JB Pritzker, *Governor*

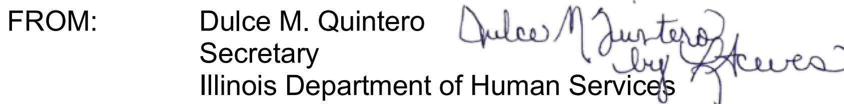
Dulce M. Quintero, *Secretary*

DATE: April 1, 2026

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

Community Emergency Services and Support Act (CESSA)
50 ILCS 754
Quarterly Status Report
April 1, 2026

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

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Executive Summary

This report summarizes implementation progress, operational developments, and key challenges associated with the Community Emergency Services and Support Act (CESSA) during Quarter 3 of Fiscal Year 2026 (FY26).

Implementation Progress

Implementation continues through a phased, cohort-based approach involving 169 Public Safety Answering Points (PSAPs) statewide. As of early March 2026, three cohorts (including the pilot cohort) are actively engaged in implementation activities, with 65 PSAPs either live or in progress. A PSAP is considered "live" once it has completed the required onboarding steps, including protocol updates, staff training, system testing, and coordination with response partners.

Initial implementation timelines have been adjusted based on observed operational realities. While early planning anticipated a three-month onboarding period, experience indicates that PSAPs generally require at least four months to complete onboarding requirements. In response, the State has revised its rollout strategy to include fewer, larger cohorts (23–26 PSAPs each) with extended onboarding periods, while maintaining the statutory implementation deadline of June 30, 2027.

System Coordination and Vendor Integration

Implementation requires coordination across multiple protocol vendors, including Total Response, Priority Dispatch, and APCO. Highlights of FY26 Quarter 3 activities are below.

- Protocol updates incorporating expanded Illinois Risk Level Matrix (IRLM) criteria are underway across vendors.
- Vendor-specific technical constraints, including software updates and reporting limitations, have contributed to delays in onboarding timelines.
- Call transfer activity from live PSAPs demonstrates early operational functionality, with most transferred calls resolved by 988 and a smaller proportion requiring escalation to mobile crisis response teams (MCRTs) or return to 911.

Data Infrastructure and Reporting

Significant progress has been made in developing data infrastructure to support implementation, monitoring, and evaluation, including weekly reporting from most live PSAPs, Centerstone 988, and MCRTs; expanded testing of the Crisis Data Reporting System (CDRS); and development of public-facing dashboards and updated landscape surveys to enhance transparency and system planning.

Regional and Governance Activities

Regional Advisory Committees (RACs) and Subregional Committees (SRCs) continue to play a key role in local implementation planning:

- Membership has been expanded, including new leadership appointments to stabilize RAC governance.
- The number of SRCs has increased to 24, supporting localized coordination and resource planning.
- Current and future SRCs will need to be compliant with the Open Meetings Act.
- Identified needs include funding for co-response models, workforce capacity, public education, and improved communication across stakeholders.

Key Challenges and Mitigation Efforts

Implementation continues to face several cross-sector and system-specific challenges:

- *Timeline and Operational Complexity:* Implementation requires significant coordination across agencies, technology systems, and workforce training, leading to longer onboarding timelines than initially anticipated.
- *Technology and Vendor Constraints:* Protocol updates, software modifications, and reporting limitations vary across vendors and require ongoing coordination and technical support.
- *Data Quality and Reporting Consistency:* Incomplete or inconsistent reporting from some PSAPs limits the ability to fully monitor system performance.
- *Communication and System Integration:* Effective implementation depends on clear communication across stakeholders and alignment with broader behavioral health and emergency response systems.

To address these challenges, the Illinois Department of Human Services Division of Behavioral Health & Recovery and its partners are providing ongoing technical assistance, refining implementation processes, investing in data systems, and pursuing additional resources to support communication and coordination.

Outlook

CESSA implementation remains on track to meet the June 2027 statutory deadline. Continued progress will depend on sustained coordination across state agencies, local partners, and vendors, as well as ongoing refinement of implementation processes based on lessons learned. Future reporting periods are expected to reflect increased numbers of live PSAPs, improved data completeness, and expanded integration across the behavioral health crisis response continuum.

CESSA Implementation Updates

The Illinois Department of Human Services Division of Behavioral Health & Recovery (IDHS-DBHR) continued advancing CESSA implementation during Quarter 3 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.

Key implementation activities for this quarter are described below. An update on work with protocol vendors, updates for each CESSA cohort, and call transfer information will be discussed. Training and data-related updates follow at the end of the section.

