




JB Pritzker, Governor

Dulce M. Quintero, Secretary

DATE: July 1, 2025

MEMORANDUM

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

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

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

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

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

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



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 July 1, 2025

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Table of Contents

- Executive Summary..... 3
- CESSA Implementation Updates 4
 - Pre-tests and Pilots Updates 4
 - Training Updates 8
 - Data Updates..... 9
 - Regional Implementation Activities..... 10
 - Progress Report on SAC Action Plan and Goals 11
- Summary of CESSA Meetings 14
 - Statewide Advisory Committee 14
 - SAC Technical Subcommittees..... 14
 - Regional Advisory Committees 15
- Challenges and Opportunities 16
 - Communication 16
 - Collaboration Across Systems..... 16
 - Implementation Timeline..... 17

Executive Summary

Implementation of the Community Emergency Services and Supports Act (CESSA) saw a number of major steps forward at the close of Illinois State Fiscal Year 2025 (FY25):

- Legislation passed in Quarter 4 sets the stage for a thoughtful planning and implementation in FY26 and FY27.
- The CESSA pre-tests and pilots performed as intended, yielding lessons that will inform and drive expansion beyond the initial pilot waves.
- Leadership at the Illinois Department of Human Services Division of Mental Health (IDHS/DMH) and the Behavioral Health Crisis Hub (BHCH) at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research began operational planning for full CESSA implementation.
- The development of comprehensive systems for training and data systems were advanced to support implementation.
- The BHCH is now fully staffed to support this crucial effort towards full CESSA implementation.

As in the previous two annual legislative sessions, the original CESSA legislation was amended to address the evolving nature of this work. If signed into law by Governor JB Pritzker, this bill would extend the implementation deadline to June 30, 2027, clarify expectations regarding the transportation of people in crisis by mobile crisis response teams and by law enforcement, and include additional training requirements.

In the first widescale implementation of CESSA, IDHS/DMH, the BHCH, the Statewide 911 Administrator, and Public Safety Answering Points (PSAPs) across the state successfully implemented an initial set of instructions designed to test the transfer of suitably curated mental health crisis calls from 911 to the 988 Lifeline Call Center. Focusing on PSAPs using the two most common call management software systems in Illinois, the pilot sites were closely monitored, and operational and technical lessons were documented to inform broader implementation in FY26.

In two half-day meetings this quarter, CESSA leaders from IDHS/DMH, the Illinois State Police (ISP) and its Division of Statewide 911, the Illinois Department of Public Health (IDPH), and the BHCH met to develop priorities for the upcoming two years and begin to outline a phased roadmap for statewide implementation. The group also noted policy, operational, technical, and relational challenges to be addressed and enablers to be leveraged.

The BHCH completed design of a learning management system (LMS) to support current and future training of the hundreds of crisis response staff who will be participating in CESSA implementation. The LMS is an accessible and comprehensive training destination that will house all previous and upcoming training courses. At the same time, the BHCH began testing an early version of the Crisis Data Reporting System (CDRS), which will collect, store, and report DMH provider service data by the middle of next fiscal year. These systems and other BHCH initiatives are possible with full staffing of the BHCH, which was achieved late in the quarter.

CESSA Implementation Updates

Pre-tests and Pilots Updates

The Illinois Department of Human Services Division of Mental Health (IDHS/DMH) continued working with the Statewide 911 Administrator, local Public Safety Answering Points (PSAPs), and the Behavioral Health Crisis Hub (BHCH) during the fourth quarter of FY25 to pilot the transfer process. The pilots entail transferring appropriate 911 behavioral health related calls to 988 for crisis intervention services provided via telephone or for Mobile Crisis Response Team (MCRT) dispatch. The decision to transfer these calls is based on questions incorporated into proprietary vendor protocols used by PSAP telecommunicators. Quarter 4 saw completion of the pilot with PSAPs utilizing Total Response as their Emergency Medical Dispatch (EMD) vendor, as well as the initiation and completion of the pilot with PSAPs utilizing Priority Dispatch as their EMD vendor.

Key implementation activities during the quarter are described below and categorized by EMD vendor.

