



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

DATE: October 1, 2024

MEMORANDUM

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

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

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

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

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

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



DIVISION OF
MENTAL HEALTH



UNIVERSITY OF
ILLINOIS CHICAGO

Jane Addams College
of Social Work

**Community Emergency Services and
Support Act (CESSA)
50 ILCS 754
Quarterly Status Report
October 1, 2024**

Prepared by:
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Division of Mental Health
in consultation with
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Executive Summary

The first quarter of Fiscal Year 2025 (FY25) was spent on three primary activities: internal planning for the upcoming fiscal year at the Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) and its academic partner, extensive work on the pre-test and pilots for the 911 Public Safety Answering Points (PSAPs) rollouts, and a return to regular meetings of the Statewide Advisory Committee (SAC) and Regional Advisory Committees (RACs). Those activities are summarized here and described in more detail in this report.

The new fiscal year marks a transition for CESSA from a focus on planning and relationship building to implementation and relationship strengthening. The legislation to extend the deadline for CESSA implementation and allow for alternative Regional Advisory Committee leadership models was approved by the General Assembly in late May and signed into law on July 1, 2024.

The SAC and RAC meetings in July and August were postponed. During this time, the staff from IDHS/DMH and the Behavioral Health Crisis Hub at the University of Illinois Chicago Jane Addams College of Social Work Center for Social Policy and Research (Crisis Hub) focused on planning and protocol implementation.

IDHS/DMH leadership anticipates that during FY25, CESSA will be fully tested, and the protocols at its heart tested and implemented. In a practical way, that means that the heart of the current crisis response system – the PSAPs – will be trained and enabled to identify individual callers experiencing a mental health crisis and divert them to proper crisis response services. This is happening in two phases: “pre-tests” at the regional level and then regional “pilots” that will be implemented at county-based PSAPs as a subregional implementation. The pre-tests and pilots were the focus of most of the CESSA infrastructure work in the first quarter of FY25.

The pre-tests are designed to be a first-phase evaluation to assess the impact of incorporating elements of the Interim Risk Level Matrix (IRLM) into protocol scripts utilized by 911 telecommunicators. These scripts aim to identify callers experiencing behavioral health crises and refer them to alternatives to law enforcement emergency responses, as intended under the CESSA legislation. There will be no changes to any dispatches or referrals from the PSAPs during the three pre-tests as they focus only on the protocol changes. After the completion and evaluation of the pre-tests, the first regional pilots will begin. The six-month pilot phase, expected to begin in the second quarter of FY25, is designed to determine that the correct dispatch decisions are made using the revised mental health standards and protocols.

The three CESSA Technical Subcommittees (Protocols and Standards, Training and Education, and Technology, Systems Integration, and Data Management) resumed their meetings in September. In the first quarter, all three subcommittees focused on supporting the pre-tests and pilots. Protocols and Standards is leading that work, Training is finalizing the curriculum in support of the rollout of the new protocols, and Technology, Systems Integration, and Data

Management is preparing to gather and analyze the data expected to be generated by the pre-tests and pilots.

The SAC resumed its monthly meeting schedule in September. The SAC meeting focused on planning for the new year and establishing an initial set of broad measures of success, which will be further detailed at the in-person October SAC meeting. The RACs resumed their meetings in September as well, with many of the RACs holding “summits” or town hall meetings to kick off the new year and reengage key stakeholders or identify new local leaders for their regional planning efforts.

Finally, we recognize that the staffing for this work is as dynamic as the work itself. As CESSA moves more solidly into meaningful implementation of the core CESSA priorities, new staff members are joining the IDHS/DMH and Crisis Hub teams to support and manage the many technical, systematic, and relational elements that will ultimately contribute to the success of CESSA.

Update on CESSA-Related Activities

In the first quarter of Fiscal Year 2025 (FY25), significant activities related to CESSA included amendments to the CESSA Statute, a meeting of the Statewide Advisory Committee (SAC), and the beginning of the implementation phase of the work.

CESSA Statute Amendments

Governor JB Pritzker signed [Public Act 103-0645](#) into law on July 1, 2024. Public Act 103-0645 extends the CESSA implementation deadline from July 1, 2024, to July 1, 2025, provides for the appointment of a different Regional Advisory Committee (RAC) Chair if specific conditions are met, and provides for the RACs to establish subregional committees. The effects of these amendments on implementation are described in later sections of the report. Updates on the implementation timeline are discussed in the [“Subcommittee on Protocols and Standards”](#) section while updates about RAC chairs and subregional committees are discussed in the [“Regional Advisory Committees”](#) section.

