

104TH GENERAL ASSEMBLY**State of Illinois****2025 and 2026****SB2500**

Introduced 2/7/2025, by Sen. Robert Peters

SYNOPSIS AS INTRODUCED:

See Index

Amends the Community Emergency Services and Support Act. Modifies legislative findings. Provides that appropriate mobile response services must, among other things, subject to the care decisions of the individual receiving care, coordinate transportation for any individual experiencing a mental or behavioral health emergency to the least restrictive setting feasible (rather than provide transportation for any individual experiencing a mental or behavioral health emergency). Provides that adequate mobile mental health relief provider training includes, among other things, training in recognizing and working with people with neurodivergent and developmental disability diagnoses and in the techniques available to help stabilize and connect them to further services and training in the involuntary commitment process, in identification of situations that meet the standards for involuntary commitment, and in cultural competencies and social biases to guard against any group being disproportionately subjected to the involuntary commitment process or the use of the process not warranted under the legal standard for involuntary commitment. Provides that mobile mental health relief providers may only participate in the involuntary commitment process to the extent permitted under the Mental Health and Developmental Disabilities Code. Requires the system for gathering information developed by the Statewide Advisory Committee to determine the number of instances of mobile mental health relief providers initiating petitions for involuntary commitment. Provides that the exemption from civil liability for emergency care provided in the Good Samaritan Act applies to anyone providing care under the Act. Provides that each 9-1-1 public safety answering point and emergency service dispatched through a 9-1-1 public safety answering point must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once all 3 of the following conditions are met, but not later than July 1, 2027 (rather than July 1, 2025). Adds definitions and modifies existing definitions. Effective immediately.

LRB104 12196 RTM 22301 b

1 AN ACT concerning local government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Community Emergency Services and Support
5 Act is amended by changing Sections 5, 15, 25, 30, 40, 55, and
6 65 as follows:

7 (50 ILCS 754/5)

8 Sec. 5. Findings. The General Assembly recognizes that the
9 Illinois Department of Human Services Division of Mental
10 Health is preparing to provide mobile mental and behavioral
11 health services to all Illinoisans as part of the federally
12 mandated adoption of the 9-8-8 phone number. The General
13 Assembly also recognizes that many cities and some states have
14 successfully established mobile emergency mental and
15 behavioral health services as part of their emergency response
16 system to support people who need such support and do not
17 present a threat of physical violence to the mobile mental
18 health relief providers. In light of that experience, the
19 General Assembly finds that in order to promote and protect
20 the health, safety, and welfare of the public, it is necessary
21 and in the public interest to provide emergency response, with
22 or without medical transportation, to individuals requiring
23 mental health or behavioral health services in a manner that

1 is substantially equivalent to the response already provided
2 to individuals who require emergency physical health care.

3 The General Assembly also recognizes the history of
4 vulnerable populations being subject to unwarranted
5 involuntary commitment or other human rights violations
6 instead of receiving necessary care during acute crises which
7 may contribute to an understandable apprehension of behavioral
8 health services among individuals who have historically been
9 subject to these practices. The General Assembly intends for
10 the Mobile Mental Health Relief Providers regulated by this
11 Act to assist with crises that do not rise to the level of
12 involuntary commitment. However, the General Assembly also
13 recognizes that Mobile Mental Health Relief Providers may,
14 during the course of assisting with a crisis, encounter
15 individuals who present an imminent threat of injury to
16 themselves or others unless they receive assistance through
17 the involuntary commitment process. This Act intends to
18 balance concerns about misuse of the involuntary commitment
19 process with the need for emergency care for individuals whose
20 crisis presents an imminent threat of injury.

21 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23.)

22 (50 ILCS 754/15)

23 Sec. 15. Definitions. As used in this Act:

24 "Chemical restraint" means any drug used for discipline or
25 convenience and not required to treat medical symptoms.

1 "Community services" and "community-based mental or
2 behavioral health services" include both public and private
3 settings.

