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JB Pritzker, Governor

Dulce M. Quintero, Secretary

DATE: October 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 *Dulce M. Quintero*  
Secretary *by [Signature]*  
Illinois Department of Human Services

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

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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](mailto: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  
BEHAVIORAL HEALTH  
& RECOVERY



UNIVERSITY OF  
ILLINOIS CHICAGO

Jane Addams College  
of Social Work

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

Prepared by  
Illinois Department of Human Services  
Division of Behavioral Health & Recovery  
in consultation with  
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# Executive Summary

Over the first quarter of the State Fiscal Year 2026 (FY26), the Behavioral Health Crisis Hub (BHCH) at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research completed its evaluation of the CESSA pre-test and pilot implementation efforts, continued its support to those pilots, and folded all of these lessons into planning for full CESSA implementation in the second quarter of FY26.

The Total Response and Priority Dispatch Pilot evaluation results were presented to Illinois Department of Human Services Division of Behavioral Health & Recovery (IDHS-DBHR) and the Statewide Advisory Committee (SAC), describing the experience of 19 pilot sites and over 300 transfers from 911 to 988 in total. This quarter also saw planning initiated for the early implementations for independent PSAPs and those using APCO. Lessons included the following:

- The pilots are achieving their stated goals of enabling transfer of appropriate mental health crisis calls from 911 to 988 and MCRT.
- The pilots resulted in a template for replicable changes for full CESSA implementation.
- The training courses provide the necessary support for continuing CESSA implementation.
- Low risk calls can be addressed by 988 counselors, higher risk calls addressed by MCRT.
- Regular meetings with pilot participants continue to identify, address, and resolve implementation issues.

At the same time, the pilots have confirmed the complexity inherent to such a diverse statewide initiative, and the reality that it takes time for the magnitude of change required by CESSA to be assimilated.

- There is wide variability in protocols, policies, and procedures utilized by PSAPs statewide
- Ongoing concerns to be resolved regarding liability associated with 911 call transfers
- Technical issues with the PSAP software continue to affect reporting from some pilot sites.

The BHCH reached another important milestone with the successful finalization and approval of changes to the Interim Level Risk Matrix -- now the Illinois Risk Level Matrix (ILRM). The IRLM was updated to incorporate lessons learned from the evaluation of the pilots, and to inform continued CESSA implementation.

The BHCH is working with IDHS-DBHR, the Office of the Statewide 911 Administrator, the Illinois Department of Public Health, and other partners to finalize the plan for continued CESSA implementation. Full implementation involves working with 176 PSAPs who have over 3,400 staff, as well as the 66 MCRTs and their staff, and a large number of 988 crisis counselors. Planning is currently underway to select the next wave of 22 sites to be launched in the second quarter of FY26.

Finally, the collection and presentation of pilot and full implementation data was much discussed in FY26 Quarter 1. While the pilots generated much qualitative and some quantitative data, the BHCH and IDHS-DBHR are following standard data quality and sharing practices to ensure that any data shared are accurate and meaningful.

# CESSA Implementation Updates

## **Pilot Updates**

The Illinois Department of Human Services Division of Behavioral Health & Recovery (IDHS-DBHR) continued working on CESSA implementation during the first quarter of Fiscal Year 2026 (FY26) in partnership with the Statewide 911 Administrator, local Public Safety Answering Points (PSAPs), 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. The Total Response and Priority Dispatch pilots described in previous reports concluded on June 30, 2025. The BHCH analyzed the data collected from the pilot sites during the first quarter of FY26. The results of the evaluation have been presented to the Protocol and Standards Technical Subcommittee (PSTSC) as well as the Statewide Advisory Committee (SAC). A formal report is being prepared for broader distribution.

Key implementation activities during the quarter are described below and categorized by Emergency Medical Dispatch (EMD) vendor.

## ***Total Response (Formerly PowerPhone)***

### ***Status: Pilot Completed and Evaluation Results Presented***

As of September 18, 2025, Illinois has 76 PSAPs that use Total Response protocols. Nine Total Response PSAPs participated in the pilot. One site is located in a suburban area, two in urban areas and six in rural areas. During the first quarter, the BHCH and the Statewide 911 Administrator continued to meet weekly with PSAP administrators and bi-weekly with Mobile Crisis Response Teams (MCRTs) and Centerstone, the 988 Lifeline Contact Center (LCC) involved in the pilots. These meetings continue to provide a forum for discussing and identifying operational and technical issues and troubleshooting them as they arose. Operational changes implemented during the pilot phase, including data collection and reporting, continued during this quarter. The cumulative number of completed transfers to Centerstone as of September 4, 2025, was 289. Of the 289 transfers, 222 were resolved by Centerstone, five were transferred to MCRT for an on-site response, and three were transferred to 911 because of safety concerns.

