

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, and 65
6 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 most integrated and least restrictive
8 setting feasible. A mobile crisis response team may
9 provide transportation if the mobile crisis response team
10 is appropriately equipped and staffed to do so.

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

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

24 (c) Provide appropriate response times. From the time of
25 first notification, 9-1-1 PSAPs, emergency services dispatched
26 through 9-1-1 PSAPs, and the mobile mental and behavioral

1 health service established by the Division of Mental Health
2 must provide the response within response time appropriate to
3 the care requirements of the individual with an emergency.

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

9 (1) training in de-escalation techniques;

10 (2) knowledge of local community services and
11 supports; ~~and~~

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

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

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

26 (e) Require minimum team staffing. The Division of Mental

1 Health, in consultation with the Regional Advisory Committees
2 created in Section 40, shall determine the appropriate
3 credentials for the mental health providers responding to
4 calls, including to what extent the mobile mental health
5 relief providers must have certain credentials and licensing,
6 and to what extent the mobile mental health relief providers
7 can be peer support professionals.

8 (f) Require training from individuals with lived
9 experience. Training shall be provided by individuals with
10 lived experience to the extent available.

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

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

1 (i) Adopt system for directing care in advance of an
2 emergency. The Division of Mental Health shall select and
3 publicly identify a system that allows individuals who
4 voluntarily chose to do so to provide confidential advanced
5 care directions to individuals providing services under this
6 Act. No system for providing advanced care direction may be
7 implemented unless the Division of Mental Health approves it
8 as confidential, available to individuals at all economic
9 levels, and non-stigmatizing. The Division of Mental Health
10 may defer this requirement for providing a system for advanced
11 care direction if it determines that no existing systems can
12 currently meet these requirements.

13 (j) Train dispatching staff. The personnel staffing 9-1-1,
14 3-1-1, or other emergency response intake systems must be
15 provided with adequate training to assess whether coordinating
16 with 9-8-8 is appropriate.

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

23 (l) Integrate law enforcement. The Division of Mental
24 Health shall provide for law enforcement to request mobile
25 mental health relief provider assistance whenever law
26 enforcement engages an individual appropriate for services

1 under this Act. If law enforcement would typically request EMS
2 assistance when it encounters an individual with a physical
3 health emergency, law enforcement shall similarly dispatch
4 mental or behavioral health personnel or medical
5 transportation when it encounters an individual in a mental or
6 behavioral health emergency.

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

8 (50 ILCS 754/30)

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

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

1 Regional Advisory Committee under Section 45.

2 (1) Standing on its own or in combination with each
3 other, the fact that an individual is experiencing a
4 mental or behavioral health emergency, or has a mental
5 health, behavioral health, or other diagnosis, is not
6 sufficient to justify an assessment that the individual is
7 a threat of physical injury to self or others, or requires
8 a law enforcement response to a request for emergency
9 response or medical transportation.

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

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

1 is unlikely to escalate the emergency.

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

23 (c) Use of law enforcement for transportation. In any area
24 where mobile mental health relief providers are available for
25 dispatch, unless requested by mobile mental health relief
26 providers, law enforcement shall not be used to provide

1 transportation to access mental or behavioral health care, or
2 travel between mental or behavioral health care providers,
3 except where (i) no alternative is available; (ii) the
4 individual requests transportation from law enforcement and
5 law enforcement mutually agrees to provide transportation; or
6 (iii) the Mental Health and Developmental Disabilities Code
7 requires or permits law enforcement to provide transportation.

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

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

17 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23;
18 103-645, eff. 7-1-24.)

19 (50 ILCS 754/40)

20 Sec. 40. Statewide Advisory Committee.

21 (a) The Division of Mental Health shall establish a
22 Statewide Advisory Committee to review and make
23 recommendations for aspects of coordinating 9-1-1 and the
24 9-8-8 mobile mental health response system most appropriately
25 addressed on a State level.

1 (b) Issues to be addressed by the Statewide Advisory
2 Committee include, but are not limited to, addressing changes
3 necessary in 9-1-1 call taking protocols and scripts used in
4 9-1-1 PSAPs where those protocols and scripts are based on or
5 otherwise dependent on national providers for their operation.

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

12 (1) the volume of calls coordinated between 9-1-1 and
13 9-8-8;

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

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

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

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

24 (6) the number of instances of mobile mental health
25 relief providers initiating petitions for involuntary
26 commitment, broken down by county and contracting entity

1 employing the petitioning mobile mental health relief
2 providers and the aggregate demographic data of the
3 individuals subject to those petitions.

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

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

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

8 (3) one representative designated by the Illinois
9 Chapter of Association of Public Safety Communications
10 Officials (APCO);

11 (4) one representative of the Division of Mental
12 Health;

13 (5) one representative of the Illinois Department of
14 Public Health;

15 (6) one representative of a statewide organization of
16 EMS responders;

17 (7) one representative of a statewide organization of
18 fire chiefs;

19 (8) two representatives of statewide organizations of
20 law enforcement;

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

23 (10) four representatives of advocacy organizations
24 either led by or consisting primarily of individuals with
25 intellectual or developmental disabilities, individuals
26 with behavioral disabilities, or individuals with lived

1 experience.

2 (e) The members of the Statewide Advisory Committee, other
3 than the Statewide 9-1-1 Administrator, shall be appointed by
4 the Secretary of Human Services.

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

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

13 (50 ILCS 754/65)

14 Sec. 65. PSAP and emergency service dispatched through a
15 9-1-1 PSAP; coordination of activities with mobile and
16 behavioral health services.

17 (a) Each 9-1-1 PSAP and emergency service dispatched
18 through a 9-1-1 PSAP must begin coordinating its activities
19 with the mobile mental and behavioral health services
20 established by the Division of Mental Health once all 3 of the
21 following conditions are met, but not later than July 1, 2027
22 ~~2025~~:

23 (1) the Statewide Committee has negotiated useful
24 protocol and 9-1-1 operator script adjustments with the
25 contracted services providing these tools to 9-1-1 PSAPs

operating in Illinois;

(2) the appropriate Regional Advisory Committee has completed design of the specific 9-1-1 PSAP's process for coordinating activities with the mobile mental and behavioral health service; and

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

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

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

(2) No later than June 30, 2026:

(A) assessment and evaluation of the pilots;

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

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

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

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

(Source: P.A. 102-580, eff. 1-1-22; 102-1109, eff. 12-21-22;

1 103-105, eff. 6-27-23; 103-645, eff. 7-1-24.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.