4 "Division of Mental Health" means the Division of Mental
5 Health of the Department of Human Services.

6 "Emergency" means an emergent circumstance caused by a
7 health condition, regardless of whether it is perceived as
8 physical, mental, or behavioral in nature, for which an
9 individual may require prompt care, support, or assessment at
10 the individual's location.

11 "Mental or behavioral health" means any health condition
12 involving changes in thinking, emotion, or behavior, and that
13 the medical community treats as distinct from physical health
14 care.

15 "Mobile mental health relief provider" means a person
16 engaging with a member of the public to provide the mobile
17 mental and behavioral service established in conjunction with
18 the Division of Mental Health establishing the 9-8-8 emergency
19 number. "Mobile mental health relief provider" does not
20 include a Paramedic (EMT-P) or EMT, as those terms are defined
21 in the Emergency Medical Services (EMS) Systems Act, unless
22 that responding agency has agreed to provide a specialized
23 response in accordance with the Division of Mental Health's
24 services offered through its 9-8-8 number and has met all the
25 requirements to offer that service through that system.

26 "Physical health" means a health condition that the

1 medical community treats as distinct from mental or behavioral
2 health care.

3 "Physical restraint" means any manual method or physical
4 or mechanical device, material, or equipment attached or
5 adjacent to an individual's body that the individual cannot
6 easily remove and restricts freedom of movement or normal
7 access to one's body. "Physical restraint" does not include a
8 seat belt if it is used during transportation of an individual
9 and the individual has access to the mechanism that releases
10 the seat belt.

11 "Public safety answering point" or "PSAP" means the
12 primary answering location of an emergency call that meets the
13 appropriate standards of service and is responsible for
14 receiving and processing those calls and events according to a
15 specified operational policy ~~a Public Safety Answering Point~~
16 ~~tele communicator.~~

17 ~~"Community services" and "community based mental or~~
18 ~~behavioral health services" may include both public and~~
19 ~~private settings.~~

20 "Treatment relationship" means an active association with
21 a mental or behavioral care provider able to respond in an
22 appropriate amount of time to requests for care.

23 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23.)

24 (50 ILCS 754/25)

25 Sec. 25. State goals.

1 (a) 9-1-1 PSAPs, emergency services dispatched through
2 9-1-1 PSAPs, and the mobile mental and behavioral health
3 service established by the Division of Mental Health must
4 coordinate their services so that the State goals listed in
5 this Section are achieved. Appropriate mobile response service
6 for mental and behavioral health emergencies shall be
7 available regardless of whether the initial contact was with
8 9-8-8, 9-1-1 or directly with an emergency service dispatched
9 through 9-1-1. Appropriate mobile response services must:

10 (1) whenever possible, ensure that individuals
11 experiencing mental or behavioral health crises are
12 diverted from hospitalization or incarceration and are
13 instead linked with available appropriate community
14 services;

15 (2) include the option of on-site care if that type of
16 care is appropriate and does not override the care
17 decisions of the individual receiving care. Providing care
18 in the community, through methods like mobile crisis
19 units, is encouraged. If effective care is provided on
20 site, and if it is consistent with the care decisions of
21 the individual receiving the care, further transportation
22 to other medical providers is not required by this Act;

23 (3) recommend appropriate referrals for available
24 community services if the individual receiving on-site
25 care is not already in a treatment relationship with a
26 service provider or is unsatisfied with their current

1 service providers. The referrals shall take into
2 consideration waiting lists and copayments, which may
3 present barriers to access; and

4 (4) subject to the care decisions of the individual
5 receiving care, coordinate ~~provide~~ transportation for any
6 individual experiencing a mental or behavioral health
7 emergency to the least restrictive setting feasible.