## ***Priority Dispatch***

### ***Status: Pilot Completed and Evaluation Results Presented***

As of September 18, 2025, Illinois has 78 PSAPs that use Priority Dispatch protocols. Ten Priority Dispatch PSAPs participated in the pilot. The BHCH and the Statewide 911 Administrator continue to meet weekly with the PSAP administrators participating in the pilot, as well as bi-weekly with associated MCRT sites and Centerstone. As of September 4, 2025, the cumulative number of completed transfers to Centerstone was 31. Of the 31 transfers, 18 were resolved by Centerstone, four were transferred to MCRT for an on-site response, and two were transferred to 911 because of safety concerns.

## ***APCO***

### ***Status: Initial Implementation Planning***

Planning for the initial implementation of APCO sites continued during this quarter. The APCO pilot has been delayed due to the need to complete work on the protocol updates and well as to work with PSAPs regarding EMD Medical Director approvals. The BHCH and the Statewide 911 Administrator continued working with a PSAP manager who is an APCO subject matter expert on updating targeted protocols to include questions similar to those incorporated into the Total Response protocols. The modifications have been submitted to the APCO vendor, and the changes are underway. During our planning meeting with the pilot sites, we learned that one of the sites that previously volunteered for

the initial implementation does not use APCO software, so the initial implementation will include two sites. The non-APCO site is a law enforcement-only site that will participate in work being undertaken with several law enforcement sites. There are 15 PSAPs in Illinois that use APCO protocols, and six that use law enforcement-only protocols. The BHCH and the Statewide 911 Administrator will work with this law enforcement-only site and several others to test protocols for use with law enforcement-only PSAPs in the near future.

### ***Independents***

#### ***Status: Meetings In Progress to Discuss How Independent Protocols Comport with CESSA Requirements***

"Independents" are PSAPs that utilize EMD protocols developed by the resource hospital with whom they work, rather than utilizing the EMD software of one of the protocol vendors with whom the PSTSC is working. An initial meeting was held this quarter with the only remaining "independent," the City of Chicago. As of last quarter, there were two "independents," but the other site recently decided to transition to using protocols from Total Response.

### ***Pilot Accomplishments, Lessons Learned, and Challenges***

#### ***Accomplishments and Lessons Learned***

As reported above, the Total Response and Priority Dispatch pilot periods ended June 30, 2025, and a formal report is being prepared for distribution. Here are some of the accomplishments and lessons learned from the pilots:

- **The pilots are achieving their stated goals.** We are seeing successful transfers from 911 PSAPs to 988 for crisis resolution or transfer to mobile crisis response teams for an on-site response when required
- The structural changes in the pilots have become **a template for replicable changes that we can build on** and improve in continuing CESSA implementation
- **The training courses provide the necessary support** for continuing CESSA implementation
- Low risk calls can be addressed by 988 crisis counselors; higher risk calls can be addressed by MCRT
- Bi-weekly meetings with the sites participating in the pilots have continued to be productive in terms of **identifying, addressing, and resolving issues regarding implementation.** This has provided a wealth of information that will be used to inform us about the continued implementation process. There have been some opportunities to share information between 911 and 988 during these meetings that has been helpful in term of relationship building.

#### ***Challenges***

Although there have been many accomplishments during the pilot period, IDHS-DBHR and the BHCH are also addressing challenges in CESSA implementation as we prepare to move into full implementation. These challenges include operational issues such as how PSAPs utilize protocols as well as internal policies and procedures needed to implement CESSA.

- CESSA implementation requires a cultural shift and an operational shift in policies and procedures in a relatively short amount of time. These shifts will involve hundreds of professionals who work as PSAP and 911 administrators and telecommunicators, 988 crisis counselors and supervisors, and MCRT administrators and team members. During the pilots, information has been gathered that will be used to assist the next wave of sites that will participate in CESSA implementation. Such information includes feedback for additional aspects of CESSA that should be included in training, as well as the recommendation to use implementation checklists to aid the PSAPs in preparing for implementation. However, it

should be noted that **it takes time for the magnitude of change required by CESSA to be assimilated** by the entities impacted by the legislation.

