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JB Pritzker, Governor

Dulce M. Quintero, Secretary

DATE: December 23, 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 Quintero*  
Secretary *by M. Quintero*  
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 January 1, 2026

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

Over the second quarter of State Fiscal Year 2026 (FY26), the Illinois Department of Human Services Division of Behavioral Health & Recovery (IDHS-DBHR) continued to collaborate closely with the Statewide 911 Administrator, local Public Safety Answering Points (PSAPs), and the Behavioral Health Crisis Hub (BHCH) at the University of Illinois Chicago's Jane Addams College of Social Work Center for Social Policy and Research. In last fiscal year, significant work was accomplished piloting Community Emergency Services and Support Act (CESSA) implementation with selected PSAPs and behavioral health response providers. Implementation of CESSA saw several major milestones this quarter, including sharing the results of the pilots and onboarding new PSAPs.

To implement CESSA by June 30, 2027, an average of 22 new PSAP sites must be onboarded per quarter until June 2027, highlighting the importance of collective effort to meet this shared goal. The first post-pilot group of PSAPs for CESSA implementation, known as Cohort 1, began onboarding this quarter. As part of the onboarding process, PSAP staff need to complete CESSA-required training modules as well as train their staff on new policies and procedures and updated software, gain approval of protocol changes from their Emergency Medical System Medical Directors, update and test their protocol software, update their landscape survey, and test their required reporting. The BHCH and the Statewide 911 Administrator are providing training and technical assistance to the Cohort 1 PSAPs to help them accomplish these critical steps. Mobile Crisis Response Teams that are geographically connected to these PSAPs in Cohort 1 are simultaneously training their staff and creating policies and procedures to prepare for CESSA transfers.

To support CESSA implementation, activities related to training and data collection remain crucial this quarter, including the launch of the learning management system and the approval of courses for two new legislatively mandated topics: neurodivergence and involuntary commitment. Data system activities included: the continued development of the Crisis Data Reporting System; the development of data dashboards; pilot data collection procedures; a landscape survey; a baseline data assessment; and the police social worker survey.

Regional Advisory Committees (RACs) continued to meet and make progress in the plans and operational design for CESSA implementation. The growth of two new Subregional Committees (SRCs) demonstrates the steady progress these RACs are making. RACs are distributing a survey to their local SRC members to better understand the technical assistance and resources that will most benefit the SRCs as they build long-term relationships that will create the cultural shifts required to implement CESSA.

The implementation of CESSA continues to present challenges and opportunities to connect the varied entities involved in the crisis system, who must work together to make CESSA successful. Direct communication, including combating myths and misinformation in public meetings, remains a key strategy. State government partners in the crisis system continue to play a crucial role in communication, particularly in reaching specific stakeholders such as PSAPs. Collaboration across systems remains another key strategy as more local jurisdictions across the state implement programs that provide alternatives to law enforcement only responses to individuals experiencing behavioral health crises. Statewide implementation of the infrastructure required to support CESSA will need to incorporate these alternative response programs.

# CESSA Implementation Updates

## **Pilot Updates**

The Illinois Department of Human Services Division of Behavioral Health & Recovery (IDHS-DBHR) continued to implement the Community Emergency Services and Support Act (CESSA) during the second 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. With the conclusion of the CESSA implementation pilot, the BHCH focused on analyzing the data collected during the pilot period. The BHCH created a brief summarizing the pilot results and shared it with the Statewide Advisory Committee (SAC), the SAC Protocols and Standards Technical Subcommittee, the Regional Advisory Committee (RAC) Chairs and Co-Chairs, and the PSAP sites and Mobile Crisis Response Team (MCRT) project directors participating in the pilot.

Key post-pilot implementation activities from this quarter are discussed below, with a focus on two primary areas. First, an overview of the work being undertaken to expand CESSA implementation will be provided. This will be followed by an update on implementation activities organized by the protocol vendors utilized by the PSAPs.