8 ~~Transportation shall be to the most integrated and least~~
9 ~~restrictive setting appropriate in the community, such as~~
10 ~~to the individual's home or chosen location, community~~
11 ~~crisis respite centers, clinic settings, behavioral health~~
12 ~~centers, or the offices of particular medical care~~
13 ~~providers with existing treatment relationships to the~~
14 ~~individual seeking care.~~

15 (b) Prioritize requests for emergency assistance. 9-1-1
16 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and
17 the mobile mental and behavioral health service established by
18 the Division of Mental Health must provide guidance for
19 prioritizing calls for assistance and maximum response time in
20 relation to the type of emergency reported.

21 (c) Provide appropriate response times. From the time of
22 first notification, 9-1-1 PSAPs, emergency services dispatched
23 through 9-1-1 PSAPs, and the mobile mental and behavioral
24 health service established by the Division of Mental Health
25 must provide the response within response time appropriate to
26 the care requirements of the individual with an emergency.

1 (d) Require appropriate mobile mental health relief
2 provider training. Mobile mental health relief providers must
3 have adequate training to address the needs of individuals
4 experiencing a mental or behavioral health emergency. Adequate
5 training at least includes:

6 (1) training in de-escalation techniques;

7 (2) knowledge of local community services and
8 supports; ~~and~~

9 (3) training in respectful interaction with people
10 experiencing mental or behavioral health crises, including
11 the concepts of stigma and respectful language; ~~and~~

12 (4) training in recognizing and working with people
13 with neurodivergent and developmental disability diagnoses
14 and in the techniques available to help stabilize and
15 connect them to further services; and

16 (5) training in the involuntary commitment process, in
17 identification of situations that meet the standards for
18 involuntary commitment, and in cultural competencies and
19 social biases to guard against any group being
20 disproportionately subjected to the involuntary commitment
21 process or the use of the process not warranted under the
22 legal standard for involuntary commitment.

23 (e) Require minimum team staffing. The Division of Mental
24 Health, in consultation with the Regional Advisory Committees
25 created in Section 40, shall determine the appropriate
26 credentials for the mental health providers responding to

1 calls, including to what extent the mobile mental health
2 relief providers must have certain credentials and licensing,
3 and to what extent the mobile mental health relief providers
4 can be peer support professionals.

5 (f) Require training from individuals with lived
6 experience. Training shall be provided by individuals with
7 lived experience to the extent available.

8 (g) Adopt guidelines directing referral to restrictive
9 care settings. Mobile mental health relief providers must have
10 guidelines to follow when considering whether to refer an
11 individual to more restrictive forms of care, like emergency
12 room or hospital settings.

13 (h) Specify regional best practices. Mobile mental health
14 relief providers providing these services must do so
15 consistently with best practices, which include respecting the
16 care choices of the individuals receiving assistance. Regional
17 best practices may be broken down into sub-regions, as
18 appropriate to reflect local resources and conditions. With
19 the agreement of the impacted EMS Regions, providers of
20 emergency response to physical emergencies may participate in
21 another EMS Region for mental and behavioral response, if that
22 participation shall provide a better service to individuals
23 experiencing a mental or behavioral health emergency.

24 (i) Adopt system for directing care in advance of an
25 emergency. The Division of Mental Health shall select and
26 publicly identify a system that allows individuals who

1 voluntarily chose to do so to provide confidential advanced
2 care directions to individuals providing services under this
3 Act. No system for providing advanced care direction may be
4 implemented unless the Division of Mental Health approves it
5 as confidential, available to individuals at all economic
6 levels, and non-stigmatizing. The Division of Mental Health
7 may defer this requirement for providing a system for advanced
8 care direction if it determines that no existing systems can
9 currently meet these requirements.

10 (j) Train dispatching staff. The personnel staffing 9-1-1,
11 3-1-1, or other emergency response intake systems must be
12 provided with adequate training to assess whether coordinating
13 with 9-8-8 is appropriate.

14 (k) Establish protocol for emergency responder
15 coordination. The Division of Mental Health shall establish a
16 protocol for mobile mental health relief providers, law
17 enforcement, and fire and ambulance services to request
18 assistance from each other, and train these groups on the
19 protocol.