- There is **variability in protocols, policies, and procedures utilized by PSAPs** across the state. This, in turn, affects data collection strategies that have been put into place. Variability among PSAP policies and procedures, including the use of protocols, needs to be addressed at a policy level and as an important focus of planning as we move forward with CESSA implementation.
- There have been some **concerns regarding 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 described in [Section 55 of the CESSA legislation](#) under Immunity: "The exemptions from civil liability in Section 15.1 of the Emergency Telephone Systems Act apply to any act or omission in the development, design, installation, operation, maintenance, performance, or provision of service directed by this Act." This information needs to continue to be emphasized as implementation continues.
- **Technical issues with the software** utilized by the PSAPs in both pilots affected reporting from some pilot sites. These issues are being addressed with the software vendors and sites as appropriate by the BHCH and the Statewide 911 Administrator.

### ***Interim Risk Level Matrix Revision***

The Protocol and Standards Technical Subcommittee (PSTSC) has been charged by the Statewide Advisory Committee (SAC) with the responsibility for updating and approving work associated with the Interim Risk Level Matrix. The PSTSC met throughout the first quarter of FY26 to engage in a process to review, update, and approve a revision of the Interim Risk Level Matrix. The updated matrix, now referred to as the Illinois Risk Level Matrix (IRLM), was unanimously approved by the PSTSC September 4, 2025. An overview of the process in which the Subcommittee engaged is described below.

### ***Interim Risk Level Matrix Update Process***

The Interim Risk Level Matrix was revised and updated by the BHCH using a multi-step process. The first task was to review the following information:

1. Other risk level matrices used nationally
2. Previous commentary on the Interim Risk Level Matrix from PSTSC members, the SAC, and the public
3. Information garnered from the pilot

The second task was to update the matrix based on this information. Significant changes included the following:

1. Defined co-responder models (non-law enforcement, law enforcement)
2. Introduced diversion into language on criminal activity
3. Changed response times to expand use of 'up to 60 minutes'
4. Defined when MCRT should respond to Unknown Status/Well-being Check
5. Removed use of 'psychosis' term and replaced it with symptom description on the request of PSTSC members who viewed the term as too subjective
6. Removed 'verbal aggression' in Level 4 and moved to Level 3
7. Offered examples of non-lethal weapons
8. Classified domestic violence calls as requiring law enforcement response

The third task focused on creating an internally consistent document in which all factors were addressed across all levels. The interim matrix previously did not address each risk factor in each level of the matrix.

The fourth task focused on gathering feedback on the proposed modifications from a wide range of stakeholders including PSTSC members, additional SAC members who wanted to give feedback, the public during public comment, and system partners such as subject matter expert consultants in the substance use and mental health fields, advocates, the 911 Statewide Administrator, and others. This feedback was gathered over the course of a month to ensure that there was ample opportunity for comment.

The fifth task focused on addressing the feedback, discussing each point with the PSTSC, and making agreed upon changes based on the feedback.

### **Feedback Themes:**

- *Theme 1:* Clarification of response type for calls in which a criminal activity is occurring and those in which risk acuity is urgent/emergent for calls in which Intoxication is an issue
- *Theme 2:* Replacement of subjective language/terms to describe risk acuity
- *Theme 3:* Clarification regarding call types to which MCRTs respond
- *Theme 4:* Lethal and non-lethal weapon clarification
- *Theme 5:* Integration of risk factors/acuity into PSAP protocols and how they are used
- *Theme 6:* Addition of language and examples to clarify intoxication risk and acuity

### **Finalization and Approval**

The Illinois Risk Level Matrix (IRLM) was approved by the PSTSC on September 4, 2025. The finalization and approval of the IRLM at this juncture is a critical and necessary step with regard to meeting CESSA requirements as outlined in the excerpt from the most recent CESSA amendment ([Public Act 104-0155](#)) displayed below:

“No later than June 30, 2027, implementation of reviewed protocols by all remaining PSAPs, including any PSAPs that previously cited financial barriers to updating systems that CESSA must be fully implemented by June 30, 2027.”

