



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

DATE: December 30, 2024

MEMORANDUM

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

FROM: Dulce M. Quintero *Dulce Quintero*
Secretary Designate *by Amishaw*
Illinois Department of Human Services

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

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

If you have any questions or comments, please contact Lee Ann Reinert, Deputy Director of Policy, Planning, and Innovation, at Lee.Reinert@illinois.gov or 217-299-3079.

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



DIVISION OF
MENTAL HEALTH



UNIVERSITY OF
ILLINOIS CHICAGO

Jane Addams College
of Social Work

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

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

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Executive Summary

The primary activity for CESSA in Fiscal Year 2025 (FY25) is testing, piloting, and learning from protocol implementation at Public Service Answering Points (PSAPs) across Illinois. In the second quarter of the fiscal year, three “pre-tests” were completed to understand how new protocols for non-lethal/non-criminal mental health crisis calls would be handled at PSAPs more experienced in dispatching traditional first responders (law enforcement, fire, and emergency medical services). Data and results from three initial non-dispatch pre-tests were evaluated and the resulting findings were integrated into recommendations for eleven “pilot” implementations of real-world mental health crisis response decisions. The findings, recommendations, and consequences for project timelines are described in the [“Pre-Tests and Pilots Overview”](#) section below.

This Quarterly Report also details the statewide, regional, and subregional operations supporting CESSA implementation, including the monthly Statewide Advisory Committee and Regional Advisory Committee meetings, and especially those efforts in support of the upcoming pilots. The CESSA Technical Subcommittees also met to support the implementation efforts, for protocol development, training, and data collection and management. Four primary implementation challenges are described – related to communications, intra-system collaboration, timeline, and PSAP technical support – and an appendix document regarding CESSA training plans is included.

Over the three SAC meetings of the quarter, the SAC members finalized a set of priorities for FY25, initially proposed in the September meeting of the SAC. The Behavioral Health Crisis Hub at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research (Crisis Hub) staff organized those priorities into an Action Plan that was discussed at the October in-person SAC meeting and then further detailed at the November meeting. The SAC members were surveyed between meetings for their ability and willingness to contribute to the planned actions. Survey results were presented at the December meeting. While the work of CESSA is constantly shifting, the Action Plan provides a set of broad priorities for the SAC and RACs, the Illinois Department of Human Services Division of Mental Health, and the Crisis Hub. Updates to these actions are included in this quarterly report and will be provided in subsequent reports.

Summary CESSA Meetings

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

Statewide Advisory Committee

The Statewide Advisory Committee (SAC) met three times over the second quarter of FY25. The October 15, 2024, meeting was a hybrid meeting held in person in Glenview, Illinois. In October, SAC members refined the road map for CESSA implementation based on the September discussion about how to define success, which resulted in the formation of a CESSA Action Plan with seven goals. SAC members utilized the October meeting to break into small groups to discuss specific metrics to measure and report on success, as well as to identify barriers to implementation. The Behavioral Health Crisis Hub at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research (Crisis Hub) compiled the suggested metrics, activities, and barriers into associated action items for each of the seven goals in the Action Plan.

In the November meeting, SAC members voted on changes to the PowerPhone/Total Response pilot structure. These changes are further detailed in the ["PowerPhone/Total Response"](#) section of this report. Also in November, the SAC members completed a survey requesting contributions to the action items. Each goal received between six and eight volunteers. Overall, the development of the Action Plan and the strong engagement with the survey demonstrated SAC members' continued dedication to support the evolving work of CESSA implementation. The survey results were presented in the December meeting. In the upcoming quarter, meetings will be arranged with volunteer SAC members to address the actions.

The SAC experienced several membership changes in the second quarter of FY25.

- Brittany Watson accepted her appointment on October 25, 2024. Ms. Watson replaced Pooja Napal, who resigned effective June 30, 2024, in the role of representative of advocacy organizations either led by or consisting primarily of individuals with intellectual or developmental disabilities, individuals with behavioral disabilities, or individuals with lived experience.
- Chief Pete Dyer accepted his appointment on October 25, 2024, effective November 1, 2024. Chief Dyer was appointed to replace Richard Manthy, who resigned effective October 31, 2024, as a representative of a statewide organization of fire chiefs.
- James Hennessy accepted his appointment on November 7, 2024, effective December 1, 2024. Mr. Hennessy was appointed to replace Shelley Dallas, who resigned effective November 30, 2024, as a representative designated by the Illinois Chapter of National Emergency Number Association (NENA).

