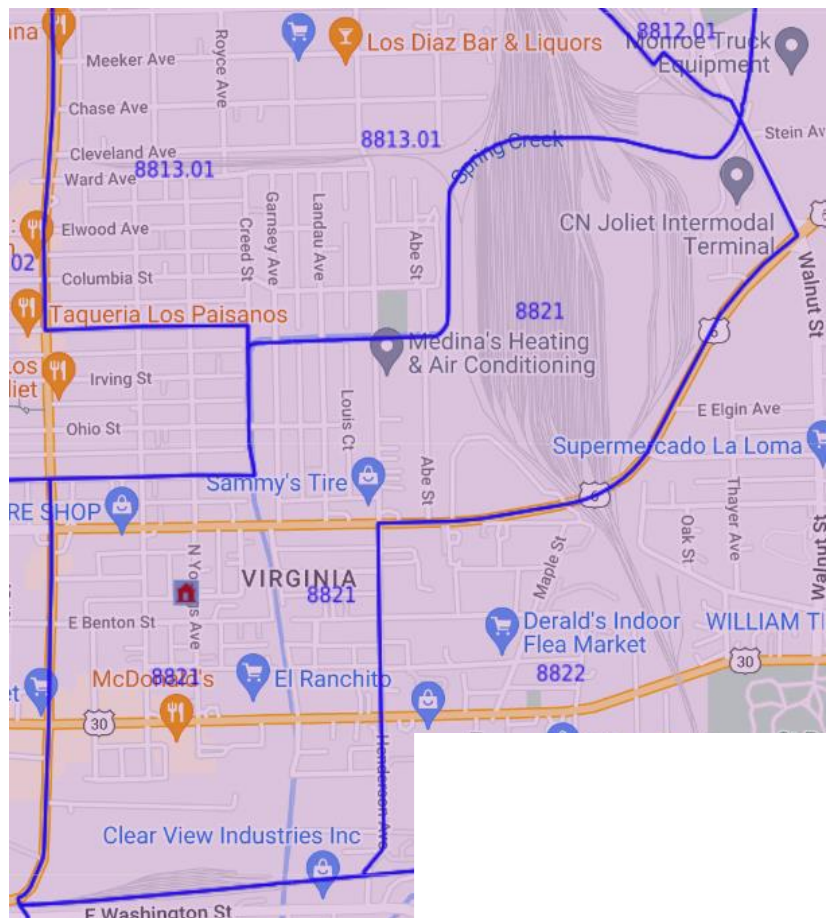
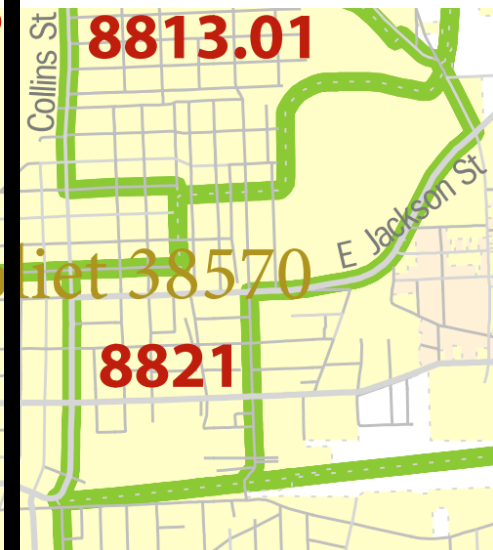
GRANULARITY

States Counties **Tracts** FOCUS ON Illinois Will County



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Tract 8821, Will County, IL



Search for address or place...

Vulnerability

Tract 8822, Will County, IL

Overall Vulnerability	0.93
Socioeconomic Status	0.86
Minority Status & Language	0.92
Household & Transportation	0.78
Epidemiological Factors	0.18
Healthcare System Factors	0.99
High Risk Environments	0.65
Population Density	0.58
Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

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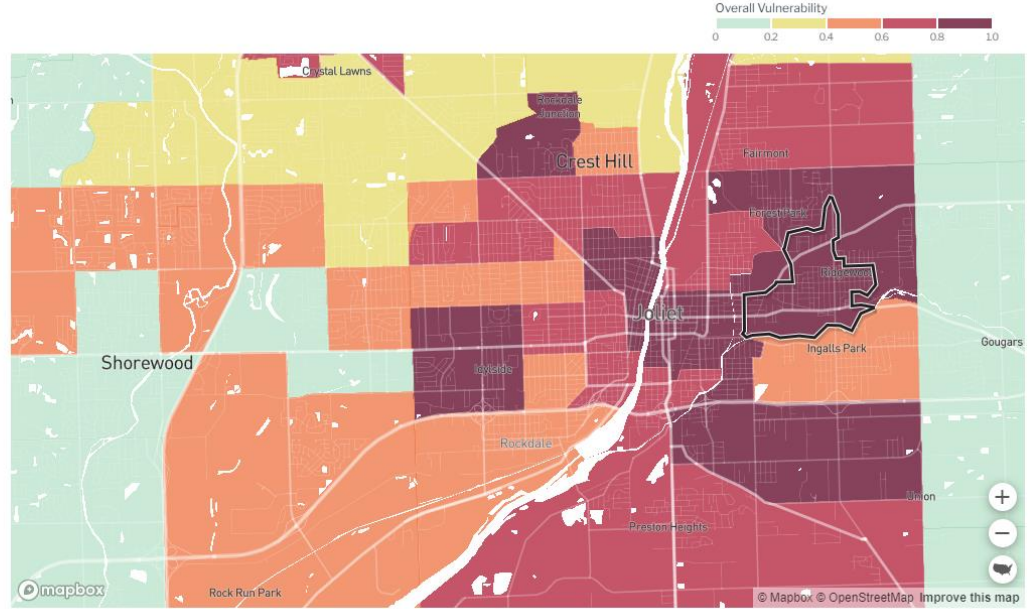
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Overall Vulnerability