Because Public Act 103-0645 had not been signed before the end of FY24, the authority to convene meetings at the beginning of FY25 was in question. As a result, the SAC determined formal open meetings would begin again in September 2024 to ensure the statutory authority to hold the meetings. During the summer hiatus, the Illinois Department of Human Services/ Division of Mental Health (IDHS/DMH), the Behavioral Health Crisis Hub (Crisis Hub), workgroups of the SAC subcommittees, and the RAC Chairs and Co-Chairs continued to work on planning for the implementation of CESSA.

Statewide Advisory Committee Meeting

During the first quarter of FY25, the SAC held one virtual Open Meeting and prepared for the upcoming in-person Open Meeting in October 2024. At the September meeting, SAC members discussed what success looks like for FY25 as the work of implementation begins. SAC members acknowledged the importance of continuing and extending the work already happening around protocol revisions and ensuring a feedback loop to assess ongoing implementation. The discussion addressed barriers the SAC and Subcommittees may face in FY25 and potential solutions. The SAC intends to continue this discussion at the October 15, 2024 in-person meeting. During this meeting, SAC members will revise their proposed road map for FY25 by including more specific metrics to measure and report on success, as well as identifying barriers to implementation.

SAC members were also introduced to the proposed structure for subregional committees. The Crisis Hub described the structure for subregional coordination and implementation based on the feedback from SAC and RAC members in FY24. This structure emphasizes that implementation primarily occurs at a local level while also integrating the crucial vendor work identified by SAC members on the Protocols and Standards Subcommittee.

Implementation Phase

Since 2022, the SAC and RACs have been researching, planning, and preparing to implement CESSA. This work, which began with the revision of the protocols, has moved into the implementation phase. As of September 3, 2024, the first pre-testing of the revised emergency medical dispatch protocols for PowerPhone began. With the transition from planning to implementation, the inclusion of 911 Public Safety Answering Points (PSAPs) in the process becomes even more critical. The changes required in CESSA take place at the PSAP level, so the implementation phase must include PSAPs. While each RAC currently has representation from at least two PSAPs from its region, the subregional committee structure allowed for in the recent CESSA amendment will provide a way to further engage PSAPs in the work through a vendor-specific model.

In addition, the staffing needs of CESSA implementation are evolving along with the work. IDHS/DMH and the Crisis Hub have onboarded new staff and are in the process of hiring additional staff to support and manage the expanding work of CESSA implementation.

CESSA Implementation Updates

Technical Subcommittee Updates

Subcommittee on Protocols and Standards

The Protocol and Standards Technical Subcommittee (PSTSC) is responsible for developing and implementing the guidelines for all dispatch protocols statewide. This includes identifying and using any best practices on risk stratification methodologies and matrices to guide decisions about entities to be dispatched given specific types of call incidents to meet the goals of CESSA. Much of the work of this subcommittee has focused on working with emergency medical dispatch (EMD) vendors to incorporate elements of the Interim Risk Level Matrix (IRLM) developed by the PSTSC into protocol scripts utilized by 911 Public Safety Answering Point (PSAP) telecommunicators. The subcommittee's focus has transitioned to implementation during the first quarter of Fiscal Year 2025 (FY25), with the launch of a pre-test of protocol changes for the first vendor with whom the subcommittee is working and continuing to plan for a subsequent pilot phase.

Pre-Test and Pilot Process Overview

The PSTSC Subject Matter Expert (SME) Workgroup continued to meet this quarter with the EMD vendors used by PSAPs across the State, as well as independent PSAPs, to incorporate the risk factors and risk acuity associated with the IRLM into their EMD protocols.

The integration of the IRLM will vary based on the vendors' specific protocols. Before the IRLM is fully integrated into each vendor's protocols, it is necessary to determine the extent to which the updated protocols address the CESSA goals. A two-step process has been developed for this purpose, consisting of a pre-test phase followed by a pilot test phase.