Work with Vendors for Protocol Changes

During Quarter 3, the Statewide 911 Administrator, IDHS-DBHR, and the BHCH continued to work with the three protocol vendors (Total Response, Priority Dispatch, and APCO) that contract with PSAPs, as well as with the one remaining "independent" PSAP, on incorporating Illinois Risk Level Matrix (IRLM) risk factors and acuity into their protocols.

Total Response (Formerly PowerPhone)
Status: Updating protocols for CESSA Expansion

The Statewide 911 Administrator and BHCH staff have continued to meet with the Total Response team to discuss updating specified protocols to include information related to levels 2 and 3 of the IRLM. Total Response accepted the revised protocol updates, and the protocol modifications are underway. Total Response is also revising the PSAP report template to gather data on call transfers to 988. Once the protocol modifications and reports are updated, Total Response will then work with Cohort 0 and 1 PSAPs to update the protocol software at their sites and provide training on the new updates in FY26 Quarter 4.

Priority Dispatch
Status: Updating protocols for CESSA Expansion

Early in FY26 Quarter 3, the Statewide 911 Administrator and 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, and the recommended response types associated with them. The mapping has been shared with Priority Dispatch users in Cohorts 0, 1, and 2. The three cohorts continued mapping determinant codes to response types specific to the behavioral health resources available within their jurisdictional coverage areas.

APCO
Status: Initial Implementation in Progress

Two APCO PSAPs have been live since December 2025. Both PSAPs have submitted reports regularly and are successfully transferring calls. In late Quarter 3 and early Quarter 4, the BHCH will develop a plan with the Statewide 911 Administrator and IDHS-DBHR to assess APCO implementation and expand APCO user participation in the upcoming cohorts.

Independents
Status: Planning for implementation

Two types of independents have been defined in previous quarterly reports. Independents generally refer to 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 described above. The City of Chicago PSAP is the only one to use a locally developed protocol. However, there are also a small number of PSAPs that only dispatch calls to law enforcement, and these are considered independent as well. 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 in FY26 Quarter 4.

The BHCH and IDHS-DBHR had regular meetings with City of Chicago representatives and the Regional Advisory Committee 11 chair and co-chair every other week for implementation planning, and these will continue next quarter. A work plan has been developed and is under discussion. In preparation for continued planning, the Chicago Office of Emergency Management and Communications (OEMC) shared the Crisis Assistance Response & Engagement Program (CARE) and 988 policies for police call-taker and dispatcher operations with the BHCH. CARE is an alternate response team in the City of Chicago, dispatched by OEMC, that goes to different types of calls than mobile crisis response teams (MCRTs) funded by IDHS-DBHR. The BHCH has begun working with OEMC to determine the extent to which OEMC criteria fit with CESSA implementation criteria.

In addition, OEMC shared its telecommunicator training curriculum for review by IDHS-DBHR, the BHCH, and the Statewide 911 Administrator in FY26 Quarter 3. IDHS-DBHR, the BHCH, and the Statewide 911 Administrator are assessing the OEMC telecommunicator training to determine which components satisfy the CESSA training requirements. If a portion of the existing training from OEMC meets CESSA requirements, the OEMC telecommunicators will be exempt from certain CESSA requirements. OEMC consists of approximately 500 telecommunicators, whose training requires significant time and resources. Collaborating to give credit for similar training already completed will therefore reduce the time and resources required to train that large workforce. Completion of the remaining on-demand required CESSA courses for OEMC is expected to begin in late FY26 or early FY27.