SAC Technical Subcommittees

Subcommittee on Protocols and Standards

The Protocol and Standards Technical Subcommittee (PSTSC) is responsible for developing and implementing the statewide guidelines for all dispatch protocols statewide with regard to behavioral/mental health crises. This includes identifying and using best practices on risk stratification methodologies and matrices to guide decisions about entities to be dispatched given specific types of call incidents to meet the goals of CESSA. This Subcommittee continues to focus on working with emergency medical dispatch (EMD) vendors to incorporate elements of the Interim Risk Level Matrix (IRLM) into protocol scripts utilized by 911 Public Safety Answering Point (PSAP) telecommunicators.

During the first quarter of FY25, the Subcommittee's focus transitioned to implementation, with the launch of a 45-day pre-test of protocol changes for PowerPhone/Total Response. PowerPhone/Total Response is the first vendor with whom the Subcommittee has worked to modify protocols. The pre-test concluded during the second quarter. Pre-test findings have been presented to the CESSA Statewide Advisory Committee, as well as to the Regional Advisory Committees. The Subject Matter Expert workgroup's recommendations to address the findings have been presented to the PSTSC for review, consideration, and approval. While some recommendations have been approved, the Subcommittee convened an ad hoc workgroup to finalize recommendations regarding the specific protocols to be included in the PowerPhone/Total Response pilots. The ad hoc workgroup further worked to address several issues integrating the protocols into PSAP operations. These outstanding issues must be addressed before the initiation of the PowerPhone/Total Response pilots because they affect the extent to which the modified protocols can be implemented, calls for alternative responses can be transferred, and evaluation data collected. The ad hoc Workgroup's recommendations were then submitted to the full PSTSC to consider for approval. The PSTSC will continue to work on plans to initiate the PowerPhone/Total Response pilots in January 2025.

Subcommittee on Technology, Systems Integration, and Data Management

The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) Subcommittee met twice this quarter on October 7, 2024, and November 4, 2024. These meetings focused on reviewing existing data initiatives and planning for new processes and systems in FY25.

At the October 7 meeting, the Subcommittee reviewed pre-test and pilot data elements and discussed reporting structures. The dialogue addressed Subcommittee members' questions about data collection elements and workflows across 911, 988, and mobile crisis response teams. The October meeting featured a guest presenter, Shawn Cole, Director of the University of Illinois Office of Medicaid Innovation, who provided an update on their work supporting the Department of Healthcare and Family Services to design and develop a centralized dispatch system for crisis response providers. The presentation led to a robust conversation about existing crisis technology infrastructure, crisis accountability, and 988 as the "front door" for crisis response.

The November 4 meeting focused on reviewing the data and metrics recommendations from the Statewide Advisory Committee meeting on October 15, 2024. The Hub highlighted the recommendations and action steps connected to data and data systems, including existing items and those in development. The Subcommittee discussed baseline and new metrics that can help determine the effectiveness of CESSA as it enters the implementation stage.

The Crisis Hub and IDHS/DMH continued to work with the University of Illinois Chicago Center for Clinical and Translation Science to complete the requirements and begin the system's design. Throughout FY25, the TSIDM Subcommittee will receive updates and offer feedback on the development and testing of the system.

Subcommittee on Training and Education

The Training and Education Subcommittee (TETSC) met four times this quarter, on October 8, October 22, November 12, and December 17. The focus of the TETSC this quarter was continued development and refinement of the CESSA Training Plans for 911 Telecommunicators, 988 Suicide and Crisis Lifeline Crisis Counselors, and Mobile Crisis Response Teams (["Appendix: Approved CESSA Training Plans"](#)), according to the requirements of CESSA. During the meetings, the Subcommittee reviewed, revised, and ultimately approved the training plans. The Training and Education Subcommittee also continued to advise the Crisis Hub, as the Crisis Hub develops a new learning management system, expected to be operational in Quarter three of FY25.

Regional Advisory Committees

RACs continue to hold meetings at the cadence agreed upon by their members. These meetings have focused exclusively on understanding the subregional committees' expectations, orchestration, and desired work products. The Crisis Hub provided RACs with an informational toolkit that will assist in the creation of subregional committees (SRCs). The toolkit includes an SRC Frequently Asked Questions document and an updated list of PSAPs and PSAP Administrator contacts within their region.