## **Selection of Cohorts for Expanded CESSA Implementation**

CESSA implementation will need to proceed at an average rate of 22 PSAP sites per quarter through June 2027 to meet the full implementation deadline. This involves working with 169 PSAPs (several have consolidated since the last quarter) and their over 3,400 staff members, as well as the 60 MCRTs and their staff, and a large number of 988 crisis counselors.

Cohort 1, consisting of 23 sites, was selected by the Statewide 911 Administrator in collaboration with the BHCH in late September. The BHCH and the Statewide 911 Administrator convened an informational meeting for Cohort 1 on October 15, 2025. Participants included the administrators from PSAP sites, Centerstone, and the project directors of the corresponding MCRTs. Two question-and-answer (Q&A) sessions were convened following the informational meeting to provide additional time for Cohort 1 sites to clarify any issues discussed during the meeting.

Cohort 1 PSAPs, MCRTs, and 988 staff attended two additional planning meetings in November: one focused on transfer guidance and one focused on reporting requirements. Additionally, the BHCH hosted two well-attended drop-in Q&A sessions following the transfer guidance meeting to provide further support for the onboarding process.

CESSA will be implemented at the Cohort 1 agencies following these necessary implementation steps for PSAPs, MCRTs, and 988 Centerstone.

- Steps for PSAPs:
  - Approval of protocol updates by their Emergency Medical Services Medical Directors (EMS MDs)
  - Staff completion of CESSA required training modules
  - Specification and testing of required reporting
  - Update of their Landscape Survey
  - Update of protocol software

- Testing of software updates
- Training staff on software updates and other CESSA implementation requirements
- Steps for MCRTs:
  - Staff completion of CESSA required training modules
  - Internal training based on guidance provided for implementation, including warm transfers and no decline policy
  - Testing of required reporting
- Steps for 988 Centerstone:
  - Staff completion of new CESSA required training modules
  - Continued training of staff regarding CESSA requirements

IDHS-DBHR, the BHCH and the Statewide 911 Administrator currently expect to identify sites for Cohort 2 and begin the onboarding process during the next quarter. However, this may be delayed due to the Total Response PSAP delays described below.

### **Implementation Updates by Vendor**

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

#### ***Status: Ongoing Support of Former Pilot Sites and Selection of Cohort 1 for Expanded CESSA Implementation***

With the conclusion of the pilot, the Total Response pilot sites have become part of the broader CESSA implementation process. The BHCH and the Statewide 911 Administrator continue to convene bi-weekly meetings with the sites to provide ongoing support, facilitate cross-pollination of ideas, and troubleshoot any issues that arise. The sites will need to obtain approval from their EMS MD for updates to targeted protocols, coordinate with vendors to update their software, and ensure that staff complete the newly required CESSA training as they transition into expanded implementation.

#### ***Work with Vendors for Protocol Changes***

The BHCH staff and the Statewide 911 Administrator have met with the Total Response team to discuss updating specified protocols to allow for the transfer of calls categorized as levels 2 and 3 of the Illinois Risk Level Matrix (IRLM), which are now eligible for alternate response per the State Advisory Committee. Once approved by IDHS-DBHR and EMS MDs, work will continue with Total Response to update the protocol as discussed.

As of October 31, 2025, a cumulative total of 345 completed Total Response transfers were made to Centerstone. Of the 345 transfers, 298 or 86%, were resolved by Centerstone, five were transferred to MCRT for an on-site response, and three were transferred back to 911 due to safety concerns.

#### ***Priority Dispatch***

#### ***Status: Ongoing Support of Former Pilot Sites and Selection of Cohort 1 for Expanded CESSA Implementation***

The BHCH met with the PSAP subject matter expert workgroup to review the mapping of the determinant codes (behavioral descriptors) used in Priority Dispatch protocols to levels 2 and 3 of the IRLM, as well as the recommended response types associated with them. The mapping will be shared with Priority Dispatch users in Cohort 1 and pilot PSAPs. Each PSAP will need to map the determinant

codes to response types that are specific to the behavioral health resources available within their coverage areas. Completion of the updates to the Landscape Analysis will assist in this process.

As of September 4, 2025, a cumulative total of 51 completed Priority Dispatch transfers were made to Centerstone. Of the 51 transfers, 39, or 76%, were resolved by Centerstone, five were transferred to MCRT for an on-site response, and four were transferred back to 911 due to safety concerns.