20 (l) Integrate law enforcement. The Division of Mental
21 Health shall provide for law enforcement to request mobile
22 mental health relief provider assistance whenever law
23 enforcement engages an individual appropriate for services
24 under this Act. If law enforcement would typically request EMS
25 assistance when it encounters an individual with a physical
26 health emergency, law enforcement shall similarly dispatch

1 mental or behavioral health personnel or medical
2 transportation when it encounters an individual in a mental or
3 behavioral health emergency.

4 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23.)

5 (50 ILCS 754/30)

6 Sec. 30. State prohibitions. 9-1-1 PSAPs, emergency
7 services dispatched through 9-1-1 PSAPs, and the mobile mental
8 and behavioral health service established by the Division of
9 Mental Health must coordinate their services so that, based on
10 the information provided to them, the following State
11 prohibitions are avoided:

12 (a) Law enforcement responsibility for providing mental
13 and behavioral health care. In any area where mobile mental
14 health relief providers are available for dispatch, law
15 enforcement shall not be dispatched to respond to an
16 individual requiring mental or behavioral health care unless
17 that individual is (i) involved in a suspected violation of
18 the criminal laws of this State, or (ii) presents a threat of
19 physical injury to self or others. Mobile mental health relief
20 providers are not considered available for dispatch under this
21 Section if 9-8-8 reports that it cannot dispatch appropriate
22 service within the maximum response times established by each
23 Regional Advisory Committee under Section 45.

24 (1) Standing on its own or in combination with each
25 other, the fact that an individual is experiencing a

1 mental or behavioral health emergency, or has a mental
2 health, behavioral health, or other diagnosis, is not
3 sufficient to justify an assessment that the individual is
4 a threat of physical injury to self or others, or requires
5 a law enforcement response to a request for emergency
6 response or medical transportation.

7 (2) If, based on its assessment of the threat to
8 public safety, law enforcement would not accompany medical
9 transportation responding to a physical health emergency,
10 unless requested by mobile mental health relief providers,
11 law enforcement may not accompany emergency response or
12 medical transportation personnel responding to a mental or
13 behavioral health emergency that presents an equivalent
14 level of threat to self or public safety.

15 (3) Without regard to an assessment of threat to self
16 or threat to public safety, law enforcement may station
17 personnel so that they can rapidly respond to requests for
18 assistance from mobile mental health relief providers if
19 law enforcement does not interfere with the provision of
20 emergency response or transportation services. To the
21 extent practical, not interfering with services includes
22 remaining sufficiently distant from or out of sight of the
23 individual receiving care so that law enforcement presence
24 is unlikely to escalate the emergency.

25 (b) Mobile mental health relief provider involvement in
26 involuntary commitment. Mobile mental health relief providers

1 may participate in the involuntary commitment process only to
2 the extent permitted under the Mental Health and Developmental
3 Disabilities Code. The Division of Behavioral Health shall, in
4 consultation with each Regional Advisory Committee, as
5 appropriate, monitor the use of involuntary commitment under
6 this Act and provide systemic recommendations to improve
7 outcomes for those subject to commitment. ~~In order to maintain~~
8 ~~the appropriate care relationship, mobile mental health relief~~
9 ~~providers shall not in any way assist in the involuntary~~
10 ~~commitment of an individual beyond (i) reporting to their~~
11 ~~dispatching entity or to law enforcement that they believe the~~
12 ~~situation requires assistance the mobile mental health relief~~
13 ~~providers are not permitted to provide under this Section;~~
14 ~~(ii) providing witness statements; and (iii) fulfilling~~
15 ~~reporting requirements the mobile mental health relief~~
16 ~~providers may have under their professional ethical~~
17 ~~obligations or laws of this State. This prohibition shall not~~
18 ~~interfere with any mobile mental health relief provider's~~
19 ~~ability to provide physical or mental health care.~~