The pre-test provides the opportunity to:

1. test the changes to the protocols used by PSAPs that have been modified to incorporate IRLM risk type and severity (acuity) to determine if they are successful in identifying individuals experiencing behavioral health crises, and
2. evaluate if, based on the responses to the questions, dispatch referrals comport with the IRLM-recommended response types available within the PSAP coverage area.

In summary, the pre-test asks, "Does the inclusion of an expanded set of questions incorporating IRLM risk areas and severity identify individuals experiencing behavioral health crises? Are projected dispatch referrals aligned with IRLM recommendations based on currently available community resources within PSAPs coverage area?" The initial pre-tests and pilots will be focusing on IRLM Level 1 referrals to 988 for referral to mobile crisis response team (MCRT) services, if available.

It is important to note that during the pre-test, there will not be any modifications to the actual dispatch referrals currently made by PSAP telecommunicators. The referral of

individuals experiencing behavioral health crises to 988 will occur during the subsequent pilot tests within the regions.

Once the pre-tests are completed and the evaluation results are reviewed, any issues will be addressed and resolved before the pilots begin. The pilot phase is designed to answer the following questions by generating data to address the indicators recommended by the ["Subcommittee on Technology, Systems Integration, and Data Management"](#).

- Question 1: How do we know if the recommended dispatch decisions (e.g., referral to 988/MCRT) are being followed?
- Question 2: How many referrals to 988 were not able to be completed because of lack of capacity in the 988 Suicide and Crisis Lifeline system? How many referrals from 988 were not able to be completed because of lack of capacity or timeliness of response in the [590] community mental health response system?

Data will also be collected and monitored to drive improvement in the Illinois mental health crisis response system using indicators and data elements that have been identified for quality monitoring and improvement.

The pilots for each vendor type will not occur until the revised protocols have been approved by emergency medical system (EMS) medical directors and the Illinois Department of Public Health (IDPH). Additionally, MCRT staff, 988 Lifeline crisis counselors, and 911 telecommunicators must complete the trainings required for participation in the pilot. Trainings are currently being finalized by the Training and Education Subcommittee.

Update on Work with PSAPs and EMD Vendors

As noted above, the Protocol and Standards Technical Subcommittee (PSTSC) is working with each of the EMD protocol vendors used by PSAPs to incorporate elements of the IRLM into their protocol scripts. The work with each vendor will follow the process of modifying protocols as needed, pre-testing, piloting, and seeking approval of any modifications in collaboration with the SME Workgroups. Work with the vendors is at various stages, as described below.

PowerPhone

Significant progress was made with PowerPhone this quarter, as pre-tests of the recommended protocol revisions began on September 3, 2024. The pre-test is expected to last for 45 days. The three PSAPs participating in the PowerPhone pre-tests are Lee County, Cicero County, and Cumberland County. Earlier this quarter, before the pre-tests began, PowerPhone accepted the revised protocols recommended by the PSTSC SME Workgroup and completed the development of the Illinois-specific database. PowerPhone then updated the Total Response Software at each of the three pre-test PSAP sites. Pre-test PSAP staff received training on the revised protocols, the background of CESSA, and data collection needs prior to the start of the pre-test. Check-ins between the three pre-test PSAP administrators, the Illinois Statewide 911 Administrator, and the Crisis Hub staff that are members of the PSTSC SME Workgroup are occurring at regularly scheduled intervals for the duration of the pre-test.

The pre-test is expected to conclude in late October 2024. During the second quarter of FY25, the pre-test will be evaluated, and the results will be shared with the PSTSC, the Statewide Advisory Committee (SAC), and the Regional Advisory Committees (RACs) for feedback. After the pre-test is completed and evaluated and any issues resulting from the evaluation are addressed, approval of the revised protocols by EMS medical directors and IDPH will be requested, and then PowerPhone will update the software at the pilot sites with the revised and approved protocols. Meanwhile, training developed specifically for agencies participating in the pilots will be provided.

The PowerPhone pilots are expected to begin in the second quarter of FY25, pending the completion of the above steps. The PowerPhone PSAPs that were selected to be pilot sites are depicted in ["Table 1: PowerPhone PSAP Pilot Sites with Corresponding Coverage Area and MCRT Agencies by Region"](#) on page 10, along with the region in which they are located, their coverage area, and the MCRT agency that will respond during the pilot.