CESSA Implementation Updates

Progress Report on CESSA Action Plan and Goals

The CESSA Action Plan was created from the SAC priorities, deliberations, and contributions over the period of September to November 2024. The goals of the Action Plan and progress reports for each goal follow.

Regional/Subregional Goals:

1. Phased implementation of the revised, approved PowerPhone protocols by end of FY25 including the ability to transfer from 911 to 988 to mobile crisis response teams (MCRT) [Protocols]
2. Complete pilots for APCO, Priority Dispatch and Independents by end of FY25 [Pilots]
3. Stakeholder groups understand the purpose of CESSA, what crisis response services will be available, and how to access them [Communications]

Statewide Goals:

1. Reduce the reliance of people in a behavioral health crisis on the 911 system [System]
2. Develop and implement a Quality Assurance plan for CESSA implementation [QA Plan]
3. Increase collaboration between different parts of the crisis response system [Collaboration]
4. Develop an actionable and sustainable plan for FY26 and beyond [Sustainability]

Regional/Subregional Goals

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

The first step in implementing the revised PowerPhone protocols is pilot testing the protocols. The pilots are described in more detail in the ["PowerPhone/Total Response"](#) section.

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

Progress on the work of updating protocols for APCO, Priority Dispatch and Independents can be found in the ["Work with Other Vendors"](#) Section.

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

In the second quarter the SAC continued to highlight the importance of implementation-specific communications activities. These activities include regular communication with agencies participating in the PowerPhone/Total Response pre-tests and upcoming pilots, the RAC Chairs and Co-Chairs, and state agency partners. The communication activities are foundational to the overall communications goal. Still, broader communication to other CESSA stakeholders is needed. In the recent SAC member survey, SAC members identified ways they could support communications efforts in the remaining quarters of FY25.

Statewide Goals

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

This goal is the heart of CESSA. The pilot phase will offer the opportunity to collect data on the evolving crisis response system in Illinois and help establish a baseline by which success can be measured in the future. In addition, this goal relates closely to communication, as SAC members identified the need to educate the public about the evolving crisis response continuum. This will facilitate appropriate use and access to all behavioral health crisis services, including 988 and 911.

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

The Crisis Hub is developing a quality assurance plan for 988 that includes measuring quality assurance of the entire Illinois behavioral health crisis care continuum, as 988 is integral to the system's ability to function in a cohesive manner. SAC members identified that CESSA implementation necessitates that all segments of the Illinois behavioral health crisis care continuum have a need for Quality Management. Focus groups as part of the development of the quality assurance plan took place in early December. Focus group membership included 988 Suicide and Crisis Lifeline Contact Center (LCC) leadership as well as selected members of mobile crisis response teams (MCRT) across the state. Centerstone, the 988 LCC for the PowerPhone/Total Response pilots, is involved in the focus group and will be a valuable resource to highlight the necessity of 988 in the implementation of CESSA.

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

SAC members continued to identify strong collaboration within their membership and among the RACs. The SAC and RACs have spent previous quarters building relationships among members and either creating or strengthening partnerships among various agencies to provide alternative response. However, in recognition of size and scope of the system, committee members agreed on the need for an increase in the number of people and organizations involved in the collaboration.

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

Attainment of long-term sustainability involves multiple entities, including state agencies, the legislature, regional and local jurisdictions and a variety of public and private organizations. The SAC members recognized a number of recent initiatives, including the [988 Workgroup Action Plan](#), the [Strengthening and Transforming Behavioral Health Crisis Care in Illinois Report](#), and the Behavioral Health Crisis Care Cost Analysis conducted by Chartis, the results of which may be utilized to create sustainability. SAC members acknowledge that achieving sustainability will be an ongoing activity rather than a goal to be accomplished in this fiscal year.

Pre-Tests and Pilots Overview

The PSTSC Subject Matter Expert (SME) Workgroups continued its work this quarter incorporating Interim Risk Level Matrix (IRLM) factors into protocols to be utilized by the Illinois 911 Public Safety Answering Points (PSAPs). These protocols are necessary to address the CESSA goal of providing alternatives to law-enforcement-only responses to individuals experiencing behavioral health crises when appropriate. Although the vendors' protocols are proprietary and vary, the process undertaken by PSTSC is the same:

1. work with each vendor to modify the protocols if/as necessary to incorporate IRLM factor and acuity ;
2. pre-test the modified protocols to determine if they are successful in identifying individuals experiencing behavioral health crises and evaluate if, based on the use of the protocols, dispatch referrals comport with the IRLM-recommended response types available within each PSAP's coverage area; and
3. pilot the use of the protocols with a small group of PSAPs to determine if the protocols result in the referral/dispatch of 911 calls with a behavioral health crisis component, as appropriate, to behavioral health professional crisis counselors for a behavioral health response as an alternative to a law-enforcement-only response.