Cohorts for CESSA Implementation

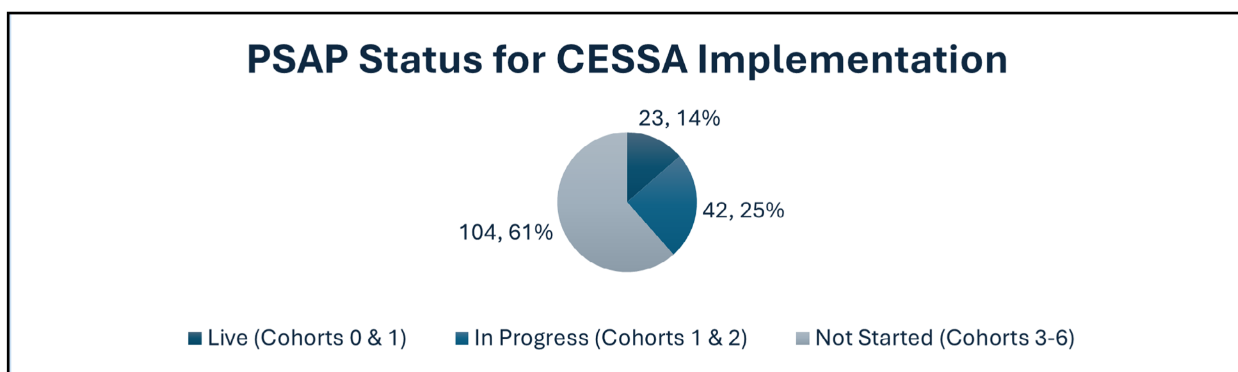
The current total number of PSAPs in Illinois is 169. The PSAPs have been grouped into cohorts to phase in CESSA implementation statewide by June 2027, in partnership with the 66 MCRTs and Centerstone 988, the 988 Lifeline Contact Center for CESSA implementation. The previous report for FY26 Quarter 2 described the cohort cadence as an average of 22 new PSAPs across 7 cohorts (not including the former pilot PSAPs). However, the progress achieved in FY26 Quarter 3 indicates that PSAPs need more than one quarter to complete the onboarding activities required to be considered active for CESSA implementation. This is primarily due to the time required to work with law enforcement, emergency medical services (EMS), and other responders who provide crisis services within PSAPs’ jurisdiction. In addition, PSAPs must work with their EMS coordinator and the Medical Director of their resource hospital to obtain approval for any protocol changes. Therefore, the revised schedule for cohorts will comprise 6 cohorts of 23 to 26 PSAPs, excluding the former pilot sites, that will be onboarded over this extended time period.

As of March 23, 2026, three cohorts have launched and are participating in CESSA implementation. Launched cohorts are PSAPs that have attended kick-off meetings and are participating in CESSA implementation by attending technical assistance meetings and completing the required implementation tasks listed below. These tasks must be completed by PSAPs and their associated MCRT sites, as well as Centerstone 988, before a PSAP site is approved to begin transferring calls to 988/MCRT.

- PSAPs Tasks:
    - Approval of protocol updates by their EMS Medical Directors
    - 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
- MCRTs Tasks:
    - 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
- Centerstone 988 Tasks:
    - Staff completion of new CESSA required training modules
    - Continued training of staff regarding CESSA requirements

The Statewide 911 Administrator and the BHCH closely monitor progress toward completion of each task and each entity. A PSAP is considered a live CESSA implementation site once all entities have completed all required implementation steps. It is only at this point that PSAPs can begin transferring behavioral health crisis calls meeting specified criteria to 988/MCRT or to co-responders. Until then, PSAPs are considered in progress, meaning they are included in a cohort launch and are completing the implementation tasks described above. As of March 23, 2026, 65 PSAPs across Cohorts 0, 1, and 2 are engaged in various phases of implementation (either live or in progress) and 104 PSAPs have not started yet.

Chart 1: PSAP Status for CESSA Implementation



A more detailed description of each cohort's status is provided below.

Cohort 0 (Pilot)

Cohort 0 consists of the 18 PSAPs that participated in the CESSA implementation pilots and includes a mix of Total Response and Priority Dispatch users. These PSAPs continue to transfer calls that meet IRLM level 1 (low acuity) criteria to Centerstone 988, with planning and preparation underway to begin transferring calls meeting IRLM levels 2 and 3 criteria (moderate and urgent acuity) to Centerstone 988.

One important task to support CESSA implementation is obtaining approval of protocol changes by the EMS Medical Director with whom each PSAP works. During Quarter 3, Cohort 0 PSAPs continued to request approval of the updated protocols from their EMS Medical Director. As of March 25, 2026, 16 of the 18 Cohort 0 PSAPs had received EMS Medical Director approval for calls that meet level 1 IRLM criteria. In the latter part of Quarter 3, Cohort 0 PSAPs also worked towards gathering EMS Medical Director approval for IRLM levels 2 and 3. Lastly, bi-weekly technical assistance meetings continue with the Cohort 0 PSAPs to share case studies and best practices, provide additional information on referring calls to 988 and MCRT, and troubleshoot issues that arise.

Cohort 1

Cohort 1 PSAPs have been working towards CESSA implementation since their kick-off meeting in Quarter 2 of FY26. Cohort 1 began with 23 PSAPs: nine are Total Response users, and 14 are Priority Dispatch users. Nine of the 14 Priority Dispatch users requested an extension of the timeline for implementing CESSA due to concurrent technology or operations-related projects that must be completed before full engagement in CESSA. Seven of the nine have been moved to Cohort 2. The other two are determining when they will be able to engage in implementation and thus remain in Cohort 1. The 16 remaining PSAPs in Cohort 1 are therefore comprised of nine Total Response users and seven Priority Dispatch users.