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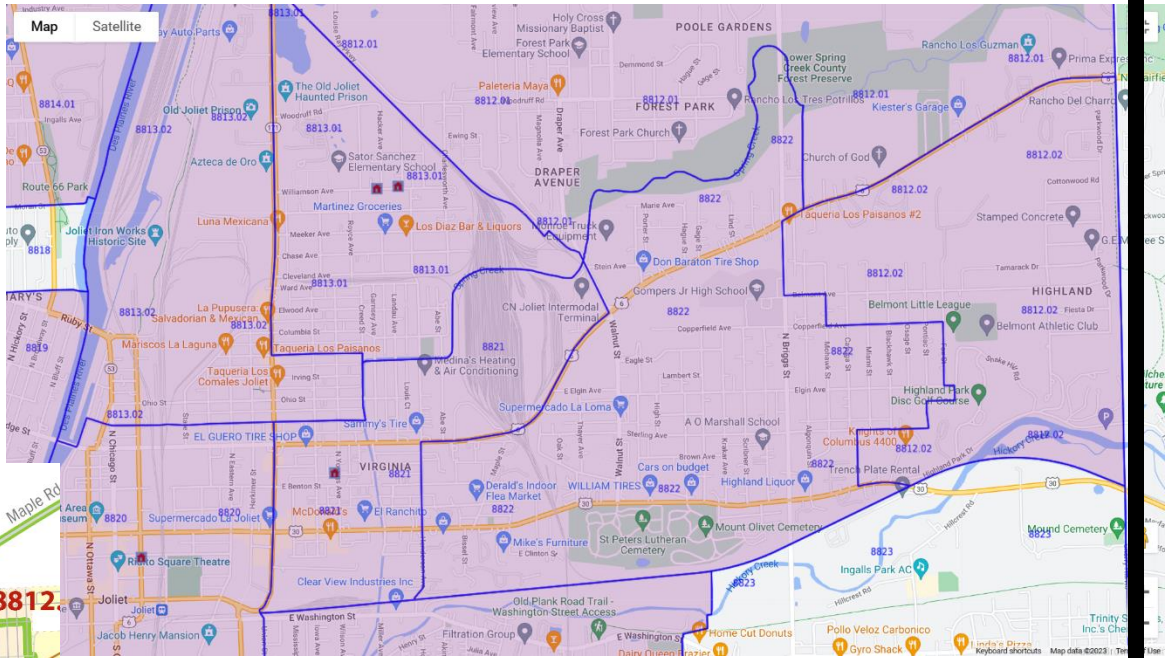
GRANULARITY

States: Counties: **Tracts** | Focus on: Illinois | Will County



ONLY SHOW REGIONS WITH

Tract 8822, Will County, IL



Search for address or place...

Vulnerability

Tract 8824, Will County, IL

Overall Vulnerability 0.92

- Socioeconomic Status 0.96
- Minority Status & Language 0.94
- Household & Transportation 0.83
- Epidemiological Factors 0.25
- Healthcare System Factors 0.99
- High Risk Environments 0.10
- Population Density 0.84