Total Response (Formerly PowerPhone)

Status: Pilot Completed

During the pilot, the BHCH and the Statewide 911 Administrator continued to meet weekly with PSAP administrators and biweekly with MCRTs and the 988 Lifeline Contact Center (LCC). These meetings provided a forum for discussing and identifying operational and technical issues and troubleshooting them as they arose. Data collection and reporting continued during Quarter 4 and PSAP administrators worked with their resource hospital medical directors to approve the pilot protocol modifications.

Priority Dispatch

Status: Pre-test in progress

The BHCH and the Statewide 911 Administrator convened a "kick-off" meeting for the Priority Dispatch Pilot in late March. Five sites, located in urban, suburban and rural areas launched April 1, 2025, followed by four additional sites in May. As with Total Response, the BHCH leads weekly and biweekly check-in meetings with Priority Dispatch PSAP administrators, the 988 LCC Crisis Project Director, and MCRT project directors to discuss Priority Dispatch pilot activities.

APCO

Status: Pre-test and Pilot Planning

Planning for the APCO Pre-test and Pilot continued during this quarter. The BHCH and the Statewide 911 Administrator continued working with a PSAP APCO subject matter expert around updating protocols to include questions similar to those incorporated into Total Response protocols. A meeting with the APCO vendor was held to discuss changes to the protocols and to develop a plan for capturing data to evaluate the pilot that is being addressed. Three sites have been identified to participate in the Pilot which will be initiated during Quarter 1 of FY26.

Independents

Status: Preparing to Discuss How Protocols Used Comport with CESSA Requirements

As previously described, "Independent" PSAPs utilize EMD protocols developed by the resource hospital with whom they work. The number of Independents has been reduced from an initial count of six to two; four of the Independents have decided to utilize the EMD software of one of the protocol vendors with whom the Protocols and Standards Subcommittee (PSTSC) is working. The BHCH and the Statewide 911 Administrator held initial meetings with the two remaining Independent sites (the City of Chicago and Iroquois County) to discuss how CESSA meshes with their protocols.

Pilot and Pre-test Implementation Accomplishments, Challenges, and Preliminary Learnings

Although the formal evaluation of the Total Response and the Priority Dispatch pilots will be completed during FY26 Quarter 1, some preliminary patterns regarding accomplishments and challenges emerged during this quarter. The accomplishments and challenges listed below are a summarized version of our report from the previous quarter, as each additional PSAP pilot site goes through a similar set of experiences. We've added a new section on learnings this quarter, as we document and make sense of the pilots and how they will inform full rollout in FY26 and FY27.

Overlapping Operational and Relational Accomplishments

- Pre-test and pilot PSAP administrators, MCRT project directors and 988 staff are committed to participating in the pre-test and pilots as evidenced by the fact that they have volunteered to be early testers and adopters.
- Staff of the three entities (PSAPs, 988 and MCRTs) participating in the pilots have completed the prerequisite pilot training developed by the BHCH.
- Weekly meetings scheduled by the BHCH and the Statewide 911 Administrator with PSAP pre-test and pilot administrators are well attended. Generally, administrators from all sites attend these meetings unless unanticipated operational or coverage issues arise that must be addressed. During these meetings, operational and technical issues identified are discussed and strategies are developed to resolve these issues. Administrators use these meetings as an opportunity to share information regarding implementation with each other as well.
- Biweekly meetings scheduled by the BHCH with MCRT project managers are also well attended. The meetings provide an opportunity for participants to share information regarding safety planning and other issues.
- Pilot PSAP administrators are updating their policies and procedures to accommodate participation in the pilot. They are also developing site-specific training for their staff.
- Biweekly meetings with the pilot 988 team have been productive in terms of addressing and resolving issues identified during the Total Response pilot. As the Priority Dispatch and APCO pilots move forward issues that arise, if any, will be integrated into these meetings and addressed.
- Documentation and reporting procedures have been implemented by the BHCH to capture issues related to transfer of callers from 911 to 988, and from 988 to MCRT.

These issues are reviewed and addressed as they arise. IDHS/DMH staff, the Statewide 911 Administrator, and BHCH staff collaborate to review and work on resolving these issues.