The following tasks are necessary to meet this timeline:

- An average of 22 new CESSA implementations are required each quarter through June 2027.
- Changes to the IRLM that impact protocol scripts must be updated in vendors’ software as applicable.
- Cultural issues regarding referral of calls for a behavioral health response must be addressed. To change longstanding practices among telecommunicators, solutions include working with PSAP telecommunicators around change management issues, considering the use of response types not traditionally dispatched for 911 behavioral health calls, and revising their workflow.
- CESSA implementation must be expanded to incorporate additional levels of the risk matrix. Heretofore, the focus has only been on level 1 (low risk factors).
- All participants in CESSA implementation must complete required training.
- Operational issues identified through the pre-tests and pilots must be addressed to ensure that appropriate procedures are in place to support CESSA implementation.

The approval of the updated IRLM provides the necessary foundation for the continued implementation of CESSA.

### **CESSA Implementation Planning**

The BHCH is working with IDHS-DBHR, the Office of the Statewide 911 Administrator, the Illinois Department of Public Health, and other partners to finalize the plan for continued CESSA implementation. It has been determined that it will be necessary to implement CESSA at an average of 22 sites each quarter from FY26 Quarter 2 through June 2027. Full implementation involves working with 176 PSAPs who have over 3,400 staff, as well as the 66 MCRTs and their staff, and a large number of 988 crisis counselors. Planning is currently underway to select the next 22 sites to participate in implementation. This next wave will be launched during the second quarter of FY26. The full implementation plan will be discussed in the next quarterly report.

### **Training Updates**

Training activities this quarter included finalizing the Core Training Plan Policies, addressing the legislative training requirements, continuing the pilot Core Training updates, and developing the learning management system (LMS).

### **Finalizing the Core Training Plan Policies**

During the first quarter of FY26, the Training and Education Technical Subcommittee (TETSC) approved the Core Training Plan Policies. TETSC members include representatives of behavioral health providers, people with lived experience of behavioral health issues, law enforcement, the Illinois Department of Public Health, and the Statewide 911 Administrator. In addition, the Subcommittee worked with the Illinois Department of Healthcare and Family Services (HFS) to ensure the revised MCRT policies aligned with HFS training expectations.

Revisions for the MCRTs and the 988 Crisis Counselors were based on Subcommittee members' recommendations to include the following requirements:

1. Existing staff currently part of the 988 and MCRT agencies will have 60 days to complete CESSA Core Training after being notified by the BHCH to initiate Core Training Courses for CESSA implementation. While completing the Core Training, these staff members may continue to respond to calls according to existing agency policies and procedures.
2. New staff onboarding after the CESSA training plan is in effect are required to complete CESSA Core Training Courses before responding to crisis calls. This requirement applies to MCRT staff on the phone as well as in the field, and to 988 crisis counselors before independently responding to crisis calls, texts, or chats. All MCRT and 988 staff, including supervisors, are required to complete CESSA Core Training Courses.

The finalized Core Training Plan Policies for 911 telecommunicators now include the following requirements:

1. The Office of the Statewide 911 Administrator requires telecommunicators and supervisors to complete the CESSA Core Training.
2. CESSA Core Training for 911 telecommunicators will ultimately be embedded in the Telecommunicator/Telecommunicator Supervisor training curriculum from the Statewide 911 Administrator.
3. Telecommunicators currently employed will have 60 days to complete CESSA Core Training after being notified by the Statewide 911 Administrator and the BHCH to initiate training to prepare for CESSA implementation. These staff members may continue to take calls according to existing agency policies and procedures while completing CESSA Core Training.

4. New telecommunicators and supervisors onboarding after the CESSA protocols are in effect must complete the CESSA Core Training Courses before answering calls independently. New staff are not eligible to take calls independently for transfer to 988 until they complete the CESSA Core Training Courses. However, new staff may answer calls under their Communications Training Officer (CTO) or Supervisor's direct, real-time, in-person supervision before completing the CESSA Core Training Courses.
5. PSAPs cannot participate in CESSA implementation (i.e., transferring behavioral health crisis calls from 911 to 988 for crisis counseling or referral for a mobile crisis response) until all telecommunicators and supervisors complete CESSA Core Training Courses.