Race +

Elevated Health Risk (EHR) Individuals +

COVID-19 Stats +

Test Sites and Mobility +

Critical Risk Workers +

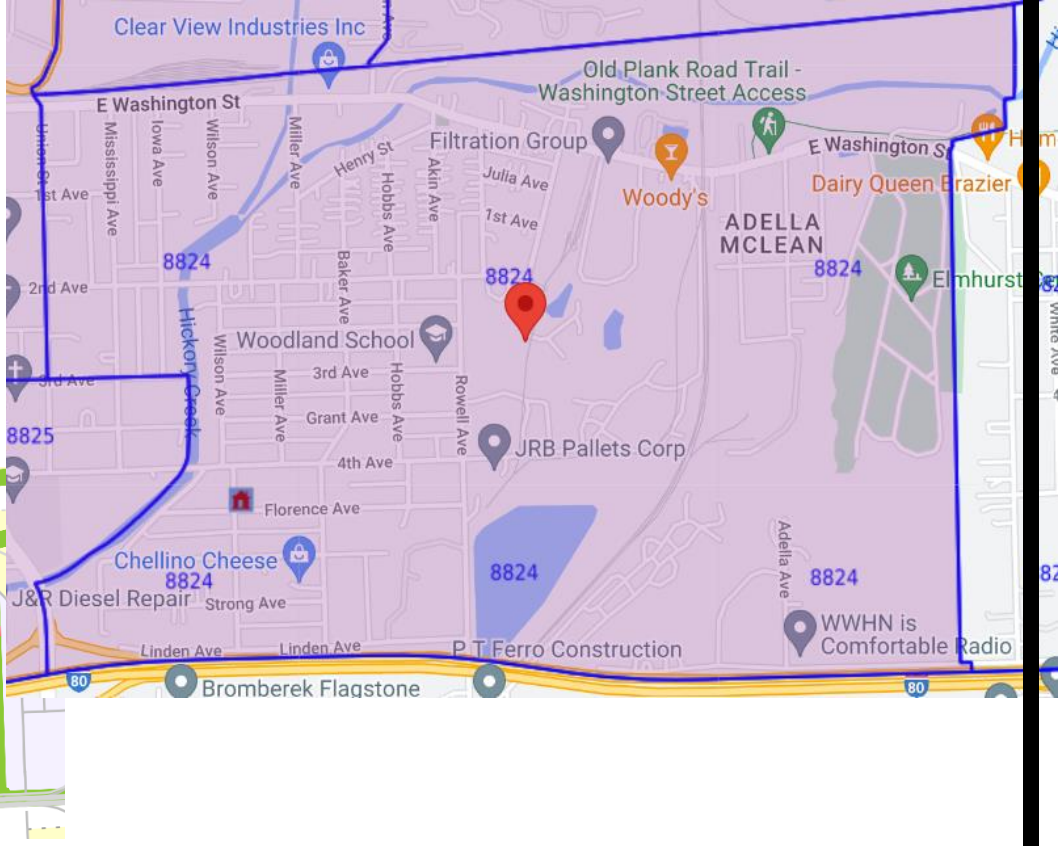
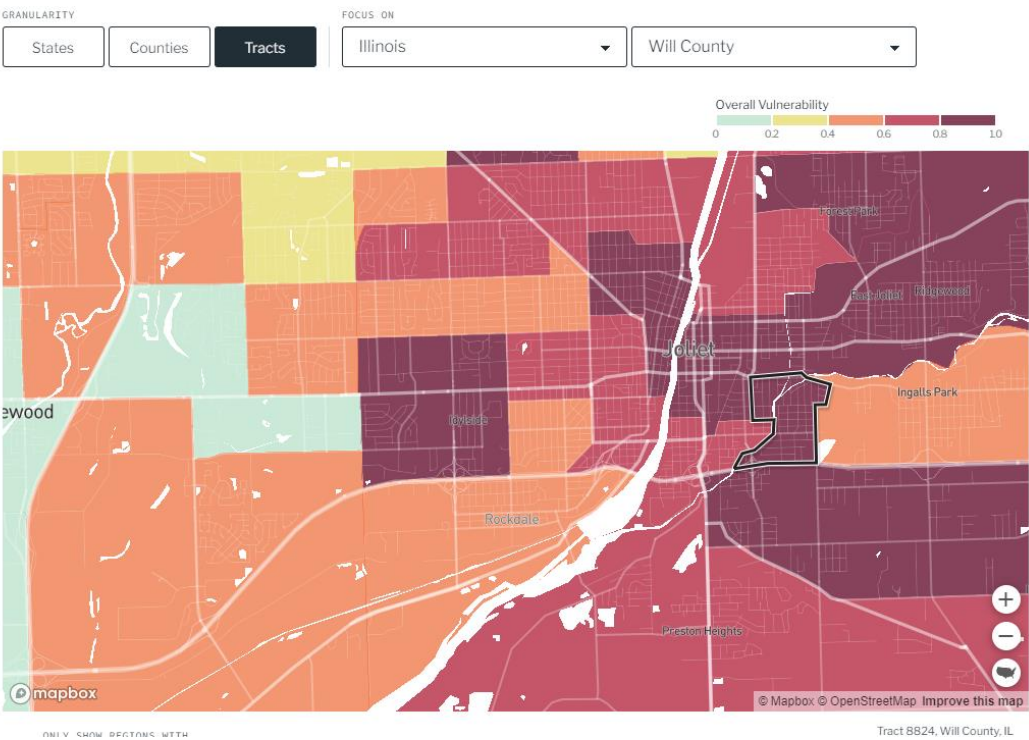
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Search for address or place...

Vulnerability

Tract 8828.01, Will County, IL

<input checked="" type="radio"/> Overall Vulnerability	0.95
<input type="radio"/> Socioeconomic Status	0.55
<input type="radio"/> Minority Status & Language	0.81
<input type="radio"/> Household & Transportation	0.73
<input type="radio"/> Epidemiological Factors	0.69
<input type="radio"/> Healthcare System Factors	0.95
<input type="radio"/> High Risk Environments	0.66
<input type="radio"/> Population Density	0.69

Race	+
Elevated Health Risk (EHR) Individuals	+
COVID-19 Stats	+
Test Sites and Mobility	+
Critical Risk Workers	+