Priority Dispatch

Priority Dispatch utilizes three different protocols, consisting of EMD, fire, and law enforcement protocols. A SME workgroup comprised of Priority Dispatch users has been convened, and RAC Chairs and Co-chairs have begun to identify sites to serve as pilots. During this quarter, the Priority Dispatch SME Workgroup continued its review of these three protocol types for fit and mapping to the IRLM. Once the SME Workgroup has completed its review, the workgroup will continue to discuss and plan for the mapping of the protocols to the IRLM to address CESSA goals.

APCO International

During the final quarter of FY24, APCO provided copies of its protocols to a PSTSC SME Workgroup for APCO. The PSTSC SME Workgroup continued in the current quarter to review and make recommendations to the APCO protocols that will incorporate IRLM risk factors and acuity into its protocols. Because of the similarity between the PowerPhone and APCO protocol structure, modifications to APCO's protocols modeled after the questions recommended for PowerPhone's protocols are being considered. The PSTSC SME Workgroup will send the requested revisions and additions to APCO once their review is completed.

Independents

Six PSAPs are referred to as "independents" as they utilize EMD systems developed by the resource hospital with whom they work. The PSTSC SME Workgroup will hold initial meetings with the independents to work towards revising their protocols in the upcoming quarters of FY25.

Table 1: PowerPhone PSAP Pilot Sites with Corresponding Coverage Area and MCRT Agencies by Region

Region	PSAPs (Pilot)	Coverage Area	MCRT Agencies
1	Ogle County	Ogle County	Sinnissippi
1	Rochelle Police Dept	Rochelle	Sinnissippi
1	Lee County	Lee County	Sinnissippi
2	McDonough/Schuyler (RAC 3)	McDonough/Schuyler	North Central Behavioral Health, Transitions (RAC 3)
3	Christian County/Shelby County 911	Christian County, Shelby County (RAC 6)	MHCCI (Memorial Behavioral Health), LifeLinks (RAC 6)
5	Salem	Salem (Marion County), Kinmundy (Marion County), Alma (Marion County), Kell (Marion County), Iuka (Marion County), Odin (Marion County), Farina (Fayette & Marion Counties), Texico (Jefferson County), Dix (Jefferson County), Orchardville (Wayne County), Keenes (Wayne County), Xenia (Clay County), Walnut Hill, (Marion County), St. Peter (Fayette County)	Community Resource Center & Bond County, Bond County & One Hope United (Fayette County), Lawrence County Health Department (Clay County), Jefferson County Comprehensive Services & One Hope United (Jefferson County), One Hope United (Wayne County)
6	Coles/Moultrie	Coles County, Moultrie County	LifeLinks
7/9	KenCom	Kendall County	Association for Individual Development (AID)
8	Lyons Township Area Comm Center	La Grange, La Grange Park, Western Springs, Countryside	Pillars
8	Cicero	Stickney, Village of Forest View	Pillars
9	Elgin Police Department	Elgin	Ecker Center for Behavioral Health
10	Evanston	Evanston	Trilogy, Inc.

Subcommittee on Technology, Systems Integration, and Data Management

The Technical Subcommittee on Technology, Systems Integration, and Data Management (TSIDM) is charged with researching and recommending data and information systems to support the implementation of CESSA across the regions and localities of Illinois. [The Deliverables Report](#) that was completed by the TSIDM at the end of FY24 and included in the last quarterly report was presented to the SAC at their meeting on September 9, 2024.

The TSIDM Subcommittee met once this quarter on September 3, 2024. In that meeting, the Subcommittee discussed activities for FY25 and the implementation of actions in the Deliverables Report. The dialogue centered around ways the Subcommittee can fill gaps and work within existing data systems as the two key CESSA data systems are being developed and the pilot is collecting data. The Subcommittee will remain a repository for ideas to inform the additional systems development and be a space for deliberation on data collection, evaluation, and privacy challenges.

The Subcommittee also discussed at length who should be a part of this body in FY25, recognizing the two routes to participation: through SAC membership or by serving as an Expert Consultant. The Subcommittee members committed to contacting the recommended parties discussed as appropriate Expert Consultants. Members also discussed the opportunity to bring together leadership and front-line responders across the crisis continuum to collaborate across systems and share best practices in relation to data.