### **Curriculum Revision**

Newly enacted [Public Act 104-0155](#) includes additional training requirements not previously addressed in earlier CESSA legislation. The CESSA training requirements were amended to include the following in Section 25:

- (4) training in recognizing and working with people with neurodivergent and developmental disability diagnoses and in the techniques available to help stabilize and connect them to further services;*
- (5) training in the involuntary commitment process, in the identification of situations that meet the standards for involuntary commitment, and in cultural competencies and social biases to guard against any group being disproportionately subjected to the involuntary commitment process or the use of the process not warranted under the legal standard for involuntary commitment.*

The Subcommittee provided recommendations on training content and potential trainers to host the training. The new training courses are expected to take place in the second quarter of FY26.

### **Pilot Training**

911 telecommunicators, 988 crisis counselors, and MCRTs in the pilots must complete Core Training courses required by CESSA. As of September 11, 2025, 1,740 unduplicated telecommunicators, 988 crisis counselors, and MCRT staff members completed courses for the pilot, and the total number of on-demand training courses completed for the pilot is 6,931.

### **Optional Training**

Optional training courses offered by the BHCH for telecommunicators, 988 crisis counselors, and MCRTs are being revised based on feedback and suggestions from previous training courses. Suggested topics for optional trainings include, but are not limited, to situational awareness, stress management, trauma informed response, self-care, and children experiencing a mental health crisis. The optional training courses are scheduled resume in FY26 Quarter 3.

### **Learning Management System**

The BHCH continued preparing the Articulate 360 LMS to go live for the Core Training Courses for 911 telecommunicators, 988 crisis counselors, and MCRTs. Implementation processes this quarter focused on finalizing the registration process and designing the certificate of completion, as well as additional administrative functions. The LMS is expected to launch in FY26 Quarter 2.

## ***Data Updates***

Data-related implementation activities this quarter included progress on the Crisis Data Reporting System (CDRS), data dashboards, pilot data collection procedures, landscape survey, a baseline data assessment, and the police social worker survey.

### ***Crisis Data Reporting System***

In Q1 of FY2026, development of the CDRS, formerly known as the Provider Data Collection and Reporting Database, continued. Scheduled to launch in FY26, the CDRS will streamline processes for agencies reporting on 988 and 590 services. In July and August, the BHCH and IDHS-DBHR staff members completed pre-alpha testing. The CDRS software developer is in the process of implementing the feedback received during pre-alpha. The BHCH is currently preparing for alpha testing of the system software with IDHS-DBHR 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. In the previous quarter, a sample dashboard was shared. 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 current level of data collection does not support the rollout of data dashboards. Instead, we will provide graphical representations of the data that is available and continue to develop a dashboard tool for when the data is sufficient to populate a dashboard.

### ***Pilot Data Collection Procedures***

In Quarter 1 of FY26, the Total Response and Priority Dispatch pilot PSAPs, Centerstone 988 call center, and the corresponding MCRTs moved from the pilot phase to the implementation phase. The implementation sites continue to send weekly reports. In addition, Centerstone continues to provide weekly reports of transfers received from participating PSAPs and, when applicable, MCRTs provide reports of transfers they receive that originate from 911. The BHCH is also working closely with APCO sites on data collection procedures, in preparation for two new sites launching in fall of 2025. The APCO pilot sites will report the same data elements that Total Response and Priority Dispatch sites report. 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, and the recommended responder type. The TSIDM continues to review initial pilot data as it is reported and gain preliminary insights, which are discussed in the earlier section ["Pilot Accomplishments, Lessons Learned, and Challenges"](#).

### ***Landscape Survey***

The BHCH plans to review and update the Landscape Survey toolkit originally used to collect data from PSAPs in 2023. PSAPs will re-administer the survey during the CESSA implementation process to ensure that they have accurate and up-to-date information regarding behavioral health resources that are available in their jurisdictional coverage areas. A secondary function of the Landscape Survey is to provide the BHCH and IDHS-DBHR with updated information about the behavioral health crisis response options and resources that are available to each PSAP.

### ***Baseline Data Assessment***

In FY 2025, BHCH staff members and TSDIM Subcommittee members determined a need to assess pre-implementation outcomes for behavioral health crisis calls. This baseline assessment will provide data to serve as comparison for a variety of time periods and studies of future performance. Specifically, the baseline assessment will collect data from PSAPs, 988, and MCRTs about pre-

implementation activities related to responding to behavioral health crises. To date, the BHCH has identified outcomes, measures, and benchmarks for the three provider types (PSAPs, 988, and MCRTs). The BHCH identified calendar year 2024 as the baseline period. Data from calendar year 2024 has already been collected from Centerstone and is currently being collected from PATH. Data collection from PSAPs and MCRTs is slated for later in FY 2026.