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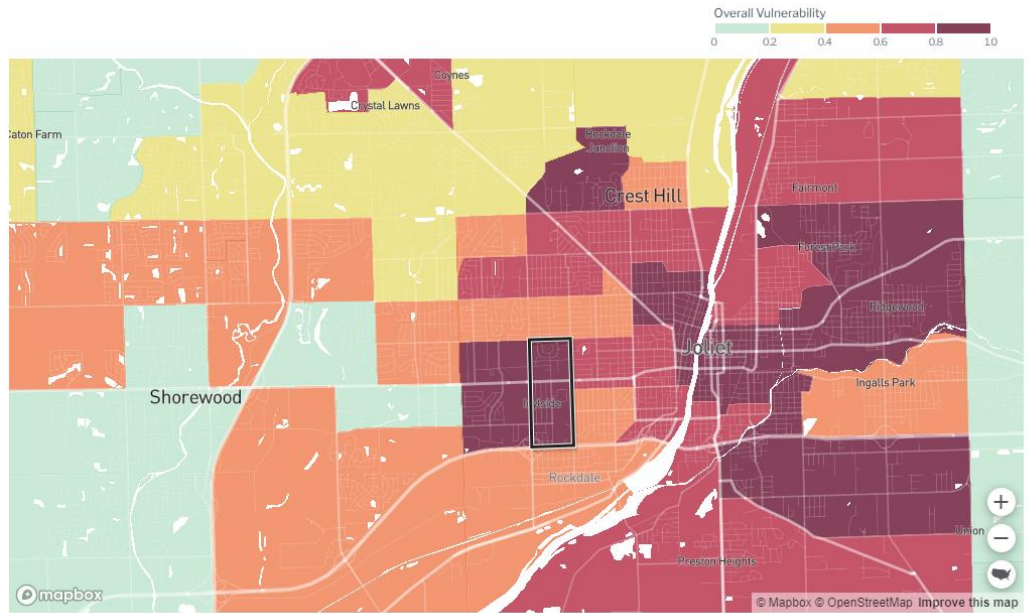
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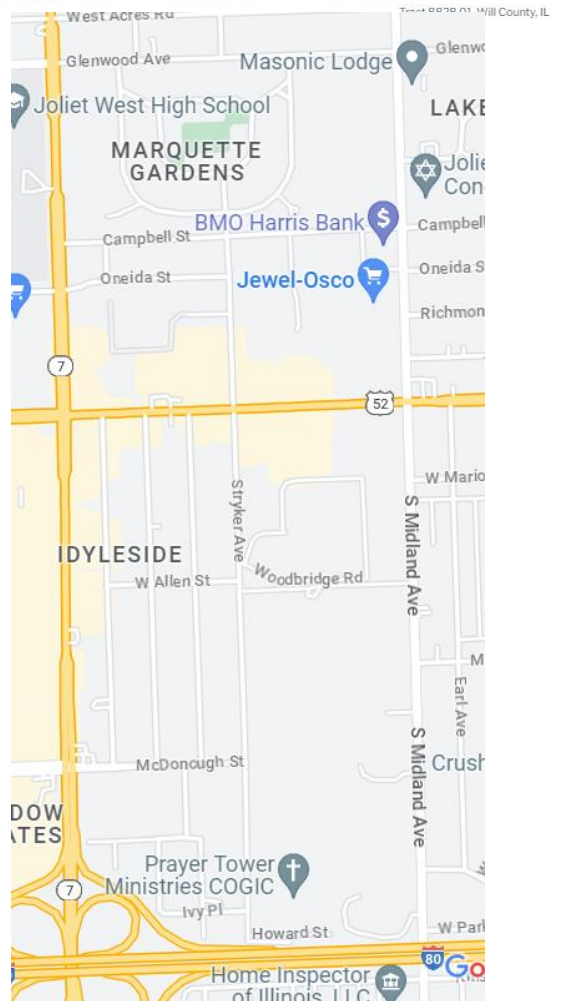
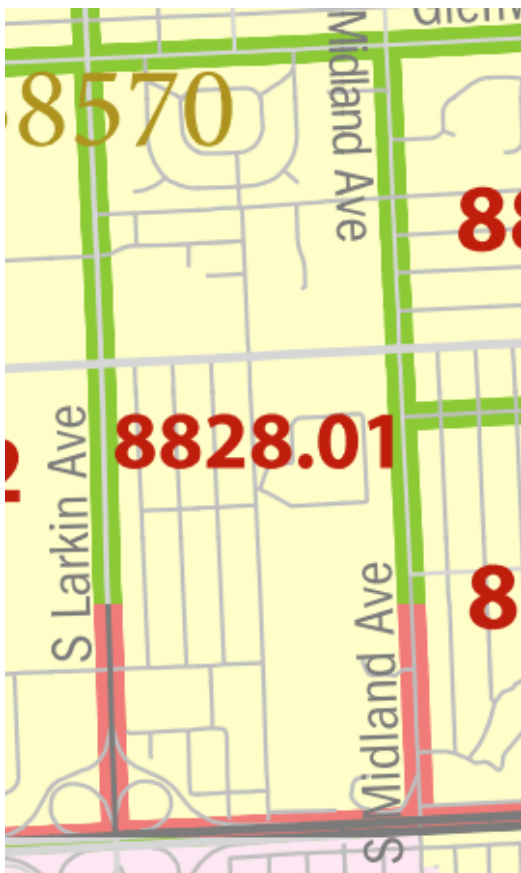
GRANULARITY

FOCUS ON

States: Counties: **Tracts** Illinois: Will County:



ONLY SHOW REGIONS WITH



Search for address or place...

Vulnerability

Tract 8828.02, Will County, IL

Overall Vulnerability	0.99
Socioeconomic Status	0.94
Minority Status & Language	0.82
Household & Transportation	0.68
Epidemiological Factors	0.71
Healthcare System Factors	0.98
High Risk Environments	0.69
Population Density	0.60

- Race +
- Elevated Health Risk (EHR) Individuals +
- COVID-19 Stats +
- Test Sites and Mobility +
- Critical Risk Workers +

Share your findings: [e](#) [t](#) [f](#) [in](#)

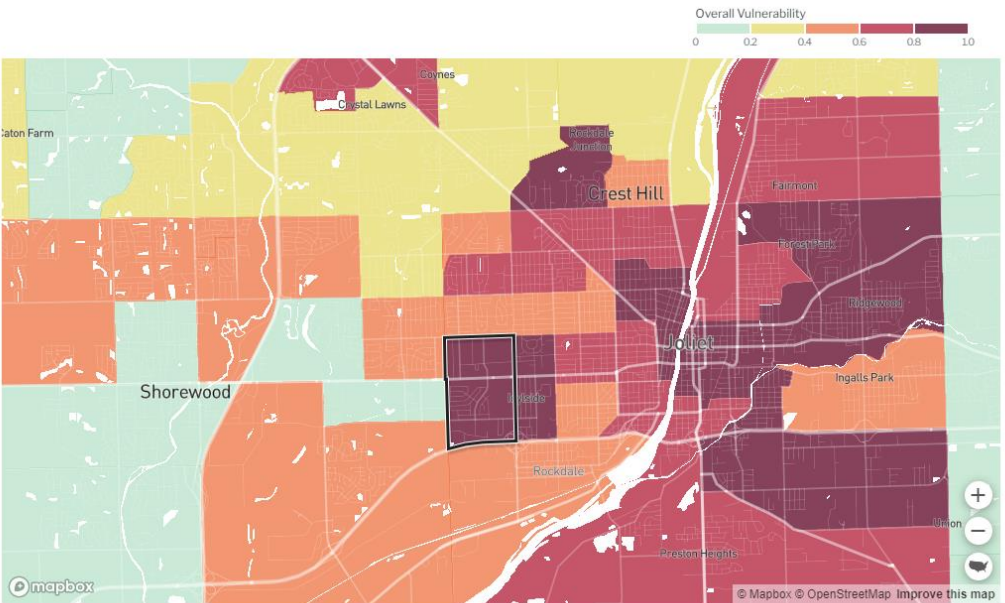
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Overall vulnerability