Preliminary Challenges

Although there are accomplishments as noted above, IDHS/DMH and the BHCH are also addressing challenges in CESSA implementation related to the organizational changes required. These challenges span both operational and relational aspects, as well overlap between them.

- The pilots require a cultural shift and an operational shift in policies and procedures in a relatively short amount of time. These shifts involve hundreds of professionals who work as PSAP and 911 administrators and telecommunicators, 988 crisis counselors and supervisors, and MCRT administrators and team members. Although this challenge is being discussed in the weekly and bi-weekly meetings being convened with PSAP Administrators, the 988 Call Center Program Director and MCRT Project Administrators, strategies to address this issue will need to be part of the on-going discussion and planning for CESSA implementation as there is no quick fix. It takes time for the magnitude of change required by CESSA to be assimilated by the entities impacted by the legislation.
- There is some variability in protocols, policies, and procedures utilized by PSAPs participating in the pilot. This, in turn, affects data collection strategies that have been put into place. Variability among PSAP policies and procedures, including the use of protocols, will need to be addressed at a policy level and as an important focus of planning as we move forward with CESSA implementation.
- PSAP administrators have expressed some concerns regarding the extent to which some information included in one of the training modules addresses the “real life” situations that telecommunicators need to address when responding to calls. This module has been revised to address this issue, and training is being completed by PSAP staff.
- There have been some concerns with regard to whether there is liability associated with the transfer of calls from 911 to 988. These concerns have been addressed in both CESSA legislation and the Emergency Telephone System Board Act.
- Technical issues with the Total Response software have affected reporting from some pilot sites. These issues are being addressed on a case-by-case basis with follow-up from the BHCH and the Statewide 911 Administrator.
- Several issues have emerged with the 988 provider that receives pilot calls transferred from 911. These issues are being addressed consistently and seem to be related to training issues with the staff.

Initial Learnings from the Pilots

The learnings from the pilots thus far are summarized below. The pilots are working as designed. The pilots are:

- Resulting in alternative responses to law enforcement for callers experiencing behavioral health issues. As of June 5, 2025, a total of 127 behavioral health crisis calls to 911 have been transferred to 988 for a crisis response.

- Providing information about how the modified processes are working.
- Identifying processes and procedures that need to be addressed before moving to full CESSA implementation.
- Highlighting variability between pilot participants that will affect implementation, including reporting and other processes. This includes how and when vendor protocols are used, policies and procedures implemented at individual PSAP sites, the size of the PSAP, and relationships with service providers within the PSAPs' respective jurisdictional geographic areas.

Training Updates

Implementation activities related to training this quarter included administering required training for the pilots and optional training courses, as well as developing a learning management system (LMS).

Pilot Training

Participants in the pilots must complete core training courses required by CESSA. As of June 5, 2025, 1,283 unduplicated individuals have completed courses for the pilot, and the total number of on-demand training courses completed for the pilot is 4,900

Optional Training

The BHCH continues to offer live virtual training courses to MCRT staff and 988 crisis counselors. These trainings are optional and intended to advance the skills of staff responding to behavioral health crises. Monthly training calendars are distributed four to six weeks in advance to the MCRT program directors using the DMH 590 Shared Drive; to the 988 crisis counselors by the DMH 988 Program Director; and to individuals on the BHCH training listserv. The calendar is also presented and discussed in the monthly MCRT Project Directors and Cluster meetings. We recognize there is great interest in the trainings based on the volume of advanced registration. However, due to the nature of crisis work, those who are interested are often unable to attend, which is reflected in the difference between registrants and attendees listed below. In Quarter 4, six live trainings were planned, attended by 271 participants.

- Connecting with Someone Experiencing a Crisis: The Value of Connection, Communication, and Peer Support Across the Crisis Continuum, held on May 8, 2025; of the 100 individuals who registered, 41 (41%) completed the course.
- Lived Experiences of Parents Raising Family Members with Autism: The Advocate Journey, held on May 15, 2025; of the 55 registrants, 25 (45%) finished the training.
- Verbal De-escalation Skills for Telecommunicators, held on May 22, 2025; of the 104 registrants, 53 (51%) completed the training.
- Adolescents, Mental Health and Crisis Responders, held on June 12, 2025; of the 184 registrants, 152 (83%) finished the training
- From Boomers to Zoomers: Supervising Across Generations in Behavioral Health, held on June 23, 2025; of the 146 registrants, 54 (37%) finished the training
- Identifying and Managing Triggers in Crisis Situations, held on June 30, 2025; of the 269 registrants, 90 (33%) finished the training

Learning Management System

The BHCH continued development of the Articulate 360 learning management system (LMS) this quarter. As reported last quarter, the LMS will provide on-demand training, create interactive course content, and migrate existing core training content. It will also provide built-in quizzes for knowledge checks, record learners' historical activity, and produce agency reports. The LMS is expected to launch in FY26 Quarter 1.