## **APCO**

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

The BHCH and the Statewide 911 Administrator continued to meet with the two APCO sites participating in the initial implementation to provide planning support. The two sites are Tri-Com Central Dispatch in St. Charles and the Winnebago County Sheriff's Department in Rockford. Both sites obtained approval from their EMS MDs during the quarter. Tri-Com launched on December 1, and the Winnebago site launched on December 8. Before adding additional APCO sites to future cohorts, an assessment will be made to review the implementation, ensuring there are opportunities for support if needed. Once the first two sites are transferring calls successfully, additional APCO sites will be added to future cohorts

## **Independents**

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

There are two types of independents. Independents have previously been defined as PSAPs that utilize emergency medical dispatch (EMD) protocols developed by the resource hospital with which they work, rather than using the EMD software of one of the protocol vendors with which the PSTSC is working. There are also a small number of PSAPs that only dispatch calls to law enforcement.

The City of Chicago is now the only independent PSAP in the state using its own EMD protocol and its own law enforcement protocol. During this quarter, the BHCH and IDHS-DBHR convened several meetings with City of Chicago representatives and the RAC 11 Chair and Co-Chair in November and December to lay the groundwork for participation in CESSA implementation. A draft work plan has been developed and is under discussion. Regular meetings will continue next quarter.

The BHCH and the Statewide 911 Administrator will also develop a plan to work with the small group of PSAPs that only dispatch to law enforcement during the next quarter.

## **Training Updates**

Training activities for this quarter included approving the revised CESSA Core Training Courses, launching the learning management system (LMS), and approving courses for two new legislatively mandated topics regarding neurodivergence and involuntary commitment.

## **Curriculum Revision**

During this quarter, the Training and Education Technical Subcommittee approved the curriculum revisions to add "Involuntary Commitment" as a course and to replace the course titled "Respectful Interactions and Working with Individuals with Developmental Disabilities or Autism Spectrum

Disorder Experiencing a Mental Health Crisis” with a new course titled “Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities.” Respectful interactions will remain a key topic in the new course. Additionally, the course titled “Respectful Interactions and Working with Individuals Experiencing a Mental Health Crisis and/or Substance Use Challenges - Mental Health & Substance Use Disorder Crisis Training” was renamed to “Mental Health and Substance Use Disorder Crises.” The Subcommittee approved the title revision in response to feedback from trainees as well as technical requirements for the system hosting the course. The course itself remains the same, so respectful interactions will continue to be a key topic.

The new changes also increased the number of courses and the approximate training hours for PSAP telecommunicators, 988 crisis counselors, and MCRT staff. A list of courses required for CESSA implementation is provided in [“Appendix A: CESSA Training Courses”](#).

### ***CESSA Required Training***

PSAP telecommunicators, 988 crisis counselors, and MCRTs employed at former pilot sites are required to complete the Core Training courses mandated by CESSA. As of December 4, 2025, 2,118 unduplicated PSAP telecommunicators, 988 crisis counselors, and MCRT staff members had completed pilot courses. The total number of estimated courses completed for the pilot by the participants is 7,702.

Three new courses were developed this quarter to meet the requirements of CESSA. The courses were offered live virtually and will be converted to on-demand versions hosted on the LMS by January 2026. The live trainings included:

- November 20, 2025: “Neurodivergence and Crisis Support for MCRT” (88 participants)
- December 3, 2025: “Neurodiversity in Crisis Response Training for PSAP telecommunicators & 988 Crisis Counselors” (101 participants)
- December 11, 2025: “Involuntary Admissions” (123 participants)

Former pilot sites and Cohort 1 sites had the option to attend live trainings or complete the course on demand. If they did not participate in the live training, they will be expected to complete the new neurodivergent training and new involuntary commitment training within 60 days of the courses being posted on the LMS. Future cohorts will also be required to take the on-demand version.

### ***Optional Training***

Optional trainings are being developed for the second and third quarters. The courses will be created based on feedback from participants using the course evaluations, as well as upon request from the BHCH staff, TETSC members, and providers.