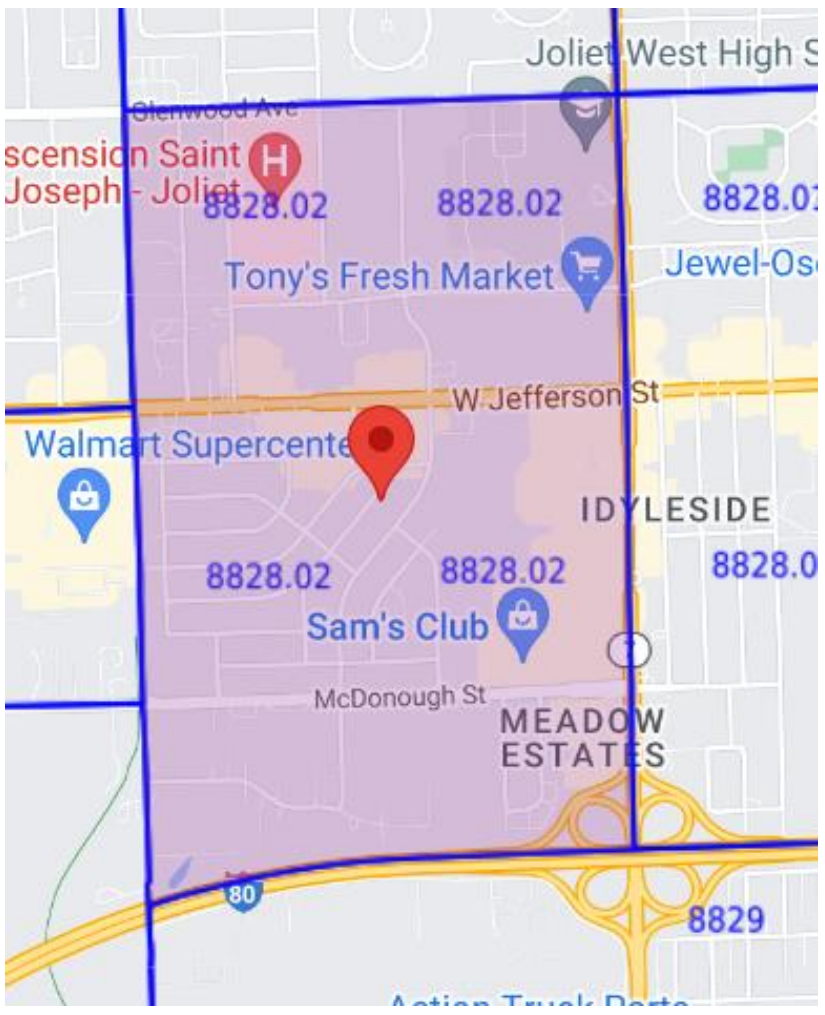
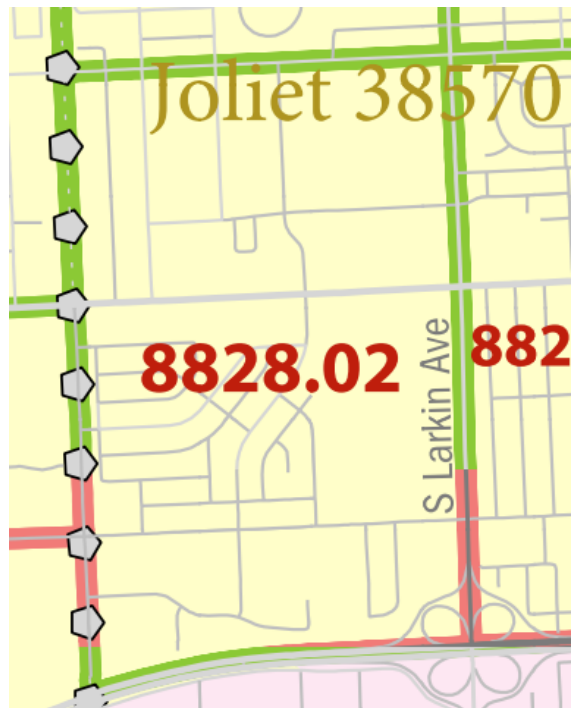
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GRANULARITY: States Counties **Tracts** FOCUS ON: Illinois Will County



ONLY SHOW REGIONS WITH

Tract 8828.02, Will County, IL



Appendix C: Letter, Application, Interview

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Community Paramedicine Team Application Request

The JFD is starting a new special team, the Community Paramedicine Team. This new grant-funded team is focused on bridging the gap between primary medical and mental healthcare providers and patients by performing home visits to evaluate patients and outreach activities to assess and educate community members.