### ***Police Social Worker Survey***

After the Total Response pilot launched in February 2025, the data indicated that local mental health response resources affected PSAP dispatch decisions. Specifically, some law enforcement agencies with social workers on staff had the ability to send social workers as part of the response to mental health crisis calls. Consequently, this influenced whether the PSAP transferred calls to 988 or whether they dispatched police social workers.

The BHCH, IDHS-DBHR, and Statewide 911 Administrator recognized the need to gather systematic data on police social workers across the state. They decided to create a police social worker survey to gather information about the number of Law Enforcement Agencies (LEAs) with social workers on staff or working under contract. Specifically, the survey asked: number of social workers working with the LEA; whether the social workers respond to mental health crisis calls; the hours social workers are available; the structures that LEAs use for social workers to respond to mental health crisis calls; how social workers are dispatched to the scene; the services that social workers provide during a mental health crisis; how long LEAs have included social workers as part of response to mental health crisis calls; and whether the LEA plans to continue the practice.

The survey was sent to members of the Illinois Police Social Worker Association on August 11, 2025, with a goal of obtaining a response from every LEA represented in the membership list. Individuals from 51 LEAs received an invitation to complete the survey. Two additional individuals reached out to the BHCH and Office of the Illinois Statewide 911 Administrator to ask if they could complete the survey. These two individuals were provided with a summary of inclusion criteria for the survey's target audience and instructions for how to complete the survey. Non-responders received reminders on a weekly basis. The survey closed on August 27, 2025. Respondents from 35 LEAs were confirmed as providing valid responses. Responses from six additional LEAs were flagged for providing invalid/contradictory DATA and require follow-up to determine if they should be included in analysis.

For the 35 included Law enforcement agencies, results indicated the following:

- 18 LEAs reported social workers respond to mental health crisis calls
- The most common types of calls that social workers respond to include mental health symptoms, suicidal ideation, well-being checks, suicide attempt, calls related from or about people experiencing homelessness, domestic violence, and abandoned person
- Reported response structures included: 1) dispatching police social workers to respond with officers as part of a co-response, 2) dispatching police social workers to respond independently without officers, 3) that the LEA has both options available for dispatch decisions and selects most appropriate option based on circumstances of the call, or 4) social workers are not dispatched to the specific call type.
- All 18 LEAs that use police social workers to respond to mental health crisis calls report that their social workers provide the following services: Crisis intervention, de-escalation, linkage and referral to community services, and creating crisis plans.
- The majority of responding agencies also provide the following services: assessing risk to self/others, community outreach, and coordinating transport with EMS.

### **Regional Implementation Activities**

At the end of the previous quarter (FY25) and throughout the first quarter of FY26, four more Subregional Committees (SRCs) were voted in by various Regional Advisory Committees (RACs) bringing the collective statewide total to 19. SRCs are responsible for ensuring that changes in protocol vendor scripts leading to new dispatch alternatives and other CESSA policies are implemented at the local level with consideration for local communities' realities.

- Rich & Bremen SRC and Will County SRC (both Region #7) were voted and approved on June 26, 2025
- DuPage County SRC (Region #8) was voted and approved on September 4, 2025
- Lake County Crisis Coalition (Region #10) was voted and approved on September 18, 2025

The SRC Growth Chart will be adjusted accordingly if new committees are identified. There are three RACs that are continuing to work on creating synergies to develop interest in evolving an SRC. While the dynamics within these Regions are recognized to differ significantly from one another, the efforts of the Chairs and Co-Chairs to persevere and address barriers continues, it is highly anticipated that there will be substantial movement by the end of the next quarter.

To assist SRCs with their charge, a preliminary Toolkit with a Needs Assessment was provided to RACs. The Toolkit establishes an operational platform for SRCs to guide local level planning and to identify a structure that will address crisis responses aligned with resources in the local communities. The Toolkit extracted critical excerpts from the [Expanding First Response Assessment Tool](#) compiled by the Council of State Governments Justice Center.

# Summary of CESSA Meetings

CESSA meetings continued regularly in the first quarter of Fiscal Year 2026 (FY26).