Data Updates

Implementation activities related to data this quarter included progress on the Crisis Data Reporting System (CDRS), data dashboards, pilot data collection procedures, and a baseline data assessment.

Crisis Data Reporting System

This quarter, development continued on the CDRS (formerly known as the Provider Data Collection and Reporting Database). Scheduled to launch in the second quarter of FY26, the CDRS will streamline processes for agencies reporting on 988 and 590 services. The BHCH is currently preparing for alpha testing of the system software with IDHS/DMH program staff, which will be followed by provider testing, training, and onboarding.

Data Dashboards

The BHCH is continuing to develop additional public data dashboards to share data related to the implementation of CESSA. Members of the Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) had the opportunity to provide insights into dashboard content, design, and user experience. The dashboards are scheduled to become publicly available in FY26.

Pilot Data Collection Procedures

In Quarter 4 of FY25, the Total Response pilot continued with nine PSAP participants, and the Priority Dispatch pilot commenced with nine PSAP participants. The BHCH is also working closely with APCO sites on data collection procedures, in preparation for three new sites launching in August 2025. The same data elements are being collected from each entity participating in the APCO pilot as was collected for the other two pilots. Data elements include the type of behavioral health crisis associated with the call, the interval between the time a call is received and the time the call ended, the recommended responder type, and the transfer outcome associated with the call. The TSIDM continues to review initial pilot data as it is reported and gain preliminary insights which are discussed in the earlier section "Initial Learnings from the Pilots" on page 6.

Landscape Survey

The BHCH is also planning to review and revise the landscape survey instrument originally used in 2023, to account for new developments and infrastructure since the survey was originally created and administered. The survey data to be collected in 2025 will provide updated information about the behavioral health crisis response options and resources that are available to each PSAP.

Baseline Data Assessment

In preparing for the baseline data assessment, the BHCH has identified outcomes, measures, and benchmarks, and well as an appropriate timeframe for the baseline period. The BHCH is currently pilot testing data collection processes with a subset of providers and strategizing about subsequent report distribution. The draft and delivery of the results report is expected in Quarter 2 of FY26.

Regional Implementation Activities

This quarter, Regional Advisory Committees (RACs) have been focused on the task of establishing Subregional Committees (SRCs). At the hyperlocal level, SRCs are meant to play a critical role in engaging stakeholders across the state in CESSA implementation. The BHCH and IDHS/DMH has worked with RACS to prioritize SRC rollout in CESSA pilot areas. As of June 27, 2025, 16 SRCs across eight RACs have been established. A challenge to the evolution of SRCs will be discussed under the section "Regional Advisory Committees" on page 15.

Providing timely and accurate updates and shareable resources has continued to be a focus of RAC Co-Chairs across the state. For the last quarter, RACs have largely focused on updates regarding the CESSA pilots. In RAC areas with pilot programs, this has meant coordinating the interface between the pilot site PSAPs, the 988 LCC, and the MCRTs in the pilot.

RACs have also elicited critical feedback from membership over Quarter 4. Areas of discussion have included:

- How to best utilize police social workers; RAC Co-Chairs have discussed how to best utilize social workers who are embedded in operations of local police departments. Co-Chairs then brought this topic back to their individual RACs for further dialogue.
- Communications; RACs discussed how to effectively communicate the intent of CESSA and improve utilization of 988 and MCRT.