This quarter, the TSIDM Subcommittee finalized the data elements that are being used in the PowerPhone pre-tests, which began September 3, 2024. The pre-test PSAP sites are sending data to the Crisis Hub on a regular basis for the duration of the pre-test using the data elements recommended by the TSIDM Subcommittee. The data elements consist of:

1. PSAP Identifier
2. Telecommunicator Identifier
3. Date call received
4. Time call received
5. Nature code (Incident Type)
6. Nature Code (PowerPhone)
7. Dispatch Decision
 - a. Dispatch Decision using the PSAP's current standard operating procedure because 911 to 988 transfer capability is not in place (note: this could include co-response referrals if they currently exist).
 - b. Dispatch Decision based on modified protocols and currently available resources within the PSAP's jurisdiction (Landscape Survey*) as if 911 to 988 transfer is in place. If the decision is a referral to 988, the agreed upon code to be used is 988PRE.
8. Priority for Response
9. Response
10. Incident Identifier (Generated by Computer Aided Dispatch System)

During the first quarter of FY25, the Crisis Hub continued to oversee the development of the Illinois Crisis Data System in its role as convener of the TSIDM Subcommittee. This system is one of two data systems recommended by the Subcommittee to meet the data and information requirements stated in CESSA and needed to support the implementation of a robust and unified crisis response system. The requirements for this system are that it must:

1. Have a secure online portal for data submission.
2. Minimize the duplication of data collection and data submission for the three entities from which data will be obtained. If data for key indicators is currently being collected for other purposes such as contractual requirements, evaluation processes etc., pull that data into the interim system.
3. Collect aggregate non-identifiable data. Consumer level data will not be entered into this system.
4. Have the flexibility to incorporate placeholders for data elements that are desirable but are not currently collected.
5. Contain quality control mechanisms to ensure completeness of data submitted, ensure that values submitted for data elements are within established parameters, and that data is submitted within specified timeframes.
6. Have the ability to generate useful standard reports for the entities submitting the data
7. Have the ability to generate reports specified by the TSIDM Subcommittee, the Crisis Hub, IDHS/DMH and evaluators to monitor and evaluate CESSA implementation, as well as the ability to generate reports related to special studies and interests for quality improvement purposes.
8. Contain prompts and instructions associated with data submitted.
9. Have the flexibility to quickly incorporate new data elements as necessary.

The Crisis Hub and IDHS/DMH are working with the University of Illinois Chicago Center for Clinical and Translation Science to complete the requirements and begin the design of the system. The TSIDM Subcommittee will continue to receive updates and offer feedback on the development and testing of the system throughout FY25.

Subcommittee on Training and Education

The Training and Education Technical Subcommittee (TETSC) Training Plans Workgroup continued to meet this quarter, bringing together SAC members who are subject matter experts and sit on the TETSC Subcommittee, the Crisis Hub, and IDHS/DMH. The Training Plans Workgroup has been focusing on revising the proposed training plans for 911 telecommunicators, 988 Lifeline crisis counselors, and MCRT staff. These revisions are based on best practices and feedback from the RACs, MCRTs, and other State partners. Each training plan consists of three instructional areas, including Core Courses, Additional Best Practice Courses, and Optional Courses.

The TETSC met twice this quarter. At the Subcommittee meeting on September 10, 2024, TETSC members reviewed and discussed the changes made to the MCRT training plan

suggested by the Workgroup. TETSC members then reviewed and discussed the changes made to the 988 and 911 training plans at the September 24, 2024 meeting. At the time of writing this report, the proposed training plans are in draft form. The TETSC Training Plans Workgroup will continue to meet with state agencies such as Illinois Healthcare and Family Services (HFS) and the Illinois Statewide 911 Administrator to minimize duplicative training across state agencies and other training entities before bringing the plans back to TETSC for their final approval.

CESSA-Mandated Trainings

In order to meet the training requirements of CESSA in the interim while the training plans are being developed, IDHS/DMH and the Crisis Hub continued to offer live virtual training courses to MCRT staff and 988 Lifeline crisis counselors, as they have done over the last two years. This quarter, two optional trainings were offered to 988 Lifeline crisis counselors and MCRT staff. The Unique Role of Peers in Providing Recovery Support Within Crisis Services was held on September 5, 2024, and met the requirements in [CESSA Section 25 \(f\)](#). Language Matters: Verbal Empowerment was held on September 30, 2024, and met the requirements in [CESSA Section 25 \(d\)\(3\) and Section 25 \(f\)](#). Live, virtual training courses will continue to be offered throughout FY25 as optional courses that are a part of the CESSA Training Plans and will supplement the required core and additional best practice courses in the CESSA Training Plans, which will be self-paced and offered on-demand.