### ***Learning Management System***

The LMS went live this quarter with Cohort 1, the inaugural group of 40 agencies. Of that number, 16 agencies (40%) are MCRTs, 23 agencies (58%) are PSAP telecommunicators, and one agency (2%) is a 988 Lifeline Contact Center, with over 90 crisis counselors. All agencies were assigned a unique link to register their staff and to access on-demand training. As of December 4, 2025, 710 individuals have registered with 2,646 courses completed or in progress. Fifty-six percent (56%, 1,478) are completed courses, while the remaining 44% (1,168) are courses in progress.

Former pilot sites are transitioning to the BHCH's new LMS. Staff hired after December 2025 at former pilot sites will be expected to train in the new system, rather than complete the previous version of training courses.

### **Data Updates**

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

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

In the second quarter of FY26, development of the CDRS, formerly known as the Provider Data Collection and Reporting Database, continued. Scheduled to launch in late FY26, the CDRS will streamline processes for agencies reporting on 988 and 590 services. CDRS users will initially include 988 contact centers and MCRT providers funded by IDHS-DBHR, who will utilize the database to provide performance and financial reports. The software developers implemented changes identified by pre-alpha testing. Alpha testing began in early December. Alpha testing is designed to identify any errors or bugs in the software. IDHS-DBHR and BHCH staff members participated as test users. Any issues identified during alpha testing are scheduled to be addressed in early 2026.

### ***Data Dashboards***

The BHCH is continuing to develop additional public data dashboards to share data related to the implementation of CESSA. However, the current level of data collection does not support the rollout of data dashboards. To use data for graphic display, the dataset must meet several benchmarks, including the number of cases, the percentage of repeat callers versus unique callers within the dataset, the number of sites reporting data, and whether the reports are affected by any technical issues. Creating graphics to display data that do not meet these benchmarks is contrary to best practices and standards for research/evaluation, as well as a potential risk to violations of callers' privacy (including potential violations of the Health Insurance Portability and Accountability Act (HIPAA) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act).

As the number of sites reporting data increases and as sites become more practiced in reporting, the data will become more appropriate for graphics (including dashboards). Until then, IDHS-DBHR and the BHCH will continue to provide aggregated counts of calls and outcomes in accordance with best practices and standards. Draft dashboards have been designed and will be available to populate once the data meet standards for creating graphics.

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

In the second quarter of FY26, the Total Response and Priority Dispatch pilot PSAPs, Centerstone 988 call center, and the corresponding MCRTs moved from the pilot phase to full implementation. The former pilot PSAPs, now considered implementation PSAPs, continue to send weekly reports to the BHCH. In addition, Centerstone continues to provide weekly reports to the BHCH of transfers received from participating PSAPs, and, when applicable, MCRTs provide reports to the BHCH of transfers they receive that originate from 911. The BHCH also worked closely with the two new APCO sites on data collection procedures. The APCO sites will report the same data elements as Total Response and

Priority Dispatch sites. Data elements include the type of behavioral health crisis associated with the call, the interval between the time the call is received and the time it ended, and the recommended responder type. The first APCO site, Tri-Com, launched on December 1 and, as of this draft, has tested report generation and submission. The second APCO site, Winnebago, launched on December 8, 2025, and, as of December 15, 2025, their IT staff were completing steps to build the reporting system.

### ***Landscape Survey***

The BHCH will 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 they have accurate and up-to-date information regarding behavioral health resources 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 behavioral health crisis response options and resources available to each PSAP. The new Landscape Survey was sent to former pilot PSAPs and Cohort 1 PSAPs in December.

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

In Fiscal Year 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 a comparison for various 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 two 988 Lifeline Contact Centers. Data collection from PSAPs and MCRTs is slated for later in FY26.