As a result of these conversations, the Statewide 911 Administrator and the BHCH are working on a survey to gather information on the prevalence and roles of police social workers around the state. Additionally, IDHS/DMH is developing a new communication plan in coordination with the Statewide Advisory Committee (SAC) and other stakeholder groups. Planning is now underway for the last remaining RAC to convene its Summit/Townhall meeting, with the goal of promoting its SRCs. The challenges this RAC faces have warranted additional support and an extended timeline. The RAC Co-Chairs are confident that this task can be completed in the first quarter of FY26.

Progress Report on SAC Action Plan and Goals

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

Regional/Subregional Goals

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

Status: Complete.

The first step in implementing the revised Total Response (formerly PowerPhone) protocols is pilot testing the protocols and the transfer of appropriate behavioral health calls from 911 to 988 to MCRT. The pilots began at the end of the Quarter 1 in FY25, continued during Quarters 2 and 3, and ended in Quarter 4. Analysis of the pilot data and recommendations from the pilot will be shared with the PSTSC in the first quarter of FY26.

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

Status: In process.

During this quarter, the PSTSC Subject Matter Expert (SME) Workgroup launched the Priority Dispatch pilot and continued to prepare for the APCO and Independent pilots. The Priority Dispatch pilot began on April 1, 2025.

In addition, the PSTSC SME Workgroup continued to update the APCO protocols this quarter and identified pre-test sites and pilot sites. The pilot test of the revised APCO protocols is expected to begin early in FY26 Quarter 1. Finally, as stated above, the BHCH held an initial meeting with each of the Independents this quarter. The BHCH and the PSTSC SME Workgroup will continue to meet with the Independents to work towards aligning their protocols with CESSA in FY26.

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

Status: In process.

Throughout the fourth quarter, the SAC and the BHCH built on the communications activities from Quarter 3. The SAC and the BHCH regularly shared information with the RAC Chairs and Co-Chairs, state agency partners, and agencies participating in the pilots. SAC members oversaw the creation of a flyer to promote awareness of CESSA among the general public and among stakeholder groups. The flyer will be distributed among SAC members, RAC Chairs and Co-Chairs, and state agency partners to share with their networks in early FY26. SAC members and RACs were also asked to provide input on communications needs that will result in updated frequently asked questions on the IDHS/DMH website. As noted in previous quarters, these activities are necessary to reach those most closely associated with this stage of CESSA implementation, but they are not sufficient to meet all stakeholders—especially members of the general public—who will require targeted communications for CESSA to be fully implemented statewide.

To that end, IDHS/DMH began to develop a communications plan for FY26 in the fourth quarter of FY25. The plan includes developing clear topline messages, creating materials for specific stakeholder groups, empowering local entities to advertise crisis continuum services, and implementing a clear and consistent approval process. The SAC members provided feedback on the plan at their last meeting and a wide range of stakeholders will have the chance to provide input throughout. IDHS/DMH will work with the SAC to roll out the communications plan early in FY26.

Statewide Goals

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

Status: In process.

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

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

Status: Complete.

A Quality Assurance (Sentinel Event) Plan for 988 was submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) at the end of March 2025. SAC members identified that 988 is crucial to the functioning of the Illinois behavioral health crisis continuum, and as such, members will build off of the 988 QA Plan in FY26 to identify opportunities to develop Quality Assurance in all areas of the system. IDHS/DMH is considering how to implement the recommendations from the QA Plan. In addition, the newly hired Regional Coordinator at the BHCH holds experience with quality assurance and processes, which will provide important expertise as this area of CESSA implementation expands.

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

Status: In process.

The activities for this goal remained the same as in Quarter 3, with an update to the number of SRCs listed below. SAC members primarily collaborated across systems this quarter by providing direction and expert guidance to the RACs and pilots. The steady increase in the

number of SRCs highlights the success in this area, as SRCs provide a space for additional stakeholders that are participating in the pilots to come together. The first SRC officially launched early in Quarter 3 of FY25. Sixteen SRCs have launched as of June 27, 2025. The most crucial element of crisis response integration is the ongoing efforts by stakeholders in the pilots, as they identify and work through the barriers and norms that impede collaboration.

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

Status: In process.