Regional Advisory Committees

Regional Updates

During the first quarter of Fiscal Year 2025 (FY25), many RACs hosted summits or town hall meetings to level-set the intent and direction of CESSA and elicit local support for participation from key stakeholders and advocates. Additional highlights of RAC activities are summarized below and continue onto page 14:

- All RACs critically reviewed and filtered their rosters to fill vacant slots and remove individuals who were not attending meetings.
- The RAC co-chairs without an emergency medical system (EMS) medical director chair are doing an aggressive search within membership (with IDHS/DMH assistance) to identify potential candidates to assume the chair position.
- One RAC co-chair has been onboarded to assume the duties and responsibilities for RAC oversight to replace a co-chair who resigned at the end of FY24.
- Three RACs have new administrative assistants. These individuals have gone through the required Open Meetings Act certification training and have been trained on RAC administrative duties.
- Several RACs have reached out to their Public Safety Answering Points (PSAPs) using Priority Dispatch to initiate discussions on participating as pilot sites in the Priority Dispatch pilot phase.
- All RACs have populated the CESSA calendar through June 2025. Three of the eleven RACs have elected to meet every other month rather than monthly.

- In August 2024, a RAC #2 Priority Dispatch PSAP (Illinois Valley Regional Dispatch) held a local-level CESSA discussion in Oglesby, Illinois, pulling together a diverse representation of stakeholders including law enforcement, Fire, PSAP, EMS, MCRTs, 708 Board, etc.
- RAC #11 hosted an in-person meeting at Access Living on September 16, 2024. After the official RAC meeting concluded, Preston Looper, LPC-S, the founder of Full Tilt Strategies, presented on mobile crisis teams as a guest speaker.

Subregional Planning

In addition to the extension of CESSA's implementation to July 1, 2025, the other significant change in CESSA's language was its allowance to have Subregional Committees (SRCs). During this quarter, the Crisis Hub began envisioning the structure of the SRCs following the provision from [Public Act 103-0645](#) that allows for these bodies. Per the updated law, RACs may convene (by a majority vote) SRCs to support the RACs by providing guidance that enhances the local-level operationalization of protocols. These SRCs must include members representative of all categories required of the full RACs. SRCs shall be established at the discretion of the RACs. Geographic location, vendor type, and readiness to change are factors the RACs shall consider as they appoint these committees to advance implementation of CESSA in their communities.

SRCs are the implementation engines of CESSA. Their work will be centered around the local PSAPs, law enforcement, EMS partners, and the advocates and communities they serve. They will observe and report any implementation challenges to their RAC. 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. For example, in accordance with the Interim Risk Level Matrix (IRLM), one community may be able to send a Mobile Crisis Response Team (MCRT) in response to a call because they can respond in an acceptable time frame. Another community faced with the same circumstance may have to rely on law enforcement because the alternative response is not available. SRCs will be aware of the strengths, assets, and limitations in response variability in their communities. In making their response adjustments, they will be expected to rely on data provided from the Landscape Analysis and the Mobile Crisis Response Team Response Time study, both conducted in 2023.

Whereas Subregional Committees will focus on changes in local PSAPs and their surrounding communities, the Crisis Hub recognized the additional need for a "learning collaborative" model open to PSAPs that use the same vendor across all the regions. The Vendor Learning Collaboratives (VLC) shall instead provide an opportunity for PSAPs to learn from each other and brainstorm solutions to implementation barriers that may arise as implementation progresses. More information about the vendor-based learning collaboratives will be shared in second quarter of FY25.