The 16 PSAPs in Cohort 1 are in various stages of implementation. As of March 23, 2026, three Priority Dispatch PSAPs in Cohort 1 are live, meaning they completed all required implementation steps and can begin transferring behavioral health crisis calls meeting specified criteria to 988/MCRT or to co-responders. The two additional Priority Dispatch PSAPs not on the extended implementation timeline, as referenced above, are in progress and are currently updating their internal policies and procedures. The final two Priority Dispatch PSAPs in Cohort 1 are working on the concurrent technology/operational projects mentioned above.

While the nine PSAPs using Total Response in Cohort 1 have completed many of the required implementation steps, they were unable to complete all the onboarding activities required to go live in FY26 Quarter 3 due to ongoing work being completed by the vendor. Once Total Response completes the protocol modifications and report edits, they will work with Cohort 0 and 1 PSAPs to update the protocol software at their sites and provide training on the new updates.

Cohort 1 PSAPs are expected to complete a weekly monitoring checklist to track the status of each implementation step. The Statewide 911 Administrator then follows up with PSAPs to provide technical assistance, in collaboration with IDHS-DBHR and the BHCH, to help PSAPs complete any steps that are causing delays. Cohort 1 PSAPs also continued to request approval of the updated protocols from their EMS Medical Director. As of March 25, 2026, all Cohort 1 PSAPs had received EMS Medical Director approval for calls that meet level 1 IRLM criteria. Similar to Cohort 0, Cohort 1 PSAPs worked with the Statewide 911 Administrator to gather approval this quarter for IRLM levels 2 and 3. Cohort 1 PSAPs also continued to participate in bi-weekly technical assistance meetings.

Cohort 2

Cohort 2 originally consisted of 22 PSAPs that are Priority Dispatch users. During FY26 Quarter 3, seven PSAPs from Cohort 1 were moved to Cohort 2, bringing the total number of PSAPs in Cohort 2 to 29. The Cohort 2 informational kick-off meeting, held January 29, 2026, included administrators from PSAPs, Centerstone 988, and corresponding MCRTs. PSAPs received the CESSA Implementation Guidance Toolkit developed by the BHCH in mid-February and began attending bi-weekly meetings to prepare for CESSA implementation. Cohort 2 PSAPs began completing the weekly monitoring checklist in early March and are seeking approval of the updated protocols from their EMS Medical Directors. As of March 25, 2026, 11 of the 29 PSAPs have received EMS Medical Director approval for calls that meet levels 1 through 3 IRLM criteria.

Cohort 2 is expected to be active with CESSA implementation by May 1, 2026. PSAPs in Cohort 2 are working on completing the onboarding steps necessary to be considered active for CESSA implementation.

Cohort 3

The newest cohort, Cohort 3, consists of 20 PSAPs that use Priority Dispatch. The Statewide 911 Administrator informed the PSAPs of their selection for Cohort 3 in March 2026, and an informational kickoff meeting is scheduled at the beginning of Quarter 4.

Cohorts 4-6

PSAPs for Cohorts 4 through 6 will be selected using a hybrid approach that consists of PSAPs self-selecting the cohort timeframe they want to join, and selection by the Statewide 911 Administrator, IDHS-DBHR, and the BHCH. Half of the slots for each cohort will be open to invite PSAPs to self-select their implementation timeframe. The other 50% will be identified by the Statewide 911 Administrator, IDHS-DBHR, and the BHCH. If demand is greater for more than 50% of the slots for self-selection in Cohort 4 (July 2026) and Cohort 5 (October 2026), additional self-selection slots will be opened. It is necessary to restrict the total number of slots available for Cohort 6 (January 2027) to ensure that the 83 remaining PSAPS are distributed across cohorts with enough time to implement by June 2027. PSAPs have responded positively to this change, and the underlying reasoning, as it provides a collaborative approach with a realistic timeframe. The hybrid selection process will be initiated in April 2026.

Call Transfer Updates

The phrase 'completed transfers' refers to calls in which the telecommunicator used one of the protocols modified for CESSA to determine that the call was eligible for transfer to Centerstone 988, the caller agreed to the transfer, and Centerstone 988 accepted the transfer.

Total Response Call Transfers

Using data received before March 5, 2026, the cumulative number of completed transfers through January 31, 2026, from live Total Response PSAPs to Centerstone 988 was 453. Of the 453 completed transfers, 418 were resolved by Centerstone 988, 5 were transferred to MCRT for an on-site response, and 7 were transferred back to 911 due to health or safety concerns. The remaining 23 calls had outcomes related to the caller hanging up, the call disconnecting for what appeared to be technical reasons, or the caller being transferred to a different help line based on their specific needs/requests.