PowerPhone/Total Response

As reported previously, the pre-test of the PowerPhone/Total Response protocols which was initiated during the first quarter of FY25, was completed during this quarter. Three PSAPs of varying sizes (small, medium and large) participated in the pre-test. Weekly meetings were convened with the sites to discuss issues that arose during the pre-test, as well as to share information regarding the use of the modified protocols.

Pre-test Findings and Recommendations

The findings from the pre-test have been classified into five categories: (1) Use of PSAP Protocols, (2) PSAP Operations, (3) Training, (4) Data Collection and Referral and (5) Organizational Change/Cultural Change Issues. The findings have been presented to the CESSA SAC and the RACs. The findings and the recommendations to address them have been presented to the full PSTSC, which approved the majority of the recommendations. However, several issues were raised regarding the inclusion of some of the protocols included in the pre-test, as well as how PSAPs utilized the protocols. These issues must be resolved before the initiation of the pilots. An ad hoc workgroup was convened in December to discuss these issues and to make recommendations to the PSTSC.

Pilots

The PSTSC continues to expect to begin the PowerPhone/Total Response pilots during the first month of the third quarter. The PSTSC workgroup is working with PowerPhone/Total Response to update the protocol software and databases of those PSAPs participating in the pilot during this quarter and during the first three weeks of quarter 3. Two important decisions were made this quarter that impact the pilot process and extended the date by which pilots can be started.

1. Behavioral/mental health crisis calls will be transferred by 911 PSAPs to 988 for possible resolution. These calls will only be referred to an MCRT for an on-site response if the crisis cannot be resolved by 988. Prior to this decision, 988 was to serve as a pass-through that would result in an immediate referral to MCRT for an on-site response within 60 minutes. The decision to modify the referral process is based on a vote by the CESSA Statewide Advisory Committee following recommendations put forth by 911 and 988 experts, who noted that this modification will more accurately reflect the process that will be implemented once the pilots are completed. This decision required changes to the guidance documents previously prepared for the pilot, as well as a reconsideration of the referral implementation process. These issues are currently being addressed.
2. A decision was made by the Illinois Department of Human Services Division of Mental Health (IDHS/DMH) and the Illinois Department of Public Health (IDPH) to complete the pilots prior to seeking the approval of emergency medical dispatch (EMD) Medical Directors and IDPH for protocol changes. The rationale for taking this approach is: (a) the pilots provide an opportunity for the involvement of the Medical Directors in the pilot process and (b) the results of the pilot will be useful in terms of informing the decision-making of the Medical Directors regarding the modified protocols and their use.

Training for the Pilots

Agencies participating in the PowerPhone pilots are expected to complete the core courses in the CESSA Training Plans for 911 Telecommunicators, 988 Suicide and Crisis Lifeline Crisis Counselors, and Mobile Crisis Response Teams ("[Appendix: Approved CESSA Training Plans](#)"). The training plans were shared with the pilot sites on October 24, 2024, and courses were rolled out in a phased approach as they became available. The training courses for the pilots were, and will continue to be, available on-demand, with the option to attend live trainings when available. During this quarter, two live trainings were held on October 17, 2024 (Mental Health and Substance Use) and December 16, 2024 (Developing Community Relationships). Pilot sites had the opportunity to participate in either the live or on-demand version of the trainings. In addition, the live trainings were open to any MCRT member, 988 crisis counselor or PSAP telecommunicator interested in expanding their skill set, even if they are not part of a pilot at this time. Agencies participating in the pilot must complete the training courses no later than January 31, 2025. As of December 20, 2024, 221 people have completed training courses for the pilots.

Work with Other Vendors

Planning with the two other EMD vendors who contract with PSAPs in Illinois (Priority Dispatch and APCO) is ongoing. Assessment of the extent to which modifications to these vendors' protocols need to be made to incorporate the IRLM are underway. Efforts are also being undertaken to identify PSAPs to pre-test software modifications (if necessary) for each of these vendors, as well as to identify sites to pilot the protocols.

