

1 AN ACT concerning government.

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

4 Section 5. The Illinois State Police Law of the Civil
5 Administrative Code of Illinois is amended by changing Section
6 2605-51 as follows:

7 (20 ILCS 2605/2605-51)

8 Sec. 2605-51. Division of the Academy and Training.

9 (a) The Division of the Academy and Training shall
10 exercise, but not be limited to, the following functions:

11 (1) Oversee and operate the Illinois State Police
12 Training Academy.

13 (2) Train and prepare new officers for a career in law
14 enforcement, with innovative, quality training and
15 educational practices.

16 (3) Offer continuing training and educational programs
17 for Illinois State Police employees.

18 (4) Oversee the Illinois State Police's recruitment
19 initiatives.

20 (5) Oversee and operate the Illinois State Police's
21 quartermaster.

22 (6) Duties assigned to the Illinois State Police in
23 Article 5, Chapter 11 of the Illinois Vehicle Code

1 concerning testing and training officers on the detection
2 of impaired driving.

3 (7) Duties assigned to the Illinois State Police in
4 Article 108B of the Code of Criminal Procedure of 1963.

5 (a-5) Successful completion of the Illinois State Police
6 Academy satisfies the minimum standards pursuant to
7 subsections (a), (b), and (d) of Section 7 of the Illinois
8 Police Training Act and exempts Illinois State Police officers
9 from the Illinois Law Enforcement Training Standards Board's
10 State Comprehensive Examination and Equivalency Examination.
11 Satisfactory completion shall be evidenced by a commission or
12 certificate issued to the officer.

13 (b) The Division of the Academy and Training shall
14 exercise the rights, powers, and duties vested in the former
15 Division of State Troopers by Section 17 of the Illinois State
16 Police Act.

17 (c) Specialized training. The Division of the Academy and
18 Training shall provide the following specialized training:

19 (1) Crash reconstruction specialist; training. The
20 Division of the Academy and Training shall cooperate with
21 the Division of Forensic Services to provide specialized
22 training in crash reconstruction for Illinois State Police
23 officers. Only Illinois State Police officers who
24 successfully complete the training may be assigned as
25 crash reconstruction specialists.

26 (2) Death and homicide investigations; training. The

1 Division of the Academy and Training shall provide
2 training in death and homicide investigation for Illinois
3 State Police officers. Only Illinois State Police officers
4 who successfully complete the training may be assigned as
5 lead investigators in death and homicide investigations.
6 Satisfactory completion of the training shall be evidenced
7 by a certificate issued to the officer by the Division of
8 the Academy and Training. The Director shall develop a
9 process for waiver applications for officers whose prior
10 training and experience as homicide investigators may
11 qualify them for a waiver. The Director may issue a
12 waiver, at his or her discretion, based solely on the
13 prior training and experience of an officer as a homicide
14 investigator.

15 (A) The Division of the Academy and Training shall
16 require all homicide investigator training to include
17 instruction on victim-centered, trauma-informed
18 investigation. This training must be implemented by
19 July 1, 2023.

20 (B) The Division of the Academy and Training shall
21 cooperate with the Division of Criminal Investigation
22 to develop a model curriculum on victim-centered,
23 trauma-informed investigation. This curriculum must be
24 implemented by July 1, 2023.

25 (3) Investigation of officer-involved criminal sexual
26 assault; training. The Division of the Academy and

1 Training shall cooperate with the Division of Criminal
2 Investigation to provide a specialized criminal sexual
3 assault and sexual abuse investigation training program
4 for Illinois State Police officers. Only Illinois State
5 Police officers who successfully complete the training may
6 be assigned as investigators in officer-involved criminal
7 sexual assault investigations under Section 10 of the Law
8 Enforcement Criminal Sexual Assault Investigation Act.

9 (4) Investigation of officer-involved deaths;
10 training. The Division of the Academy and Training shall
11 have a written policy regarding the investigation of
12 officer-involved deaths that involve a law enforcement
13 officer employed by the Illinois State Police as required
14 under Section 1-10 of the Police and Community Relations
15 Improvement Act and shall provide specialized training in
16 that policy for Illinois State Police officers.