In Phase 1, this team will focus on care for people in Qualified Census Tracts (i.e., low-income, services, transportation, and other marginalized areas). These Tracts are in Zip Codes 60432, 60433, 60435, and 60436. It includes home visits to the most disadvantaged regions of Joliet and community centers in the neediest communities.

Membership on the team requires a substantial commitment of time, energy, and a passion for helping community members. Members will be expected to achieve Board Certification as Community Paramedic, complete cultural and linguistic awareness training, work at least two 4-hour shifts per month, and participate in training as scheduled by the EMS Chief and CP Coordinator.

Interested members must be licensed paramedics for two years and submit their name to the Deputy Fire Chief by 4 PM on 11/10/2023. Those who apply will be interviewed on shift by a team assigned by the Fire Chief.

Community Paramedicine Interview Questions

Thank you for volunteering for the Community Paramedicine Team. This team is different than the other special teams in the fire department. It requires a substantial commitment of time, energy, and a passion for helping community members.

In Phase 1, this team will focus on care for people in Qualified Census Tracts (i.e., low-income, services, transportation, and other marginalized communities). These Tracts are in Zip Codes 60432, 60433, 60435, and 60436. It includes home visits to the most disadvantaged areas of Joliet.

Questions for interview:

What drew you to apply for this team?

What is your view of community paramedicine? What do you think a CP does?

Are you willing to complete the required training, including CP Board Certification and cultural competency training courses? The course is approximately 40 hours over 10 weeks of online training, and the cultural competency training is approximately 4 hours.

Do you have any special skills or expertise that make you a good candidate for this position (e.g., language skills, cultural competency, other medical skills, experience)?

Do you understand the time commitment to this group? Are you willing to put forth two 4-hour shifts per month?

Do you understand the continuing training requirements? Do you agree to be present at these sessions?

Appendix D: Intake Enrollment Form

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Joliet Fire Department Community Paramedicine Post-Discharge Enrollment Form

To be completed by PCP or designee.

Medical: _____ **Behavioral:** _____

Patient Name: _____

Address: _____

DOB: _____

Phone: _____

Email: _____

Date: _____

PCP: _____

Medical Director: _____

Diagnosis: _____

Special Instructions: _____

Routine visit data without unexpected findings will be forwarded to the practitioner's office. Significant changes in patient status may need to be relayed to the primary care provider immediately. The primary care provider agrees to receive the information and intervene if necessary. Changes in the patient's medications or care plan will be communicated directly to the patients and their authorized caregivers. **The EMS provider will not be authorized to take medical orders from the primary care provider.**

Please attach the following documents

- Hospital Discharge Summary/Plan
- Discharge Medication List
- Other: Authorized Caregiver, POA, DNR, and other relevant documents.

Appendix E: Home Safety Inspection

Link to the online form:

<https://forms.gle/G5pUWH125XpaUtLm9>

Section 1 of 10

Community Paramedicine Home Safety Inspection

CP: Please complete the home assessment survey.

Patient Name

Short answer text

Address

Long answer text

Appendix F: Patient Waiver

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WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of the voluntary performance of a Residence Safety Assessment of my home located at _____, I, on behalf of myself, hereby waive any claim or cause of action of any nature that I have, or in the future may have, against any and all individual or organizational participants in the Residence Safety Assessment including but not limited to the

_____ EMS provider and its officers, agents, or employees, which claim or cause of action grow from or results following the said Residence Safety Assessment. I further hereby agree to release and hold harmless any and all organizational and individual participants, including the aforesaid EMS provider in the Residence Safety Assessment, from and against any damages to persons or property growing out of or resulting from a Residence Safety Assessment.

I acknowledge having read, understood and agreed to the above waiver and release.

Patient (print name)	Signature	Date
----------------------	-----------	------

POA (Legal Power of Attorney) (print name)	Signature	Date
--	-----------	------

Witness (print name)	Signature
----------------------	-----------

Appendix G: Primary Care Provider Agreement

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Primary Care Provider Collaborative Agreement

JFD Community Paramedicine

This form is to be completed by primary care providers who anticipate enrolling patients in the CP Program provided by participating Emergency Medical Services (EMS) providers in their area. Participation is voluntary for primary care providers, patients, and EMS providers. This model is designed to assist primary care providers with assessing patients with specific care plans who cannot receive traditional home healthcare services. This model is not intended to replace traditional home healthcare services.

Patients participating in the program may be referred by their local EMS agency based on EMS call patterns or by their outpatient primary care provider or inpatient hospital and primary care provider.

Enrolled primary care providers agree to develop an outpatient care plan, communicate what assessment tool(s) will be utilized, and agree to receive information regarding their participating patients.

Once enrolled, a primary care provider may refer patients to the program. The primary care provider agrees to act within this collaborative agreement with the EMS Medical Director, who oversees the care delivered by EMS providers. The primary care provider will be able to receive the patient assessment data and make recommendations to the patient directly if appropriate. These recommendations may include care plan adjustments or recommendations to be re-evaluated.

The EMS providers will function using a pre-approved algorithm selected for the patient. Routine visit data without unexpected findings will be forwarded to the primary care provider's office. Significant changes in patient status may need to be relayed to the primary care provider immediately; the primary care provider agrees to receive the information and intervene if necessary. Changes in the patient's medications or care plan would be communicated directly to the patient or their authorized caregiver. The EMS provider will not be authorized to take medical orders from the primary care provider. The EMS provider functions using an approved algorithm.

If the EMS provider performing the patient assessment feels an emergency, the EMS provider will begin treatment within their scope of practice and resources available, activate EMS/911, and implement emergency care protocols. This care will fall under the EMS Medical Director and will most often result in the patient's transport to the hospital by protocol. Enrolling primary care providers must complete the following:

Name and credentials of primary care provider

Signature of Primary Care Provider:

Office address and phone number:

Hospital Affiliation(s):

Appendix H: Care Guideline: Medical

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Heart Failure Guidelines

CLINICAL INDICATORS:

A resident or patient requires non-emergency services for a heart failure assessment.