20 (c) Use of law enforcement for transportation. In any area
21 where mobile mental health relief providers are available for
22 dispatch, unless requested by mobile mental health relief
23 providers, law enforcement shall not be used to provide
24 transportation to access mental or behavioral health care, or
25 travel between mental or behavioral health care providers,
26 except where (i) no alternative is available; (ii) the

1 individual requests transportation from law enforcement and
2 law enforcement mutually agrees to provide transportation; or
3 (iii) the Mental Health and Developmental Disabilities Code
4 requires law enforcement to provide transportation.

5 (d) Reduction of educational institution obligations. The
6 services coordinated under this Act may not be used to replace
7 any service an educational institution is required to provide
8 to a student. It shall not substitute for appropriate special
9 education and related services that schools are required to
10 provide by any law.

11 (e) This Section is operative beginning on the date the 3
12 conditions in Section 65 are met or July 1, 2025, whichever is
13 earlier.

14 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23;
15 103-645, eff. 7-1-24.)

16 (50 ILCS 754/40)

17 Sec. 40. Statewide Advisory Committee.

18 (a) The Division of Mental Health shall establish a
19 Statewide Advisory Committee to review and make
20 recommendations for aspects of coordinating 9-1-1 and the
21 9-8-8 mobile mental health response system most appropriately
22 addressed on a State level.

23 (b) Issues to be addressed by the Statewide Advisory
24 Committee include, but are not limited to, addressing changes
25 necessary in 9-1-1 call taking protocols and scripts used in

1 9-1-1 PSAPs where those protocols and scripts are based on or
2 otherwise dependent on national providers for their operation.

3 (c) The Statewide Advisory Committee shall recommend a
4 system for gathering data related to the coordination of the
5 9-1-1 and 9-8-8 systems for purposes of allowing the parties
6 to make ongoing improvements in that system. As practical, the
7 system shall attempt to determine issues, which may include,
8 but are not limited to ~~including, but not limited to:~~

9 (1) the volume of calls coordinated between 9-1-1 and
10 9-8-8;

11 (2) the volume of referrals from other first
12 responders to 9-8-8;

13 (3) the volume and type of calls deemed appropriate
14 for referral to 9-8-8 but could not be served by 9-8-8
15 because of capacity restrictions or other reasons;

16 (4) the appropriate information to improve
17 coordination between 9-1-1 and 9-8-8; ~~and~~

18 (5) the appropriate information to improve the 9-8-8
19 system, if the information is most appropriately gathered
20 at the 9-1-1 PSAPs; and ~~and~~

21 (6) the number of instances of mobile mental health
22 relief providers initiating petitions for involuntary
23 commitment, broken down by county and contracting entity
24 employing the petitioning mobile mental health relief
25 providers and the aggregate demographic data of the
26 individuals subject to those petitions.

1 (d) The Statewide Advisory Committee shall consist of:

2 (1) the Statewide 9-1-1 Administrator, ex officio;

3 (2) one representative designated by the Illinois
4 Chapter of National Emergency Number Association (NENA);

5 (3) one representative designated by the Illinois
6 Chapter of Association of Public Safety Communications
7 Officials (APCO);

8 (4) one representative of the Division of Mental
9 Health;

10 (5) one representative of the Illinois Department of
11 Public Health;

12 (6) one representative of a statewide organization of
13 EMS responders;

14 (7) one representative of a statewide organization of
15 fire chiefs;

16 (8) two representatives of statewide organizations of
17 law enforcement;

18 (9) two representatives of mental health, behavioral
19 health, or substance abuse providers; and

20 (10) four representatives of advocacy organizations
21 either led by or consisting primarily of individuals with
22 intellectual or developmental disabilities, individuals
23 with behavioral disabilities, or individuals with lived
24 experience.