### ***Regional Implementation Activities***

#### ***Chair and Co-Chair Changes***

As mandated by CESSA, each of the 11 EMS regions in Illinois is required to have an advisory committee, known as a Regional Advisory Committee (RAC). CESSA requires each RAC to be chaired by an EMS MD from that region, or an alternative approved by IDHS-DBHR, with both types of chairs being appointed by the Secretary of the Department of Human Services. In addition, although not legislatively mandated, IDHS-DBHR created the position of Co-Chair, also appointed by the Secretary of Human Services, to support the Chairs leading the committees. Co-Chairs are typically directors of agencies with Program 590 MCRT funding.

During this quarter, several regions experienced changes with either a Chair or Co-Chair position. The Region 6 EMS MD is rotating out of this position. Region 6 spans Iroquois County (north/east), Richland County (south), and Macon and Fayette Counties (west). The Co-Chair for the RAC in Region 6 will work with the membership to consider the best course of action for replacing this position while adhering to CESSA requirements.

Meanwhile, Region 9, which includes the western Cook County collar counties, experienced the departure of its Co-Chair. A meeting was held in December with the RAC Chair and the Executive

Director of a Program 590 MCRT agency in the region to explore interest in assuming this appointment. The BHCH will work with the Chair to advance a recommendation.

Finally, one of the Co-Chairs in Region 11, the City of Chicago, stepped down, and a new Co-Chair was appointed. The new Co-Chair was previously a RAC member and, consequently, brings valuable knowledge and experience. This collaboration between the new Co-Chair and the existing Chair is instrumental as the BHCH begins work with the Office of Emergency Management, Chicago's PSAP, to plan for full CESSA implementation.

### ***Subregional Committees***

RACs approved two more Subregional Committees (SRCs) this quarter. As of December 8, 2025, the number of local-level bodies has increased to 21. Both new SRCs were developed in Region 5, which includes Marion County (north), Wabash County (east), Massac County (south), and Jackson County (west).

A survey titled "Building Out SRCs" was recently released to the RACs for local SRCs to complete. The purpose of this survey is to help SRCs develop their operational structure in alignment with the work required to plan and advance the CESSA agenda at the local level. This information will be compiled in January 2026.

The survey asks current or potential SRC members about the types of assistance or resources that would be beneficial to them. The following questions were included for respondents to rate on their level of benefit:

- A Flyer/brochure explaining the scope and function of an SRC
- A toolkit with step-by-step instructions
- Mentoring from an established SRC – "how to" replicate their approach to local level collaboration
- A monthly Learning Collaborative for SRC members, with presentation topics relevant to systems planning and supporting CESSA implementation.
- The availability of bi-weekly drop-in question-and-answer sessions
- SRC newsletter – highlights from SRC as shared learning/information
- Technical Assistance

Lastly, an open-ended question was included at the end to provide respondents with the opportunity to offer additional ideas or feedback.

# Summary of CESSA Meetings

CESSA meetings continued to be held regularly in the second quarter of Fiscal Year 2026 (FY26).

## **Statewide Advisory Committee (SAC)**

Three meetings of the SAC were held in the second quarter. At the October convening, members received updates on operational planning for crisis programs, collaborative efforts with the Department of Healthcare and Family Services to build a Unified Crisis Continuum, and the landscape for transfers between 911 and 988 in the pilot and across the state. Members also learned about upcoming training content and software, the baseline assessment data collection process, and the progression of the CDRS. Much of the meeting focused on the status or expected timeframe for various implementation activities, including the target implementation of an average of 22 PSAPs per quarter between January 2026 and June 2027.

At the November meeting, members discussed the existing Crisis Continuum and the move towards a Unified Crisis Continuum. They offered ideas to maximize efficiency, particularly related to Medicaid billing skills and capacity. The BHCH provided information about the October launch of the new LMS, the centralized platform for professionals across crisis sectors (911, 988, and MCRTs) to complete CESSA-required training. The BHCH also presented the most recent Total Response and Priority Dispatch pilot data, as well as the selection of the Cohort 1 sites for implementation. As was the case for the October meeting, the BHCH reported on the most current number of complete and incomplete transfers from former pilot sites.