## **Statewide Advisory Committee**

The Statewide Advisory Committee (SAC) saw two membership changes in FY26 Quarter 1. Cindy Barbera-Brelle, the former Statewide 911 Administrator, resigned from the SAC as a member but remains an expert consultant in the implementation process. As the role is filled ex officio by the Statewide 911 Administrator, Alicia Atkinson, the new Statewide 911 Administrator, officially became a SAC member this quarter. Former member Brittany Watson also resigned in FY25 Quarter 1, and as of September 26, 2025, the seat remains open. Watson represented an advocacy organization either led by or consisting primarily of individuals with intellectual or developmental disabilities, individuals with behavioral disabilities, or individuals with lived experience. Future candidates will be reviewed by IDHS-DBHR and appointed by the Secretary of Human Services.

The SAC met twice over the first quarter of FY26. As in previous years, the SAC opted not to meet in July, to allow time for the pilots to be analyzed and for the then-pending CESSA amendment to be signed by Governor JB Pritzker. At the reconvening of the SAC in August, members learned about the recently enacted [Public Act 104-0155](#), which amends CESSA to affect the involuntary commitment process and extends the implementation deadline to July 2027.

Other August meeting topics included: attendance and audience feedback from the 2025 Behavioral Health Crisis Continuum Forum; preliminary pilot data and the upcoming APCO pilot; and the timeline and process to update the Interim Risk Level Matrix (now called the Illinois Risk Level Matrix). Moreover, members engaged in a robust discussion about operational planning and goal setting for FY26, with a focus on how to align programs with CESSA and the Unified Crisis Continuum. In preparation for ongoing CESSA implementation, members also provided feedback about overarching communications goals and stakeholder-specific topline messages.

The September SAC meeting was a joint meeting with the Regional Advisory Committee (RAC) chairs and co-chairs, and a hybrid meeting with an in-person option in Joliet, Illinois. As with past in-person meetings, the live engagement and discussion fostered deeper collaboration among the SAC and RAC. At the September meeting, SAC members and RAC chairs and co-chairs reviewed the pilot evaluation data in more detail and discussed the approved changes to the newly revised Illinois Risk Level Matrix. Two RAC co-chairs also presented to the SAC on advancements in their regions and ways they are building collaboration and increasing access to services in their communities.

## **SAC Technical Subcommittees**

### **Subcommittee on Protocols and Standards**

During the first quarter, the Technical Subcommittee on Protocols and Standards (PSTSC) hosted seven meetings, some of which were scheduled ad hoc outside of the regular meeting pattern. At the single meeting held in July, the Behavioral Health Crisis Hub (BHCH) offered a brief overview of PSTSC planning for the upcoming fiscal year. The four August meetings focused more specifically on the existing Interim Risk Level Matrix and the subsequent development of an updated Illinois Risk Level Matrix (IRLM). Over the course of the month, members had the chance to discuss proposed changes, which were based on results from the ongoing pilots and other stakeholder feedback.

At the meeting on September 4, 2025, members voted to approve the revised IRLM, which was detailed earlier in this report. Later that month, a second meeting on September 18 primarily focused on developing the preamble to the new IRLM, which was proposed and presented to Subcommittee members for review. Members will have opportunity to provide feedback and suggestions before the preamble is finalized.

### ***Subcommittee on Technology, Systems Integration, and Data Management***

The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) convened once this quarter in September. The meeting primarily consisted of a broad overview of the data collection, management, and reporting processes expected for full CESSA implementation. The overview included sample versions of interactive dashboards which will be accessible in the future; a list of data elements that will be collected from PSAPs, 988 call centers, and MCRTs; and an outline of quality improvement activities. Additionally, members learned about the ongoing development of the Crisis Data Reporting System (CDRS), as well as a recently administered survey to assess the use and responsibilities of police social workers across the state.

Data-related activities are proceeding as expected, with members continuing to have regular opportunities to provide structured feedback. Their guidance and expertise will ensure that data collection, management, and reporting processes adhere to the CESSA legislation while also acknowledging the existing capacity and resources of crisis response system stakeholders.

### ***Subcommittee on Training and Education***

The Training and Education Technical Subcommittee (TETSC) met twice this quarter. As in previous quarters, a standing topic was reviewing the number of individuals who completed the Core Training courses for the pilots. In addition, feedback from the pilot Public Safety Answering Points (PSAPs) this quarter about the CESSA Core Trainings included the need for more scenario-based training and training specifically tailored to telecommunicators.