As reported in previous quarters, SAC members recognize that sustainability is an on-going activity requiring the commitment of and investment by multiple entities, including state agencies, the legislature, regional and local jurisdictions, and a variety of public and private organizations. FY25 Quarter 4 achievements included the success of a key sustainability activity when the proposed legislation ([SB2500](#)) to extend CESSA for two more years passed the House and the Senate May 22, 2025. If signed into law by Governor JB Pritzker, this amendment would give the SAC additional runway required to further the goal of long-term systems change.

Additionally, the legislation to introduce and establish a telecom tax in support of the 988 system was included in the revenue bill ([HB2755](#)), which Governor JB Pritzker signed into law on June 16, 2025. The telecom tax continues to be another key strategy in supporting the long-term system sustainability of the broader crisis response system in which CESSA operates. Finally, as reported last quarter, the lessons we are learning from the pilots will provide a roadmap for the systems and cultural change which will be a necessary foundation for sustainability.

Summary of CESSA Meetings

CESSA meetings continued regularly in the fourth quarter of FY25.

Statewide Advisory Committee

The Statewide Advisory Committee (SAC) met three times over the fourth quarter of FY25. The April meeting was a hybrid meeting with seven members attending in person and four attending virtually. As with previous in-person SAC meetings, members expressed an increased sense of partnership from the in-person meeting and felt that it was an opportunity to further foster dialogue across systems. Meeting topics included feedback on CESSA communications materials and an in-depth discussion on learnings and challenges from the pilots up to that point. In addition, SAC members heard presentations about the [Certified Community Behavioral Health Clinic \(CCBHC\) Initiative](#) and the ongoing 988 Suicide and Crisis Lifeline awareness campaign. Members also received [the partner toolkit to promote 988](#). SAC members acknowledge the importance of building a unified crisis response continuum which includes investment in these various initiatives occurring concurrently across the state.

At the May meeting, SAC members continued discussions around communications and pilot implementation. Additionally, members considered the role of police social workers and licensed clinicians that work with police departments. As the pilots progressed this quarter, the Protocols and Standards Technical Subcommittee (PSTSC) Subject Matter Expert Workgroup noticed that more clarity was needed on the role of police social workers at Public Safety Answering Points (PSAPs) participating in the pilot. SAC members and expert consultants provided insights during the meeting and agreed that more information will be needed to ensure the dispatch of police social workers aligns with CESSA as implementation progresses.

The June meeting allowed SAC members the opportunity to plan for FY26, pending the passage of an amendment that would extend the CESSA implementation deadline to June 30, 2027. In FY26, SAC members expect to focus on reviewing pilot findings, expanding implementation of revised protocols to additional PSAPs beyond the pilot sites in accordance with recommendations from the pilot, and strengthening collaborative relationships across the crisis continuum.

SAC Technical Subcommittees

Subcommittee on Protocols and Standards

The PSTSC continued to meet biweekly during the fourth quarter of FY25. PSTSC meetings featured updates from the Behavioral Health Crisis Hub (BHCH) and the Statewide 911 Administrator on Total Response and Priority Dispatch pilot progress and plans for the APCO pre-test. The details of these updates are described above. No votes were required from committee members during this quarter.

Subcommittee on Technology, Systems Integration, and Data Management

The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) met twice in Quarter 4 on April 7, 2025, and June 2, 2025. The meetings addressed the status of the Crisis Data Reporting System, public data dashboards, pre-test and pilot activities, and the baseline data assessment. At the April meeting, members voted to temporarily adopt a bimonthly meeting cadence, with the knowledge that Subcommittee efforts would become more relevant in FY26 as the pre-tests, pilots, and statewide rollout progress. In April, members also had the opportunity to learn about the 988 Quality Assurance Plan for Illinois, submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in March 2025.

Subcommittee on Training and Education

The Training and Education Technical Subcommittee (TETSC) met two times this quarter. Standing meeting topics included reviewing the number of individuals who completed the core training courses for the pilots.

Subcommittee members also discussed and reviewed the revisions to the trainings plans for 911 PSAPs, 988 crisis counselors, and Mobile Crisis Response Teams. The virtual Verbal De-escalation Training Course was held in May to address the needs of the pilot sites' telecommunicators. The recorded course is now available on demand on the training website and accessible to all pilot participants.