17 (5) Juvenile specialist; training. The Division of the
18 Academy and Training shall provide specialized juvenile
19 training for Illinois State Police officers who meet the
20 definition of "juvenile police officer" as defined under
21 paragraph (17) of Section 1-3 of the Juvenile Court Act of
22 1987. Juvenile specialists may complete questioning of
23 juveniles on school grounds as provided under Section
24 22-88 of the School Code.

25 (6) Peer support program; training. The Division of
26 the Academy and Training shall cooperate with the Office

1 of the Director to provide peer support advisors with
2 appropriate specialized training in counseling to conduct
3 peer support counseling sessions under Section 10 of the
4 First Responders Suicide Prevention Act.

5 (7) Police dog training standards; training. All
6 police dogs used by the Illinois State Police for drug
7 enforcement purposes pursuant to the Cannabis Control Act,
8 the Illinois Controlled Substances Act, and the
9 Methamphetamine Control and Community Protection Act shall
10 be trained by programs that meet the certification
11 requirements set by the Director or the Director's
12 designee. Satisfactory completion of the training shall be
13 evidenced by a certificate issued by the Division of the
14 Academy and Training.

15 (8) Safe2Help; training. The Division of the Academy
16 and Training shall cooperate with the Division of Criminal
17 Investigation to ensure all program personnel or call
18 center staff, or both, are appropriately trained in the
19 areas described in subsection (f) of Section 10 of the
20 Student Confidential Reporting Act. ~~(10)~~

21 (c-5) In-service training.

22 (1) At least once, the Division of the Academy and
23 Training shall develop and require the following
24 in-service training opportunities to be completed by
25 Illinois State Police officers:

26 (A) Cell phone medical information; training.

1 Training required under this subparagraph (A) shall
2 provide instruction on accessing and using medical
3 information stored in cell phones. The Division may
4 use the program approved under Section 2310-711 of the
5 Department of Public Health Powers and Duties Law of
6 the Civil Administrative Code of Illinois to develop
7 the Division's program.

8 (B) Autism spectrum disorders; training. Training
9 required under this subparagraph (B) shall instruct
10 Illinois State Police officers on the nature of autism
11 spectrum disorders and in identifying and
12 appropriately responding to individuals with autism
13 spectrum disorders. The Illinois State Police shall
14 review the training curriculum and may consult with
15 the Department of Public Health or the Department of
16 Human Services to update the training curriculum as
17 needed.

18 (2) At least every year, the Division of the Academy
19 and Training shall provide the following in-service
20 training to Illinois State Police officers:

21 (A) Cultural diversity; training.

22 (i) Training required under this subparagraph
23 (A) shall provide training and continuing
24 education to Illinois State Police officers
25 concerning cultural diversity, including topics
26 such as sensitivity toward racial and ethnic

1 differences.

2 (ii) This training and continuing education
3 shall, among other things, emphasize that the
4 primary purpose of enforcement of the Illinois
5 Vehicle Code is safety and equal, uniform, and
6 non-discriminatory enforcement of the law.

7 (B) Minimum annual in-service training
8 requirements. Minimum annual in-service training
9 includes:

10 (i) crisis intervention training;

11 (ii) emergency medical response training and
12 certification;

13 (iii) firearm qualification training;

14 (iv) law updates; and

15 (v) officer wellness and mental health.

16 (C) Firearms restraining orders; training.
17 Training required under this subparagraph (C) shall
18 provide instruction on the processes used to file a
19 firearms restraining order, to identify situations in
20 which a firearms restraining order is appropriate, and
21 to safely promote the usage of the firearms
22 restraining order in different situations.