The December meeting addressed the status of the state's ongoing Unified Crisis Continuum work, annual training requirements, registration rates for the new LMS, and implementation progress from the pilot sites and Cohort 1. Expanding upon data presented at previous meetings this quarter, the BHCH offered a comprehensive presentation on call transfer reporting, highlighting recent call transfer outcome data from both Total Response and Priority Dispatch former pilot sites. The presentation explored why the number of incomplete call transfers varied across months, as well as how incomplete transfers are resolved. The meeting also included an update on a new survey to gauge the technical assistance needs of Subregional Committee members, a reminder about the legislatively mandated duties assigned to the SAC and RACs, and an overview of the expected timeline for CESSA implementation through July 2027.

## **SAC Technical Subcommittees**

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

The Protocols and Standards Technical Subcommittee convened four times this quarter. At the first of two October meetings, members had the opportunity to discuss and confirm the draft language for the preamble to the new Illinois Risk Level Matrix (IRLM), which the Subcommittee had voted to approve in September. Later that month, the focus shifted to implementation activities, with a review of expected implementation milestones through June 2027 and an update on the current status of Cohort 1 sites. At the November and December meetings, members continued to receive updates as Cohort sites revised their training, policies, procedures, and software to comport with CESSA legislation.

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

The TSIDM met once this quarter in November. At the November meeting, the BHCH presented a proposed scope and key performance indicators that will be part of the future quality assurance plan, followed by a discussion among members about existing outcome measures and quality assurance strategies. The meeting also featured an update on the development of the CDRS and a brief demonstration of the system from the user's view of a crisis care provider. Alpha testing of the system software began in early December, with staff from IDHS-DBHR providing critical insights into content and design.

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

The Training and Education Technical Subcommittee met twice this quarter. During these meetings, the Subcommittee reviewed several standing topics, including the number of pilots who completed the Core Training courses. They also assessed the CESSA Implementation Milestones and received an overview of each vendor's implementation process.

The members approved revisions to the Core Training Courses for CESSA, which included an increase in training hours for PSAP telecommunicators, 988 crisis counselors, and MCRTs. The revision reflects the mandated new CESSA topics related to involuntary commitment and neurodivergence. The course content was developed in consultation with representatives from the Statewide 911 Administrator, expert consultants, and staff from IDHS-DBHR and BHCH.

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

RACs continue to meet at their scheduled meeting cadences as posted on the CESSA website. The focus of these meetings centers around plans and the operational design for CESSA implementation. This quarter, RACs shared detailed information with their membership and the public on the components involved in system change. They discussed the intricacies of bringing these changes to reality for the benefit of individuals experiencing behavioral health crises. As CESSA implementation advances, developing partnerships at both regional and local levels becomes even more critical. RACs are the principal vehicle for evolving local-level collaboration through the development of Subregional Committees. DBHR and the BHCH will continue to support RACs, ensuring they meet statutory requirements and support CESSA implementation.

# Challenges and Opportunities

This quarter, crisis continuum stakeholders continued to address a variety of challenges. Challenges and the corresponding opportunities for growth were both cross-sector and sector-specific.

## **Cross-Sector Challenges and Opportunities**

### **Communication**

The implementation of CESSA marks a significant shift in how Illinois provides crisis care, involving complex technical, systemic, and organizational cultural changes. Therefore, extensive and systematic communication efforts and marketing strategies are needed. DBHR continued to work with our partners at BHCH, Statewide 911 Administrator, SAC, RAC, and others to build a coordinated communications and marketing plan.

SAC meetings, RAC meetings, and conferences were leveraged this quarter to disseminate information about CESSA and the broader crisis continuum to wider audiences. Such meetings provided the opportunity to put various implementers directly in touch, thereby improving communication and understanding between them, and building trust that would lead to better outcomes for individuals in crisis and crisis workers. For example, one of the 988 Suicide and Crisis Lifeline Contact Centers presented about the role of 988 to the RAC Co-Chairs as well as to a joint learning collaborative of 988 and MCRT providers. The presentation addressed misinformation about 988. The RAC Co-Chairs were then asked to present this information in their own meetings to quell common myths about 988. The 988 myths affect CESSA implementation because concerns about the role of 988 contribute to decreased trust in the systemic changes required by CESSA, such as transferring behavioral health calls from 911 to 988. Therefore, combating myths and misinformation in public meetings remains a key strategy.