Priority Dispatch Protocol Revisions

During this quarter, a review of the protocol determinant codes and descriptions was completed. The SME workgroup comprised of Priority Dispatch users began mapping of the protocols to the IRLM. A range (small, medium and large) of Priority Dispatch users are being identified to participate in a pre-test of protocols as well as the pilots. It is anticipated that the pre-tests will be initiated during the third quarter of FY25, followed by the pilot. The Statewide 911 Administrator and RAC Chairs and Co-chairs have begun to identify sites to serve as pre-tests and pilots.

APCO Protocol Revisions

Work continued on the review of the APCO protocols during this quarter. As noted previously, because of the similarity between the PowerPhone and APCO protocol structure, modifications to APCO's protocols modeled after the questions recommended for PowerPhone's protocols are being considered. The PSTSC SME Workgroup will send the requested revisions and additions to APCO once their review is completed. It is anticipated that the pre-test of the APCO protocols will occur during the third quarter and that the pre-test will be followed by a pilot.

Independents Protocol Revisions

PSAPs are referred to as "independents" because they utilize EMD protocols developed by the resource hospital with whom they work. The number of Independents has been reduced from six to four as two of the Independents have decided to utilize the EMD software of one of the protocol vendors with whom the PSTSC is working. The PSTSC SME Workgroup will hold initial meetings with the remaining Independents to work towards revising their protocols in the upcoming quarters of FY25.

Summary of Regional Activities

Expectations for Regional Advisory Committees (RACs) during Quarter two mirrored activities initiated in Quarter one. RACs were instructed to hold summits/townhall meetings for key stakeholders and local constituents by the end of November, if they had not done so already. The goals of these meetings included the following:

1. Clearly explain the mission of CESSA, promoting accurate messaging that will reduce misinformation and rumors.
2. Articulate the planning processes around the PowerPhone/Total Response pre-test and pilot, and the complexities involved in working through script and protocol changes.
3. Lay the groundwork for convening the subregional committees (SRCs).

Three RACs successfully held summits/townhall meetings during Quarter two:

- RAC #3, November 18, 2024, in Taylorville, Illinois
- RAC #5, November 20, 2024, in Salem, Illinois
- RAC #10, November 22, 2024, held virtually

To date, eight of the 11 RACs have held summit/townhall meetings and are aligned to set the foundation for subsequent work to occur at the subregional committee (SRC) level. In order for the SRCs to become fully functional bodies, the PowerPhone/Total Response pilots

must be underway. The change in the timeline in executing the PowerPhone/Total Response pilot during this quarter has a direct impact on the work focus of RACs with sites (PSAPs and MCRTs) in the pilot areas.

In addition to hosting summits/townhalls and preparing for the PowerPhone/Total Response pilots, some RACs also experienced leadership changes. The changes to RAC Chairs and Co-chairs include:

- Several RACs (#1, #3, #5 and #9) have newly appointed Chairs and/or Co-Chairs.
- RAC #4 announced the unexpected death of its Chair, Dr. Jeff Shaffer. The interim emergency medical system (EMS) Medical Director is in conversations about assuming this role.
- RAC #7 has finalized an agreement with the Hazel Crest Police Department (South Suburban Cook County) to co-locate the MCRT staff in the building of the police department for a more expediate response time to the local community.
- RAC #8's Medical Director, Dr. Mark Cichon, announced his retirement. Dr. Stephen Graham has been recommended for and is interested in assuming this position.

Challenges and Opportunities

Communication

Misinformation about CESSA continues to permeate the stakeholder systems. Some stakeholders remain confused about what CESSA does and does not do, and if it is currently enforced. This is occurring despite FAQs that were widely shared across stakeholder groups. Further, concerns about the lack of far-reaching messaging on 988 and CESSA shared during RAC meetings and discussed during the SAC October hybrid in-person/remote meeting highlights the need for a more robust communication strategy. CESSA's reach will invariably affect numerous systems that touch the lives of individuals who are experiencing mental or behavioral health crises. These systems, which may be ancillary to the law, need to fully understand and reflect the intent of the law and how the changes under CESSA's umbrella will invariably affect historical ways of conducting business. Effective communication on CESSA – good messaging and targeted communication - will have positive outcomes for the individuals who are experiencing mental health and behavioral health crises.