Patients may be referred by:

1. Other medical providers (i.e., primary care provider, discharging hospital, home health care, or other referring agency)
2. Patient/resident request
3. EMS impression/assessment indicating that additional non-emergency services/resources may be needed.
4. At-risk referral as requested by a primary care provider.

LIMITATIONS OF ASSESSMENT GUIDELINES:

Any patient for whom an emergency exists should be treated under EMS System protocols.

PROCEDURE:

EMT-B, AEMT, EMT-I, EMT-P, PHRN

1. Introduce yourself to the patient, family and/or caregiver.
2. Identify the nature of the visit and record it in the Patient Assessment Report (why the patient requires assessment).
3. Review the patient's discharge instructions and obtain the primary care provider's name.
4. Assess for chest pain, shortness of breath, peripheral edema, other signs and symptoms, and patient's medication compliance.
5. Assess vital signs, SpO₂, auscultate lung sounds, and perform a 12 Lead EKG if requested and available.
6. Weigh the patient and assess dietary compliance.

7. Review discharge instructions and assess patient compliance within the applicable scope of practice. Answer patient/caregiver questions and provide explanations if necessary. If needed, refer the patient back to the primary care provider.
8. Compare findings with the patient's discharge baseline and/or previous assessment and determine if the patient's shortness of breath or other HF signs and symptoms have worsened.
9. Document findings and communicate to the primary care provider or referring agency.
10. If a patient's condition requires action, contact the approved primary care provider/collaborator and request that the individual give instructions directly to the patient.

Post-Myocardial Infarction Guidelines

CLINICAL INDICATORS:

A resident or patient requires non-emergency services for a post-myocardial infarction assessment. Patients may be referred by:

1. Other medical providers (i.e., primary care provider, discharging hospital, home health care, or other referring agency)
2. Patient/resident request
3. EMS impression/assessment indicating that additional non-emergency services/resources may be needed
4. At-risk referral as requested by primary care provider

LIMITATIONS OF ASSESSMENT GUIDELINES:

Any patient for whom an emergency exists that should be treated under EMS System protocols

PROCEDURE:

EMT-B, AEMT, EMT-I, EMT-P, PHRN *Refer to page 13; Requirements.

1. Introduce yourself to the patient, family and/or caregiver.
2. Identify the nature of the visit and record it in the Patient Assessment Report (why the patient requires assessment).
3. Review the patient's discharge instructions and obtain the primary care provider's name.
4. Assess the patient's medication compliance.
5. Assess vital signs, SpO₂, auscultate lung sounds, and perform a 12 Lead EKG if requested and available.
6. If Percutaneous Coronary Intervention, assess the insertion site for infection or bleeding.

7. Assess dietary and exercise compliance.
8. Assess and review lifestyle changes.
9. Review all follow-up appointments for compliance.
10. Review discharge instructions and assess patient compliance within the applicable scope of practice. Answer patient/caregiver questions and provide explanations if necessary. If needed, refer the patient back to the primary care provider.
11. Compare findings with the patient's discharge baseline and/or previous assessment and determine if symptoms have worsened.
12. Document findings and communicate with the primary care provider or referring agency.
13. If a patient's condition requires action, contact the approved primary care provider/collaborator and request that the individual give instructions directly to the patient.

Diabetes Guidelines

CLINICAL INDICATORS:

A resident or patient requires non-emergency services for a diabetic assessment. Patients may be referred by:

1. Other medical providers (i.e., primary care provider, discharging hospital, home health care, or other referring agency).
2. Patient/resident request
3. EMS impression/assessment indicating that additional non-emergency services/resources may be needed.
4. At-risk referral as requested by the primary care provider.

LIMITATIONS OF ASSESSMENT GUIDELINES:

Any patient for whom an emergency exists that should be treated under EMS System protocols.

PROCEDURE:

EMT-B, AEMT, EMT-I, EMT-P, PHRN *Refer to page 13: Requirements.

1. Introduce yourself to the patient, family, and/or caregiver.
2. Identify the nature of the visit and record it in the Patient Assessment Report (why the patient requires assessment).
3. Review the patient's discharge instructions and obtain the primary care provider's name.
4. Review the patient's logbook of past blood sugar readings. Note blood glucose readings trending below 60mg/dl or above 250 mg/dl. If trending above 250 mg/dl, perform a blood Ketone analysis if available.
5. Obtain current blood glucose levels and document findings.

6. Review the patient's diet and exercise plan.
7. Assess the patient's compliance with medications. Review current insulin dose and additional medications.
8. Assess the patient's circulation and sensory function in extremities and compare to the patient's baseline. If clinically significant changes are noted, consult a primary care provider.
9. Inspect the skin for integrity in high-risk areas. Document skin assessment.
10. Review discharge instructions and assess patient compliance within the applicable scope of practice. Answer patient/caregiver questions and provide explanations if necessary. If needed, refer the patient back to the primary care provider.
11. Compare findings with the patient's discharge baseline and /or previous assessment and determine if symptoms have worsened. If the patient's blood glucose level is below normal and the patient is alert, assist the patient with some food and/or drink. If the patient is not alert, follow the appropriate EMS System Protocol.
12. Document findings and communicate to the primary care provider or referring agency.
13. If a patient's condition requires action, contact the approved primary care provider/collaborator, and request that the individual give instructions directly to the patient.