Priority Dispatch Call Transfers

Using data received before March 5, 2026, the cumulative number of completed transfers through January 31, 2026, from live Priority Dispatch PSAPs to Centerstone 988 was 59. Of the 59 completed transfers, 34 were resolved by Centerstone 988, 5 were transferred to MCRT for an on-site response, and 6 were returned to 911 due to health or safety concerns. The remaining 14 calls had outcomes related to the caller hanging up, the call disconnecting for what appeared to be technical reasons, or the caller being transferred to a different help line based on their specific needs/requests.

Data Updates

Data-related activities in FY26 Quarter 3 focused on data collection from active CESSA PSAPs and continued development of the Crisis Data Reporting System (CDRS) and data dashboards. Additional activities included progress on the landscape survey, which captures co-response options for PSAPs, and the baseline assessment, which collects data about calls received, responses, and practices in 2024 from PSAPs, 988, and MCRTs.

Data Collection from Active CESSA Agencies

Cohort 0 PSAPs continued to send weekly reports to the BHCH that can be shared with IDHS-DBHR and other state partners and used for monitoring and support. Centerstone 988 and MCRTs also continued to provide weekly reports to IDHS-DBHR and the BHCH on transfers received from participating PSAPs and from 988, respectively, when received from 911 PSAPs. In addition, the two APCO PSAPs began submitting data at the end of FY26 Quarter 2. Data collection for APCO PSAPs continued this quarter. Cohort 1 PSAPs also received technical assistance this quarter from the BHCH as they continued to prepare to launch CESSA implementation.

Most of the 22 live PSAPs consistently report weekly as expected. However, five of the 22 live PSAPs are either not reporting consistently or are not reporting at all. There are known issues with reporting from both Priority Dispatch and Total Response users, and plans are in place to address these issues. There is a known issue with a specific field in the report for Priority Dispatch users, which is generally resolved by upgrading to a newer version. The PSAPs that have upgraded to the next version of Priority Dispatch do not have this issue with reporting. In addition, Total Response reports also include some known issues with data collection, as the reporting template provided to PSAPs by Total Response did not include most of the calls it should have. In addition, the template included calls not related to mental health that should not have been included. Total Response will revise the template in FY26 Quarter 3 and is expected to release the revised template to PSAPs in Cohorts 0 and 1 in FY26 Quarter 4.

Crisis Data Reporting System

Development of the Crisis Data Reporting System (CDRS) continued in FY26 Quarter 3. CDRS will streamline processes for 988 Lifeline Contact Centers and MCRT providers funded by IDHS-DBHR to submit required monthly and/or quarterly performance and financial reports, which are standard for all IDHS-DBHR grantees. Alpha testing was completed in FY26 Quarter 2 to identify any errors or bugs in the software, with participation from IDHS-DBHR program staff and BHCH staff. In FY26 Quarter 3, the software developers completed their updates based on the feedback from alpha testing and prepared for beta testing. Beta testing involves real-life users accessing the system to verify that it works as designed. Beta-testing participants included DBHR staff members, 590 providers, 988 providers, and BHCH staff members. Beta testing began late in FY26 Quarter 3 and is anticipated to finish early in FY26 Quarter 4. Final updates will be made after beta testing, and the CDRS is scheduled to launch for provider use in late FY26 Quarter 4.

Data Dashboards

The BHCH is developing public data dashboards to present information regarding the implementation of CESSA. Dashboards to depict implementation progress and call transfer volume are under development and expected to launch by the end of FY26 Quarter 3.

Landscape Survey

The primary goal of the landscape survey is to allow PSAPs to gather accurate, up-to-date information they need to identify co-response options and availability in their communities, and to obtain details needed to dispatch co-responders. Survey items focus on mental health response options within the PSAP (such as telecommunicators with Crisis Intervention Team (CIT) training or with additional clinical credentials), options within LEA staff (such as police social workers and CIT officers), the availability of community-based mental health teams to respond to 911 calls, and whether co-response teams are operating in any communities served by the PSAP. A secondary goal is to provide the BHCH and IDHS-DBHR with updated information about behavioral health crisis response options and resources available to each PSAP. The last landscape survey was completed in 2023, so the information is outdated. Therefore, each cohort participating in CESSA implementation received or will receive a new landscape survey as part of preparation to launch CESSA.

The updated landscape survey was sent to PSAPs in Cohorts 0 and 1 in late FY26 Quarter 2 and early FY26 Quarter 3. PSAPs in Cohorts 0 and 1 submitted responses throughout Quarter 3 as they prepared for implementation. The updated Landscape Survey was deployed to Cohort 2 in late March 2026, and responses are anticipated in FY26 Quarter 4.