In addition, state government partners in the traditional crisis system continue to play a crucial role in communication, particularly in reaching specific stakeholders. The Statewide 911 Administrator and two PSAP administrators, who are also actively involved in developing subregional committees and participating in RAC meetings, presented on CESSA at the Illinois Public Safety Telecommunications Association Conference in October 2025. Their presentation, "CESSA? What Does It Mean for My Center?", was directed to PSAP administrators and telecommunicators and was well-received by conference attendees. The conference presentation was one way to meet the desire for more information about CESSA for stakeholder-specific audiences. Thus, SAC members, RAC Chairs and Co-Chair, and state partners will continue to seek out similar opportunities to inform audiences about CESSA.

### **Collaboration Across Systems**

IDHS-DBHR and its partners, such as the Illinois Department of Healthcare and Family Services (HFS), continued to dedicate significant time to working together on aligning program expectations, building on the momentum from the previous quarter. Coordination between IDHS-DBHR and HFS, particularly in areas such as training, billing, and service requirements, supports CESSA implementation by ensuring that agencies providing similar services do so effectively and efficiently. As stated in the previous quarter, 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.

This quarter, the need for collaboration across systems also became more apparent due to the rise in local jurisdictions implementing programs that provide alternatives to law enforcement only responses to individuals experiencing behavioral health crises. As these programs have goals similar to CESSA, the RACs play a crucial role in staying connected to the developments in their regions and raising opportunities for collaboration with IDHS-DBHR and the BHCH. As PSAPs go live with CESSA implementation, they are expected to work with their SRC or RAC to develop relationships with state-funded MCRTs and 988, as well as with various local resources available in their jurisdiction. PSAPs have already been dispatching other crisis resources, such as Police, Fire, EMS, and local alternate response teams, before CESSA implementation. A challenge and opportunity arise with the addition of CESSA-required response options. While the exact number of local jurisdictions that have an alternative response or co-response model is unknown at this time, the number will become clearer as CESSA implementation continues due to the coordination between systems inherent in preparing PSAPs to implement CESSA. IDHS-DBHR, the BHCH, and the Statewide 911 Administrator have prepared guidance for early implementation sites regarding coordination with local resources. Further guidance will be developed as CESSA implementation progresses.

### ***Implementation Timeline***

Several factors influence the overall timeline for CESSA implementation, but the specific PSAP challenges and opportunities explored in the following section are particularly noteworthy. The in-depth support provided to pilot sites and Cohort 1 has helped them work through these challenges, establishing a valuable model that can be repeated with future cohorts, which can build upon the lessons learned from early implementation. IDHS-DBHR, in consultation with the Statewide 911 Administrator and the BHCH, will continue to provide this in-depth support to future cohorts and adjust the implementation schedules for various cohorts as needed to ensure that all PSAPs have implemented CESSA by June 30, 2027.

### ***Specific PSAP Challenges and Opportunities***

Five additional challenges are specific to PSAPs and include operational issues, such as how PSAPs utilize protocols, as well as internal policies and procedures needed to implement CESSA.

### ***Protocol Updates***

As implementation progresses, the protocols used by PSAPs must be updated to include criteria related to Levels 2 and 3 of the IRLM. This requires approval by PSAP EMS MDs and IDHS-DBHR. In addition, protocol software must be updated. The challenges vary by vendor. The Total Response vendor will need to reprogram software, test it, work with the PSAPs sites to install the updates, test the modifications, and train their staff on the updates. Priority Dispatch PSAPs will need to update their mapping of determinant codes to response types associated with levels 2 and 3 of the IRLM as described above. These sites will also need to train staff on the updates to their mappings. Each of these steps has added additional time to the implementation process for Cohort 1.