Regional Advisory Committees

Regional Advisory Committees (RACs) continue to hold meetings based on each committee's agreed cadence. One major challenge for all RACs is maintaining quorum. While RACs continue to share information and elicit suggestions and ideas from membership for planning, without quorum they can neither officially conduct business nor vote on critical decisions for implementation. The lack of quorum has contributed to delays experienced by several RACs in voting for the establishment of Subregional Committees (SRCs). RAC Co-Chairs are compensating by aggressively communicating to membership on the importance of attendance to vote on the evolution of SRCs.

Challenges and Opportunities

Communication

As we have described regularly, CESSA implementation represents a systems transformation with deeply complex technical, systems, and organizational culture change requirements. The Illinois Department of Human Services Division of Mental Health (IDHS/DMH), its state agency partners, and the Behavioral Health Crisis Hub (BHCH) are committed to developing a robust and systematic communications and marketing plan to better support each element of CESSA implementation.

This quarter, Statewide Advisory Committee (SAC) and Regional Advisory Committee (RAC) members continued to update information in draft communications materials, such as frequently asked questions and an informational flyer. SAC and RAC members will be able to distribute these materials to their networks in early FY26. Communications materials, while important, are only one aspect of a broad communications strategy, which would include research, strategic message development, media strategies, and a variety of different messages and modes of delivery. This quarter, RAC meetings, new Subregional Committees, and weekly meetings with pilot sites continued to be opportunities for this type of multi-stakeholder engagement. Each of these meetings provides opportunities for learning and discussion about the changes brought about by CESSA and ongoing implementation across the state.

In addition, the 988 media campaign coordinated and funded by IDHS/DMH continued to increase awareness of 988, a critically important behavioral health crisis resource for the state. While the 988 media campaign does not include CESSA, the engagement rates in the campaign demonstrate the success of a public education campaign for behavioral health. Recognizing this opportunity, IDHS/DMH began to develop a broad CESSA communications plan for FY26 during the FY25 Quarter 4. SAC members contributed feedback to the plans, which will be finalized and implemented in early FY26. The overall goal of the plan is to increase awareness and usage of the behavioral health crisis continuum among Illinois residents.

Collaboration Across Systems

Consistent with previous quarters, IDHS/DMH, the SAC, and the RACs recognize the need for collaboration across the various systems involved in behavioral health crisis response in order to fully implement CESSA. While the advisory committee meetings and the pilots provide opportunities to build trust and learning across these systems, members and pilot participants sought out additional resources to learn more about the related and interconnected systems in Illinois, as well as examples from other jurisdictions. One such resource was the 2025 Behavioral Health Crisis Continuum Forum, hosted by the BHCH in June. The forum, while not a technical CESSA activity, provided examples of alternative response in various jurisdictions both nationally and across the state. The forum provided an opportunity for SAC and RAC members, as well as pilot participants, state agencies, advocates, and anyone interested in behavioral health, to come together virtually to learn about innovations in the field of alternative response.

Implementation Timeline

The current CESSA legislation has an implementation deadline of June 30, 2025. As discussed in previous reports, the level of systems change required to fully implement CESSA in a manner that is sustainable, scalable, and equitable necessitates a more extended approach. As of May 22, 2025, both Houses of the 104th Illinois General Assembly passed SB2500, sponsored by Senator Robert Peters and Representative Kelly Cassidy. If signed into law by Governor JB Pritzker, this bill would extend the implementation deadline to June 30, 2027, in a phased approach with milestones for 2025 and 2026 as well. The bill also clarifies expectations regarding the transportation of people in crisis by mobile crisis response teams and by law enforcement. Finally, the bill includes additional training requirements for mobile mental health relief providers in recognizing and working with people with neurodivergent and developmental disability diagnoses, as well as in the involuntary commitment process.

IDHS/DMH and the BHCH are pleased that the pilots are anticipated to be completed by the end of 2025. IDHS/DMH and the BHCH expect to finalize pilot testing during FY25 and will rapidly move to a re-evaluation and possible revision of the Interim 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. However, the remaining pilots will require the rest of calendar year 2025 and will occur alongside the expansion of implementation at Total Response and Priority Dispatch Public Safety Answering Point (PSAPs) in Illinois in FY26 and FY27.

988

**SUICIDE
& CRISIS
LIFELINE**

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