Baseline Data Assessment

The baseline assessment collects data from PSAPs, 988, and MCRTs from calendar year 2024 on pre-implementation activities related to responding to behavioral health crises. It will provide data for comparison across time periods and to inform future performance studies. In previous quarters, the BHCH collected 2024 data from two 988 Lifeline Contact Centers. The baseline assessment is different from the landscape survey. The landscape survey focuses on the crisis response options that are available in communities today. Results from the landscape survey will be used to identify current local resources and determine whether PSAPs can integrate them into their response options. The baseline assessment collects data about calls received, responses, and practices in 2024. Results from the baseline assessment will be used to compare call outcomes before CESSA implementation (the baseline period) with outcomes after CESSA implementation. Baseline assessment results will be available for comparisons in a wide variety of future/potential studies.

The PSAP data collection tool for the baseline assessment was pilot tested with four PSAPs during FY26 Quarter 3. Their responses to the assessment were collected, along with their feedback on the data-collection tool. The BHCH adjusted the data collection tool based on the PSAPs’ feedback and intends to deploy the baseline assessment to PSAPs statewide in FY26 Quarter 4. Finally, data collection from MCRTs is now slated for FY27.

Training Updates

Training activities for FY26 Quarter 3 included partnering on a substance use training, launching new on-demand virtual courses, and continuing to implement the learning management system to train agencies participating in CESSA implementation.

Curriculum Revision and Expansion

IDHS-DBHR crisis staff and the BHCH met with substance use subject-matter experts from IDHS-DBHR and Prevention First, which develops substance use training with IDHS-DBHR. Together, this group reviewed substance use content in the existing CESSA training courses after the need arose for CESSA implementation agencies to have additional training and support regarding substance use. The workgroup agreed that the existing substance use content in the CESSA training courses provides a sufficient overview at the introductory level for telecommunicators, 988 crisis counselors, and MCRT staff. However, the workgroup agreed that providers could benefit from additional, specialized content that supplements the required CESSA training. Therefore, IDHS-DBHR will work with the BHCH and Prevention First to make the training available as an option to agencies currently participating in CESSA implementation, as well as to remaining PSAPs, 988 Lifeline Contact Centers, and MCRTs, anticipated to be available before the end of FY26. In addition, IDHS-DBHR crisis staff, the BHCH, and the substance use subject-matter experts from IDHS-DBHR and Prevention First will continue to determine which supplemental courses will be considered mandatory, and for which providers, in FY26 Quarter 4.

CESSA Required Training

During FY26 Quarter 2, the BHCH hosted three live training sessions to meet the requirements of the most recent CESSA amendment, which mandated training on involuntary commitment and neurodiversity. In January 2026, these live training sessions were converted into on-demand courses, which were made available as part of the required CESSA training on the learning management system. Cohorts 0, 1, and 2 were expected to complete the new training within 60 days, by March 8, 2026. The new courses available on demand and required for CESSA implementation are:

1. Mental Health Topics for 911 – Part B
    a. Involuntary Commitment
    b. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities
2. Mental Health Topics for 988 – Part B
    a. Involuntary Commitment
    b. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities
3. Involuntary Commitment for MCRTs
4. Neurodivergence, Autism Spectrum Disorder, and Developmental Disabilities for MCRTs

In addition, the BHCH is collaborating with the Illinois Department of Public Health and the EMS System Coordinator for the Chicago Central EMS System to offer continuing education units for telecommunicators for CESSA-required training. The course content and presenters' credentials were submitted for review. Once approved, the site codes will be provided for the relevant courses. The process is expected to be finalized in FY26 Quarter 4.

Learning Management System

Courses required for CESSA implementation are available on demand in the Reach 360 learning management system hosted by the BHCH. As of March 10, 2026, there were 1,815 unique learners from Cohorts 0, 1, and 2 registered in Reach 360. There are 103 agencies total enrolled in Reach 360, including 66 PSAPs, 36 MCRTs, and Centerstone 988. Two of the 36 MCRTs reported that all their staff completed the Reach 360 training. Eleven of the 66 PSAPs reported that all their staff had completed the Reach 360 training. In addition, Centerstone 988 has registered its staff and confirmed that all have completed the training.

Cohort 0 completed CESSA-required training in the previous platform, Qualtrics, from October 2024 through January 2026. After December 2025, any new staff hired at a Cohort 0 agency must complete the training courses on Reach 360. The Reach 360 course completion report above does not yet reflect training completed on the previous platform. As part of the transition between platforms, the BHCH is migrating over 7,000 data fields that reflect Cohort 0 training completion from Qualtrics to Reach 360. The projected completion date for the transfer is early April 2026. The data will be incorporated into the unique learner's account and will facilitate the documentation and tracking of individuals' compliance with the training requirements. Once the transition is finalized, the Reach 360 completion reports will be updated to include the Qualtrics data.