The individuals who will participate in the SRCs will be recommended by the eleven RACs. Subregional Committees will mainly consist of non-RAC member CESSA "champions." Champions are representatives from PSAPs, law enforcement, Fire, EMS, MCRT, social

service organizations, and the grassroots advocacy communities who promote the value of implementing CESSA. These champions are working, or are willing to get started working, to bring together the necessary groups of people to make it happen. It was recognized that considerable work in changing practices and operations in the crisis response system must occur closer to the communities that are intimately impacted and served. Thus, the Crisis Hub has used this quarter to conceptualize the structure of this Subregional configuration and will continue to use the second quarter of FY25 to solidify the structure of these bodies and support the RACs to begin recruitment.

Challenges and Opportunities

New Challenges and Opportunities

Much of the work reported in previous Quarterly Reports focused on planning for the implementation of CESSA. Now that pre-testing of the revised protocols has started, work is focused on implementation, which comes with its own set of challenges and opportunities. As Illinois moves into the implementation phase of CESSA, there are four challenges to address:

1. Ensuring the representation of all necessary perspectives
2. Maintaining the investment of all participants in the process
3. Fostering understanding across the diverse and disconnected system
4. Acceptance of the statutory requirements by all local areas

Ensuring the representation of all necessary perspectives

CESSA requires representation across specific categories of people who must be involved in the Statewide Advisory Committee (SAC) and Regional Advisory Committees (RACs). However, the work of the last two years has shown that more people must be involved for the change to happen. Specifically, identifying and supporting “champions” at a local level has proven crucial to successful implementation. Champions are people who see the need for change in their community and are working to bring together the necessary groups of people to make it happen. The subregional committees and implementation groups will provide a structure to the work of these champions. However, the RACs, the University of Illinois Chicago Behavioral Health Crisis Hub (Crisis Hub) and the Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) must continue to identify these champions and provide them with the information to disperse to their wider communities.

Maintaining the investment of all participants in the process

Systems change on the scale necessary to implement CESSA takes years to accomplish. Keeping people engaged and interested over several years has been a challenge. However, the change from planning phase to implementation phase has rejuvenated members of the RAC and SAC and given them a concrete accomplishment to celebrate.

Fostering understanding and trust across the diverse and disconnected system

While developing the training for the pilots, the SAC and the SAC Technical Subcommittees identified that the various parts of the crisis system do not know what the other parts of the system do. The different parts of the crisis system have different roles, and the roles prioritize different information to accomplish their role, which leads to confusion and lack of trust if a foundational understanding isn't built first. The upcoming pilots provide an opportunity to bring the various groups together to create an understanding of roles and responsibilities and to align on the common goal of CESSA implementation. This collaboration will foster trust that will take time but will eventually lead to a more integrated system.

Acceptance of the statutory requirements by all local areas

This quarter, a local county indicated that they are hesitant to be involved in implementing CESSA. This hesitancy could signal later resistance to implementation if not addressed collaboratively with this county and any other local communities that share similar sentiments. Working towards acceptance of statutory requirements by all the local areas must include the opportunity to increase education across the State about the purpose of CESSA and the legal requirements in the legislation to implement the law. IDHS/DMH and the Crisis Hub will continue working on the best approach with each community that indicates some hesitancy or resistance to implementing the statute.

Challenges from Previous Reports

The Fiscal Year 2024 Quarterly Reports to the Illinois General Assembly identified a list of challenges that are complicating the implementation of CESSA. One of the challenges, geographic distance limitations of mobile crisis response teams (MCRTs) to meet crisis response expectations, remains.

Five other previously identified challenges are being addressed by the implementation process and are expected to be resolved. These five previously identified challenges are:

1. Emergency medical system (EMS) medical director role
2. Implementation timeline
3. Learning management system
4. Vendor customization of protocols
5. Public Safety Answering Points (PSAPs) fiscal requirements for systems change

The issue with EMS medical director chairs was addressed by the added flexibility provided for in [Public Act 103-0645](#). The implementation timeline still remains a challenge, following the examples of states such as Virginia, which took at least five years to implement. However, CESSA implementation is aided greatly by the recent deadline extension. Work is underway to resolve issues regarding a learning management system and the vendor customization of protocols. Lastly, the PSAP fiscal requirements for systems change have not been inhibiting protocol revisions so far because implementation has been a phased process. The Crisis Hub and the Illinois Statewide 911 Administrator have worked with PSAPs one-on-one, and they have time to access funds through a grant process overseen by the Office of the Illinois Statewide 911 Administrator.

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**SUICIDE
& CRISIS
LIFELINE**



Respectfully submitted by

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