Collaboration Across Systems

Effective implementation of CESSA will require collaboration across the myriad of systems involved in behavioral health crisis response, i.e., Public Safety Answering Points (PSAPs), law enforcement, emergency medical system (EMS) responders, hospitals, mobile crisis response teams, 988 Lifeline Contact Centers, Living Rooms, and more. CESSA necessitates building trust and learning across these systems. The trust being built through cooperative work at the Statewide Advisory Committee, the Technical Subcommittees, and the Regional Advisory Committees' meetings can be eroded by misunderstandings and the failure to approach other systems with curiosity instead of making negative assumptions about how these systems operate. To this end, the Behavioral Health Crisis Hub at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research (Crisis Hub) Hub will continue to host educational forums, conferences, and presentations that foster an understanding across systems, as well as to encourage involved parties to visit other systems to learn more about these interconnected operations.

Implementation Timeline

The current CESSA amendment extends the implementation deadline to June 30, 2025. While we expect to have made significant progress by that date, it remains clear that this level of systems change will require an extended approach. The Illinois Department of Human Services Division of Mental Health (IDHS/DMH) and the Crisis Hub expect to finalize pilot testing during this fiscal year and will rapidly move to a re-evaluation and possible revision of the Risk Level Matrix in accordance with findings from the pilots, in consultation with stakeholders and approval from the SAC. Thereafter, final approval from the emergency medical dispatch (EMD) Medical Directors, and implementation by early adopters and those eager for the change will occur. Following this, IDHS/DMH will work with those who exhibit skepticism and other barriers to comply with the law.

Specific PSAP Barriers to Implementation

Specific PSAP barriers fall into two categories: financial barriers and resistance to change. Some PSAPS will have to upgrade their technical systems to make the protocol changes associated with some specific vendors (e.g. PowerPhone/Total Response). There are costs associated with those upgrades. Working with the Statewide 911 Administrator to resolve these financial barriers is critical. It has also been brought to our attention that at least one jurisdiction, through their Emergency Telephone Systems Board, has expressed an intent not to implement the CESSA law and precluded the area from participating in a pilot. There are currently no legal, financial or other repercussions for jurisdictions who simply refuse to comply with the law. This may lead to others making the decision not to implement CESSA, which jeopardizes the state's ability to execute a statewide implementation.

Appendix: Approved CESSA Training Plans

The Training and Education Subcommittee approved the following core, or required, training courses in November 2024 as part of the CESSA Training Plan. The CESSA Training Plan includes courses for 911 telecommunicators, 988 Suicide and Crisis Lifeline Crisis Counselors, and mobile crisis response team staff.

911 Telecommunicators Core Courses

1. Illinois Emergency Crisis System
2. Mental Health Topics for 911, content areas include:
 - a. De-Escalation
 - b. The Power and Importance of Language
 - c. Respectful Interactions and Working with Individuals who have Developmental Disabilities or Autism Spectrum Disorder Experiencing a Mental Health and/or Substance Use Crisis
 - d. Respectful Interactions and Working with Individuals Experiencing a Mental Health Crisis and/or Substance Use Challenges

988 Suicide and Crisis Lifeline Crisis Counselors Core Courses

1. Illinois Emergency Crisis System
2. Mental Health Topics for 988, content areas include:
 - a. De-escalation
 - b. The Power and Importance of Language
 - c. Respectful Interactions and Working with Individuals who have Developmental Disabilities or Autism Spectrum Disorder Experiencing a Mental Health and/or Substance Use Crisis
 - d. Respectful Interactions and Working with Individuals Experiencing a Mental Health Crisis and/or Substance Use Challenges
 - e. Developing Community Relationships for 988
3. National Standards for Culturally and Linguistically Appropriate Services (CLAS) Cultural Awareness

Mobile Crisis Response Teams Core Courses

New CESSA-Required Courses

1. Illinois Emergency Crisis System
2. National Standards for Culturally and Linguistically Appropriate Services (CLAS)
3. The Power and Importance of Language
4. Respectful Interactions and Working with Individuals who have Developmental Disabilities or Autism Spectrum Disorder Experiencing a Mental Health and/or Substance Use Crisis
5. Respectful Interactions and Working with Individuals Experiencing a Mental Health Crisis and/or Substance Use Challenges
6. Developing Community Relationships

Mobile Crisis Response Teams Core Courses (continued)

Existing Healthcare Family Services Courses

1. De-escalation
2. Safety Planning a Mobile Crisis
3. IM-CAT/ IM+ CANS

988

**SUICIDE
& CRISIS
LIFELINE**

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