Regional Implementation Activities

Membership Changes

The IDHS Secretary formally appointed eight new members to fill Regional Advisory Committee (RAC) vacancies in FY26 Quarter 3. Three of these appointments were for open chair or co-chair positions. Two incoming EMS Medical Directors were appointed as chairs in Region 4 and Region 7. Additionally, a new co-chair (an executive director of an agency with an MCRT grant) was appointed to serve in Region 9. The appointments added stability for these respective RACs as they continued this quarter to move towards the next phase of CESSA implementation and to increase subregional participation. The additional five remaining appointments were for new members serving in Regions 5, 6, 7, and 9.

Subregional Committees

Subregional Committees (SRC) are local-level planning groups. During FY26 Quarter 3, three SRCs were added to the SRC Growth Chart, bringing the statewide total to 24 SRCs.

The BHCH released a survey to the RACs in late FY26 Quarter 2 for local SRCs to complete, to gather feedback on what they consider most beneficial to their evolution and structure. Responses collected this quarter indicated that a variety of resources would be beneficial. The following resources will be developed in FY26 Quarter 4 to help them with their efforts:

- Prepare a guidance Toolkit
- Design a Flyer/Brochure
- Prepare monthly newsletter
- Hold quarterly Learning Collaborative

In addition, RACs and SRCs were asked to complete a Needs Assessment earlier in FY26. Responses compiled in FY26 Quarter 3 indicated the following common themes for needs among SRCs:

- Opportunities to fund 24-hour co-response models with social workers embedded in law enforcement or EMS agencies
- Risk assessment training opportunities
- Marketing and education on 988
- Limited or lack of transportation services
- Expectations and goals for SRCs
- Education of community stakeholders
- Better communication about CESSA, including misunderstandings and misinterpretations
- Funding and staffing

Part of the ongoing work of the RACs and SRCs in upcoming quarters will be to formulate strategies, in consultation with IDHS-DBHR and the BHCH, to address the identified needs where possible.

Summary of CESSA Meetings

CESSA meetings continued to be held regularly in FY26 Quarter 3.

Statewide Advisory Committee

The Statewide Advisory Committee (SAC) met twice this quarter. IDHS-DBHR provided an in-person option for members of the public to attend every meeting. SAC members met virtually in February but gathered in person in March.

The February meeting included a presentation from representatives of the Virginia Department of Behavioral Health and the Virginia Department of Criminal Justice about their implementation of the Marcus Alert System, which coordinates between 911 and regional crisis call centers to provide a behavioral health response during emergencies. Virginia representatives shared lessons from their implementation thus far, and SAC members noted overlaps with the learnings and challenges observed in Illinois.

The March meeting was a joint meeting between SAC members and RAC chairs and co-chairs. Meeting topics included discussions of communication strategies, updates on implementation status and call transfer data, and a presentation from an IDHS-DBHS-funded MCRT highlighting the role of MCRTs in crisis response. In addition, the joint meeting provided space for RAC chairs and co-chairs to share their insights with SAC members regarding the opportunities and challenges that arise in developing SRCs.

SAC Technical Subcommittees

Subcommittee on Protocols and Standards

The Protocols and Standards Technical Subcommittee (PSTSC) met four times in FY26 Quarter 3. With implementation underway, the PSTSC members continued to provide insights and feedback about CESSA implementation during the meetings. Members noted that the pace of progress statewide, while steady, did not require convening every other week. Therefore, PSTSC members voted this quarter to amend the meeting cadence from twice a month to once a month, with the agreement to convene additional meetings as needed.

The PSTSC members also approved revisions to the IRLM this quarter, based on feedback from PSAPs and substance use experts. The members approved a change to remove intoxication as a standalone criterion at levels 1 and 2 of the IRLM and to replace it with behavior-based indicators. This addresses the unintended result of including intoxication as a factor on its own: unnecessary law enforcement responses at those levels. Rather, the alternative response of 988 or MCRT is appropriate given the acuity of other IRLM level 1 and 2 risk factors. The approved revised IRLM has been used to inform modifications to the protocols utilized by 911 telecommunicators.

Subcommittee on Technology, Systems Integration, and Data Management

The Technology, Systems Integration, and Data Management Subcommittee (TSIDM) continued to meet every other month, with this quarter's meeting occurring in March. The TSIDM members received updates on the CDRS and the baseline assessment at the March meeting. In addition, one of the Cohort 0 PSAP administrators presented to the TSIDM members about his experience transferring calls, providing weekly data reports, and engaging and promoting his local SRC.