### ***Cultural Shift***

CESSA implementation necessitates a cultural shift and an operational shift in policies and procedures within a relatively short timeframe. Cultural change involves hundreds of professionals who work as PSAP administrators and telecommunicators, 988 crisis counselors and supervisors, and MCRT

administrators and team members. The changes have led to hesitation among some of the parties involved in implementing them, which is common in systems change at this scale. The hesitation to shift policies and procedures from established norms is expected to continue throughout implementation. Therefore, IDHS-DBHR and the BHCH are working closely with the Statewide 911 Administrator to resolve cultural and operational issues that impact PSAPs and to address the hesitation. Additionally, IDHS-DBHR and the BHCH are collaborating on similar work with 988 and MCRT administrators.

Information was gathered during the pilot that is being used to support the next cohort of sites participating in CESSA implementation. This includes feedback on additional aspects of CESSA that should be incorporated into training, as well as a recommendation to utilize implementation checklists to aid the PSAPs and 988 crisis counselors in preparing for implementation. However, it will take time for the magnitude of change required by CESSA to be assimilated by all the entities impacted by the legislation.

### ***Variability***

There is variability in protocols, policies, and procedures utilized by PSAPs across the state. This, in turn, affects the data collection strategies that have been implemented. Variability among PSAP policies and procedures, including the use of protocols, needs to be addressed at the policy level and as a key focus of planning as we move forward with CESSA implementation.

### ***Technical Issues with Software***

Technical issues with the software utilized by the PSAPs in both pilots affected reporting from some pilot sites. These issues are still being addressed with the software vendors and sites, as appropriate, by the BHCH and the Statewide 911 Administrator.

### ***Liability***

Some PSAP Administrators and telecommunicators initially had concerns regarding potential liability associated with transferring calls from 911 to 988. These concerns have been addressed in both CESSA legislation and the Emergency Telephone System 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 be continually emphasized as implementation progresses.

At the end of the first quarter and the beginning of the second quarter, the BHCH, IDHS-DBHR, and the Statewide 911 Administrator addressed concerns about liability by sharing talking points with RAC Chairs and Co-Chairs so they could be equipped to address concerns if they were raised at a RAC meeting. Similarly, SAC members discussed liability concerns at the October 2025 SAC meeting. Overall, the message continued to be that the systems involved with CESSA implementation already have policies and procedures in place to address liability.

# Appendix A: CESSA Training Courses

The Training and Education Subcommittee approved the following core, or required, training courses in October 2025 as part of the CESSA Training Plan. The CESSA Training Plan includes courses for PSAP telecommunicators, 988 crisis counselors, and mobile crisis response team (MCRT) staff.

## **Mobile Crisis Response Teams (MCRTs) Core Courses**

The approved Core Training Courses for MCRTs now include the following 10 courses, taking approximately 17 hours.

1. Illinois Emergency Crisis System and CESSA
2. National Standards for Culturally and Linguistically Appropriate Services (CLAS)
3. The Power and Importance of Language
4. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities
5. Mental Health & Substance Use Disorder Crises
6. Developing Community Relationships for MCRT
7. Involuntary Commitment
8. De-escalation Course (HFS)
9. Crisis Safety Planning (HFS)
10. IM+CANS and/or the IM-CAT (HFS)

## **PSAP Telecommunicators Core Courses**

The approved Core Training Courses for PSAP telecommunicators now include the following four courses, taking approximately four hours.

1. Illinois Emergency Crisis System and CESSA
2. Mental Health Topics for 911 – Part A - topics include:
  - a. The Power and Importance of Language
  - b. Mental Health & Substance Use Disorder Crises
3. Verbal De-escalation Skills
4. Mental Health Topics for 911 – Part B - topics include:
  - a. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities
  - b. Involuntary Commitment

## **988 Suicide and Crisis Lifeline Crisis Counselors Core Courses**

The approved Core Training Courses for 988 Suicide and Crisis Lifeline crisis counselors now include the following four courses and six hours.

1. Illinois Emergency Crisis System and CESSA
2. Mental Health Topics for 988 - Part A - topics include:
3. Mental Health & Substance Use Disorder Crises
  - a. Developing Community Relationships for 988
  - b. National Standards for Culturally and Linguistically Appropriate Services (CLAS)
4. Mental Health Topics for 988 - Part B - topics include:
  - c. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities
  - a. Involuntary Commitment



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