25 (e) The members of the Statewide Advisory Committee, other
26 than the Statewide 9-1-1 Administrator, shall be appointed by

1 the Secretary of Human Services.

2 (f) The Statewide Advisory Committee shall continue to
3 meet until this Act has been fully implemented, as determined
4 by the Division of Mental Health, and mobile mental health
5 relief providers are available in all parts of Illinois. The
6 Division of Mental Health may reconvene the Statewide Advisory
7 Committee at its discretion after full implementation of this
8 Act.

9 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23.)

10 (50 ILCS 754/55)

11 Sec. 55. Immunity.

12 (a) The exemptions from civil liability in Section 15.1 of
13 the Emergency Telephone ~~System~~ ~~Systems~~ Act apply to any act or
14 omission in the development, design, installation, operation,
15 maintenance, performance, or provision of service directed by
16 this Act.

17 (b) Persons, agencies, governmental bodies, private
18 organizations, governmental organizations, or institutions
19 that in good faith provide emergency or nonemergency
20 behavioral health services during a Department of Human
21 Services-approved training course, in the normal course of
22 conducting their duties, or in an emergency, may not be held
23 civilly liable or liable for civil damages as a result of any
24 acts or omissions in providing those services unless the acts
25 or omissions constitute willful and wanton misconduct. This

1 immunity from civil liability extends to the administration,
2 sponsorship, authorization, support, finance, education, or
3 supervision of emergency behavioral health crisis services
4 personnel who are certified, licensed, or authorized under
5 this Act, including persons participating in a Department of
6 Human Services-approved training program.

7 (c) The exemption from civil liability for emergency care
8 provided in the Good Samaritan Act applies to anyone providing
9 care under this Act.

10 (Source: P.A. 102-580, eff. 1-1-22; revised 7-29-24.)

11 (50 ILCS 754/65)

12 Sec. 65. PSAP and emergency service dispatched through a
13 9-1-1 PSAP; coordination of activities with mobile and
14 behavioral health services.

15 (a) Each 9-1-1 PSAP and emergency service dispatched through a
16 9-1-1 PSAP must begin coordinating its activities with the
17 mobile mental and behavioral health services established by
18 the Division of Mental Health once all 3 of the following
19 conditions are met, but not later than July 1, 2027 ~~2025~~:

20 (1) the Statewide Committee has negotiated useful
21 protocol and 9-1-1 operator script adjustments with the
22 contracted services providing these tools to 9-1-1 PSAPs
23 operating in Illinois;

24 (2) the appropriate Regional Advisory Committee has
25 completed design of the specific 9-1-1 PSAP's process for

1 coordinating activities with the mobile mental and
2 behavioral health service; and

3 (3) the mobile mental and behavioral health service is
4 available in their jurisdiction.

5 (b) To achieve the conditions of subsection (a) by July 1,
6 2027, the following activities shall be completed:

7 (1) No later than June 30, 2025, pilot testing of the
8 revised protocols;

9 (2) No later than June 30, 2026:

10 (A) assessment and evaluation of the pilots;

11 (B) revisions, as needed, of protocols and
12 operations based on assessment and evaluation of the
13 pilots;

14 (C) implementation of revised protocols at pilot
15 sites; and

16 (D) implementation of revised protocols by PSAPs
17 who are ready to implement, otherwise known as early
18 adopters; and

19 (3) No later than June 30, 2027, implementation of
20 revised protocols by all remaining PSAPs, including any
21 PSAPs that previously cited financial barriers to updating
22 systems.

23 (Source: P.A. 102-580, eff. 1-1-22; 102-1109, eff. 12-21-22;
24 103-105, eff. 6-27-23; 103-645, eff. 7-1-24.)

25 Section 99. Effective date. This Act takes effect upon
26 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 50 ILCS 754/5

4 50 ILCS 754/15

5 50 ILCS 754/25

6 50 ILCS 754/30

7 50 ILCS 754/40

8 50 ILCS 754/55

9 50 ILCS 754/65