Subcommittee on Training and Education

The Training and Education Technical Subcommittee (TETSC) convened once in FY26 Quarter 3. At the meeting, TETSC members voted to amend the meeting cadence from monthly to quarterly and agreed to add meetings or otherwise adjust the cadence if needed. The members discussed several standing topics, including the status of agencies registering and completing courses in Reach 360 and the transition of Cohort 0 agencies from Qualtrics to Reach 360. TETSC Members also discussed the ongoing review of substance use content in CESSA courses.

Regional Advisory Committees

RACs continue to meet at their scheduled meeting cadences as posted on the CESSA website and to offer an in-person meeting space for public use if a member of the public desires in-person attendance. These locations are equipped with technology for full participation in the meeting's discussion. RAC members will continue to attend meetings virtually. RACs have subsequently complied with this OMA requirement. As with the previous quarter, the focus of RAC meetings in FY26 Quarter 3 largely remained on plans and the operational design for 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

Implementing CESSA will require significant changes in technology, systems, and organizational culture. To succeed, IDHS-DBHR, its state agency partners, and BHCH understand that they need strong communication and marketing efforts. The BHCH continued to solicit resources and additional funding to support a coordinated communications and marketing strategy that IDHS-DBHR and the BHCH could use to support CESSA implementation.

In addition, IDHS-DBHR continued to leverage the 988 marketing campaign to promote a portion of the behavioral health crisis response continuum. While not promoting CESSA directly, increasing public awareness and knowledge of the crisis response system, especially with stakeholder-specific messaging, will support CESSA implementation by showcasing the robust behavioral health response infrastructure already in place in Illinois.

Collaboration Across Systems

IDHS-DBHR and its partners, such as the Illinois Department of Healthcare and Family Services, continued to dedicate significant time in FY26 Quarter 3 to 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

Statewide CESSA implementation is on track to meet the June 30, 2027, deadline. However, the complexity of the system changes needed to implement CESSA required adjustments to the implementation timeline to ensure adequate time for PSAPs to prepare for launch. While initial planning indicated that PSAPs could complete the required onboarding activities within three months, in practice, PSAPs have needed at least four months between the launch of the cohort at the informational kick-off month and being considered live. PSAPs in Cohorts 1 and 2 have also been delayed when concurrently completing other internal technology-related projects. It is anticipated that the future cohorts will include PSAPS navigating similar challenges. Therefore, larger cohorts, averaging 23 to 26 PSAPs instead of 22, will allow fewer overall cohorts to launch in FY26 Quarter 4 and FY27, but will give the cohorts a longer onboarding period before going live. IDHS-DBHR, in consultation with the Statewide 911 Administrator and the BHCH, will continue to monitor progress and provide in-depth support to current and future cohorts.

Specific PSAP Challenges and Opportunities

The report for FY26 Quarter 2 discussed five additional challenges specific to PSAPs, including operational issues such as how PSAPs use protocols, as well as internal policies and procedures needed to implement CESSA. Significant progress was made in FY26 Quarter 3 in implementing the protocol updates. The remaining four PSAP-specific challenges and opportunities (cultural shifts, variability among PSAPs, technical issues with software, and liability) will require long-term changes, and there are no notable changes to report this quarter.

Protocol Updates

PSAPs in each cohort must update their protocols to include criteria related to levels 2 and 3 of the IRLM, with approval from their EMS Medical Director. PSAP also must update its protocol software. The challenges with these updates vary by vendor and require significant time to accomplish, but major progress was made during this quarter. One of the vendors, Total Response, began re-programming and testing the software revisions in FY26 Quarter 3. Total Response will then need to work with the Total Response users in Cohorts 0 and 1 to install the updates, test the modifications, and train their staff on the updates. Cohorts 2 and 3 do not include Total Response users, allowing Total Response time in FY26 Quarters 3 and 4 to make the updates for Cohorts 0 and 1. The remaining Total Response users are expected to be distributed across Cohorts 4, 5, or 6. At that time, Total Response would install the updates, test the modifications, and train staff of those later cohorts.

In addition, Priority Dispatch PSAPs in each cohort 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. The updates for both Total Response and Priority Dispatch added additional time to the implementation process for Cohorts 0 and 1, but they are steadily progressing.

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SUICIDE
& CRISIS
LIFELINE

Illinois Department of
Human Services
Division of Behavioral
Health & Recovery

dhs.dbhr.cessa@illinois.gov

DIVISION OF
BEHAVIORAL HEALTH
& RECOVERY

The Behavioral Health Crisis Hub
University of Illinois Chicago
Jane Addams College of Social Work
Center for Social Policy and Research

cessa@uic.edu

UNIVERSITY OF
ILLINOIS CHICAGO

Jane Addams College
of Social Work