23 (3) At least every 3 years, the Division of the
24 Academy and Training shall provide the following
25 in-service training to Illinois State Police officers:

26 (A) Arrest and use of force and control tactics;

1 training. Training required under this subparagraph
2 (A) shall provide to Illinois State Police officers
3 training and continuing education concerning knowledge
4 of policies and laws regulating the use of force;
5 shall equip officers with tactics and skills,
6 including de-escalation techniques, to prevent or
7 reduce the need to use force or, when force must be
8 used, to use force that is objectively reasonable,
9 necessary, and proportional under the totality of the
10 circumstances; and shall ensure appropriate
11 supervision and accountability. The training shall
12 consist of at least 30 hours and shall include:

13 (i) at least 12 hours of hands-on,
14 scenario-based role-playing;

15 (ii) at least 6 hours of instruction on use of
16 force techniques, including the use of
17 de-escalation techniques to prevent or reduce the
18 need for force whenever safe and feasible;

19 (iii) specific training on the law concerning
20 stops, searches, and the use of force under the
21 Fourth Amendment to the United States
22 Constitution;

23 (iv) specific training on officer safety
24 techniques, including cover, concealment, and
25 time; and

26 (v) at least 6 hours of training focused on

1 high-risk traffic stops.

2 (B) Minimum triennial in-service training
3 requirements. Minimum triennial in-service training
4 required ~~this~~ under this subparagraph (B) includes
5 training and continuing education to Illinois State
6 Police officers concerning:

7 (i) constitutional and proper use of law
8 enforcement authority;

9 (ii) civil and human rights;

10 (iii) cultural competency, including implicit
11 bias and racial and ethnic sensitivity; and

12 (iv) procedural justice.

13 (C) Mandated reporter; training. Training required
14 under this subparagraph (C) must be approved by the
15 Department of Children and Family Services as provided
16 under Section 4 of the Abused and Neglected Child
17 Reporting Act and includes training on the reporting
18 of child abuse and neglect.

19 (D) Sexual assault and sexual abuse; training.

20 (i) Training required under this subparagraph
21 (D) shall include in-service training on sexual
22 assault and sexual abuse response and training on
23 report writing requirements, including, but not
24 limited to, the following:

25 (a) recognizing the symptoms of trauma;

26 (b) understanding the role trauma has

1 played in a victim's life;

2 (c) responding to the needs and concerns
3 of a victim;

4 (d) delivering services in a
5 compassionate, sensitive, and nonjudgmental
6 manner;

7 (e) interviewing techniques in accordance
8 with the curriculum standards in subdivision
9 (iii) of this subparagraph;

10 (f) understanding cultural perceptions and
11 common myths of sexual assault and sexual
12 abuse; and

13 (g) report writing techniques in
14 accordance with the curriculum standards in
15 subdivision (iii) of this subparagraph and the
16 Sexual Assault Incident Procedure Act.

17 (ii) Instructors providing training under this
18 subparagraph (D) ~~(G)~~ shall have successfully
19 completed training on evidence-based,
20 trauma-informed, victim-centered responses to
21 cases of sexual assault and sexual abuse and shall
22 have experience responding to sexual assault and
23 sexual abuse cases.

24 (iii) The Illinois State Police shall adopt
25 rules, in consultation with the Office of the
26 Attorney General and the Illinois Law Enforcement

1 Training Standards Board, to determine the
2 specific training requirements. The rules adopted
3 by the Illinois State Police shall include, at a
4 minimum, both of the following:

5 (a) evidence-based curriculum standards
6 for report writing and immediate response to
7 sexual assault and sexual abuse, including
8 trauma-informed, victim-centered interview
9 techniques, which have been demonstrated to
10 minimize retraumatization, for all Illinois
11 State Police officers; and

12 (b) evidence-based curriculum standards
13 for trauma-informed, victim-centered
14 investigation and interviewing techniques,
15 which have been demonstrated to minimize
16 retraumatization, for cases of sexual assault
17 and sexual abuse for all Illinois State Police
18 officers who conduct sexual assault and sexual
19 abuse investigations.

20 (4) At least every 5 years, the Division of the
21 Academy and Training shall provide the following
22 in-service training to Illinois State Police officers:

23 (A) Psychology of domestic violence; training.

24 Training under this subparagraph (A) shall provide aid
25 in understanding the actions of domestic violence
26 victims and abusers and the actions needed to prevent

1 further victimization of those who have been abused.
2 The training shall focus specifically on looking
3 beyond physical evidence to the psychology of domestic
4 violence situations by studying the dynamics of the
5 aggressor-victim relationship, separately evaluating
6 claims where both parties claim to be the victim, and
7 assessing the long-term effects of domestic violence
8 situations.