Pneumonia Guidelines

CLINICAL INDICATORS:

A resident or patient requires non-emergency services for a pneumonia assessment. Patients may be referred by:

1. Other medical providers (i.e., primary care provider, discharging hospital, home health care, or other referring agency)
2. Patient/resident request
3. EMS impression/assessment indicating that additional non-emergency services/resources may be needed.
4. At-risk referral as requested by primary care provider.

LIMITATIONS OF ASSESSMENT GUIDELINES:

Any patient for whom an emergency exists that should be treated under EMS System protocols.

PROCEDURE:

EMT-B, AEMT, EMT-I, EMT-P, PHRN *Refer to page13; Requirements

1. Introduce yourself to the patient, family and/or caregiver.
2. Identify the nature of the visit and record it in the Patient Assessment Report (why the patient requires assessment).
3. Review the patient's discharge instructions and obtain the primary care provider's name.
4. Assess for shortness of breath, wheezing, and other signs and symptoms that may differ from baseline.
5. Assess for patient compliance with medications, antibiotics, and inhalers.

6. Assess vital signs, temperature, and auscultate lung sounds. Review trending of SpO₂, Capnography, and peak flow as available. Document if the patient is in the red, yellow, or green zone for peak flow.
7. Review discharge instructions and assess patient compliance within the applicable scope of practice. Answer patient/caregiver questions and provide explanations if necessary. If needed, refer the patient back to the primary care provider.
8. Compare findings with the patient's discharge baseline and/or previous assessment and determine if symptoms have worsened. If the patient's wheezing has increased, assist the patient with their inhaler or home nebulizer treatment as directed in their discharge instructions and as EMS System Protocols allow.
9. Document findings and communicate to the primary care provider or referring agency.
10. If the patient's condition requires action, contact the approved primary care provider/collaborator, and request that the individual give instructions directly to the patient.

Orthopedic

A resident or patient requires non-emergency services for an orthopedic assessment. Patients may be referred by:

1. Other medical providers (i.e., primary care provider, discharging hospital, home health care, or other referring agency)
2. Patient/resident request
3. EMS impression/assessment indicating that additional non-emergency services/resources may be needed.
4. At-risk referral as requested by primary care provider.

LIMITATIONS OF ASSESSMENT GUIDELINES:

Any patient for whom an emergency exists that should be treated under EMS System protocols.

PROCEDURE:

EMT-B, AEMT, EMT-I, EMT-P, PHRN *Refer to page 13; Requirements

1. Introduce yourself to the patient, family and/or caregivers.
2. Identify the nature of the visit and record it in the Patient Assessment Report (why the patient requires assessment).
3. Review the patient's discharge instructions and obtain the primary care provider's name.
4. Assess vital signs. Assess the extremity for deformities, Skin, Temperature, Color, Circulation, Motor, and Sensation, and evaluate the patient's medication compliance.
5. Perform home safety inspection and verify that patient assistive devices are in good condition and easily accessible.
6. Review discharge instructions and assess patient compliance within the applicable scope of practice. Answer patient/caregiver questions and provide explanations if necessary. If needed, refer the patient back to the primary care provider.

7. Compare findings with the patient's discharge baseline and/or previous assessment and determine if symptoms have worsened.
8. Document findings and communicate to the primary care provider or referring agency.
9. If the patient's condition requires action, contact the approved primary care provider/collaborator, and request that the individual give instructions directly to the patient.
10. Inspect the incision for signs and symptoms of infection. Compare findings with the patient's discharge baseline or previous assessment and determine if symptoms have worsened; contact the primary care provider.

Appendix I: Satisfaction Survey

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Joliet Fire Department Community Paramedicine Satisfaction Survey

SURVEY INSTRUCTIONS: Please answer all questions by filling in the circle to the left of your answer.

1. When you first had your safety home visit from the paramedics, did someone talk with you about how to set up your home so you can move around safely?
 - Yes
 - No

2. When you started having paramedic home visits, did someone talk with you about all the prescription and over-the-counter medicines you were taking?
 - Yes
 - No

3. How often did the paramedics inform you when they would arrive at your home?
 - Never
 - Sometimes
 - Usually
 - Always

4. We want to know your rating of your care from the Mobile Integrated Health Program paramedic providers.

Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, please circle the number you would use to rate your care from the paramedic.

0 1 2 3 4 5 6 7 8 9 10

5. Overall improvement in your well-being because of the Mobile Integrated Health Program. Circle one.

No Improvement
Improved

Slight

Moderate

Greatly

Thank you for completing our Patient Satisfaction survey and mailing it back to Silver Cross in the enclosed postage-paid envelope.

Appendix J: Disenrollment Form

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Joliet Community Paramedicine Program: Disenrollment Form

Patient Name: _____

Patient Address: _____

Patient Phone Number: _____

CP Name: _____

Reasons(s) for Disenrollment:

- Missed Appointments
- Non-compliance with the Plan of Care
- Other (Explain)

Narrative

Patient Comment

CP Signature: _____

Patient Signature: _____

Appendix I: Hospital Roles

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Medical patients diagnosed with diabetes, heart failure, myocardial infarction, pneumonia, and orthopedic surgical procedures (knee replacement, hip replacement) will be offered enrollment in the Joliet Fire Department (JFD) Community Paramedicine Program (CPP) before their discharge.

Behavioral patients diagnosed with diabetes, heart failure, myocardial infarction, pneumonia, and orthopedic surgical procedures (knee replacement, hip replacement) will be offered enrollment in the Joliet Fire Department (JFD) Community Paramedicine Program (CPP) before their discharge.

For this reason, a member of hospital staff must be assigned through mutual agreement to inform the JFD Community Paramedic of admitted patients with those conditions.