TETSC members approved the finalized CESSA Core Training Policies for 988 crisis counselors, 911 telecommunicators, and Mobile Crisis Response Team (MCRT) staff at the meeting on July 22, 2025. As described earlier in this report, these policies will guide how future PSAPs, MCRT agencies, and 988 Lifeline Contact Centers implement the Core Training for their staff as implementation expands beyond the pilots. At the August meeting, members then began planning to address the changes to the required CESSA trainings per [Public Act 104-0155](#).

### ***Regional Advisory Committees***

The Regional Advisory Committees (RACs) reconvened in the month of August after a month's hiatus. August allowed RACs to schedule their annual meeting cadence, focus on active membership participation, and/or make recommendations for changes. During this month, RACs have realigned objectives to further evolve subregional committees, local level collaboration, and planning.

The RACs have been invested in moving and messaging the vision and mission of CESSA. There has been an aggressive effort to personally reach out to appointed members to encourage participation. These efforts have been substantiated by greater attendance at meetings, to the extent that majority quorums have been met and business decisions requiring a vote have been achieved.

# Challenges and Opportunities

## **Communication**

CESSA implementation represents a transformation with deeply complex technical, systems, and organizational culture change requirements. Accordingly, IDHS-DBHR, its state agency partners, and the Behavioral Health Crisis Hub (BHCH) recognize that robust, systematic communications and marketing efforts are necessary for successful CESSA implementation.

This quarter saw the publication of a new [informational flyer](#), which the Statewide Advisory Committee (SAC) and Regional Advisory Committees (RACs) can use to educate their networks about the background and goals of CESSA. Still, communications materials are only one aspect of a broad communications strategy, which should include research, targeted message development, brand strategy across multiple channels, and metrics to assess performance. To meet the overall goal of increasing awareness and usage of the behavioral health crisis continuum among Illinois residents, the need for a formalized communications and marketing plan has become apparent.

In this vein, SAC members this quarter also had the chance to contribute to the development of high-level, stakeholder-specific messages, which will ultimately inform the larger communications plan. To support these efforts, the BHCH is soliciting pro bono resources to leverage skilled volunteers from communications firms. If secured, these resources would result in a coordinated communications and marketing strategy that IDHS-DBHR and the BHCH could use as we approach full CESSA implementation.

## **Collaboration Across Systems**

Consistent with previous quarters, IDHS-DBHR, the SAC, and the RACs recognize that CESSA cannot be implemented without collaboration across the various systems involved in behavioral health crisis response. IDHS-DBHR and its partners, such as the Illinois Department of Healthcare and Family Services, dedicated significant time this quarter to working with each other on aligning program expectations. The alignment work will continue as part of the State's overall goal to have a unified crisis response continuum, of which the changes required by CESSA are just one aspect.

## **Implementation Timeline**

Governor JB Pritzker signed the CESSA amendment, [Public Act 104-0155](#), on August 1, 2025. As stated earlier in this report, the legislation extended the implementation deadline to June 30, 2027, rather than June 30, 2025, in a phased approach with milestones for 2025 and 2026 as well. This longer timeline is necessary to achieve the level of systems change required to fully implement CESSA in a manner that is sustainable, scalable, and equitable. In addition, the CESSA amendment clarified expectations regarding the involuntary commitment process, the transportation of people in crisis by mobile crisis response teams and by law enforcement, and civil liability for emergency care. Finally, additional training requirements and data reporting elements were added to the legislation.

The phased approach allowed for by Public Act 104-0155 enables IDHS-DBHR, the BHCH, and the Statewide 911 Administrator to proceed with CESSA implementation over the next seven quarters, so that all Public Safety Answering Points are using updated protocols by June 30, 2027. Implementation by early adopters and those most eager for change will go first, followed by sites who may need more technical assistance to adopt the changes.

### **Liability**

A recent incident in Champaign County involving the unfortunate stabbing of paramedics by a person experiencing a behavioral health crisis has raised significant concerns in the field. Among the concerns that have been raised are liability of all parties involved in this systems change, including 911 telecommunicators and other staff that are involved in designing this change process. Meetings are underway to further discuss these issues and possible remedies. Although this incident did not involve a CESSA pilot site, it has highlighted the vulnerabilities that could arise as CESSA is implemented and therefore requires attention and resolution.



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