9 (c-10) Cadet training. The Division of the Academy and
10 Training shall provide the following basic training to
11 Illinois State Police cadets or ensure the following training
12 was completed prior to an Illinois State Police cadet becoming
13 an Illinois State Police officer:

14 (1) Animal fighting awareness and humane response;
15 training. Training required under this paragraph (1) shall
16 include a training program in animal fighting awareness
17 and humane response for Illinois State Police cadets. The
18 purpose of that training shall be for Illinois State
19 Police officers to identify animal fighting operations and
20 respond appropriately. Training under this paragraph (1)
21 shall include a humane response component that provides
22 guidelines for appropriate law enforcement response to
23 animal abuse, cruelty, and neglect, or similar condition,
24 as well as training on canine behavior and nonlethal ways
25 to subdue a canine.

26 (2) Arrest and use of force and control tactics and

1 officer safety; training. Training required under this
2 paragraph (2) must include, without limitation, training
3 on officer safety techniques, such as cover, concealment,
4 and time.

5 (3) Arrest of a parent or an immediate family member;
6 training. Training required under this paragraph (3) shall
7 instruct Illinois State Police cadets on trauma-informed
8 responses designed to ensure the physical safety and
9 well-being of a child of an arrested parent or immediate
10 family member, which must include, without limitation: (A)
11 training in understanding the trauma experienced by the
12 child while maintaining the integrity of the arrest and
13 safety of officers, suspects, and other involved
14 individuals; (B) training in de-escalation tactics that
15 would include the use of force when reasonably necessary;
16 and (C) training in understanding and inquiring whether a
17 child will require supervision and care.

18 (4) Autism and other developmental or physical
19 disabilities; training. Training required under this
20 paragraph (4) shall instruct Illinois State Police cadets
21 on identifying and interacting with persons with autism
22 and other developmental or physical disabilities, reducing
23 barriers to reporting crimes against persons with autism,
24 and addressing the unique challenges presented by cases
25 involving victims or witnesses with autism and other
26 developmental disabilities.

1 (5) Cell phone medical information; training. Training
2 required under this paragraph (5) shall instruct Illinois
3 State Police cadets to access and use medical information
4 stored in cell phones. The Division of the Academy and
5 Training may use the program approved under Section
6 2310-711 of the Department of Public Health Powers and
7 Duties Law of the Civil Administrative Code of Illinois to
8 develop the training required under this paragraph (5).

9 (6) Compliance with the Health Care Violence
10 Prevention Act; training. Training required under this
11 paragraph (6) shall provide an appropriate level of
12 training for Illinois State Police cadets concerning the
13 Health Care Violence Prevention Act.

14 (7) Constitutional law; training. Training required
15 under this paragraph (7) shall instruct Illinois State
16 Police cadets on constitutional and proper use of law
17 enforcement authority, procedural justice, civil rights,
18 human rights, and cultural competency, including implicit
19 bias and racial and ethnic sensitivity.

20 (8) Courtroom testimony; training.

21 (9) Crime victims; training. Training required under
22 this paragraph (9) shall provide instruction in techniques
23 designed to promote effective communication at the initial
24 contact with crime victims and to comprehensively explain
25 to victims and witnesses their rights under the Rights of
26 Crime Victims and Witnesses Act and the Crime Victims

1 Compensation Act.

2 (10) Criminal law; training.

3 (11) Crisis intervention team and mental health
4 awareness; training. Training required under this
5 paragraph (11) shall include a specialty certification
6 course of at least 40 hours, addressing specialized
7 policing responses to people with mental illnesses. The
8 Division of the Academy and Training shall conduct Crisis
9 Intervention Team training programs that train officers to
10 identify signs and symptoms of mental illness, to
11 de-escalate situations involving individuals who appear to
12 have a mental illness and connect individuals in crisis to
13 treatment. The training shall also include an overview of
14 the Community Emergency Services and Support Act.

15 (12) Cultural diversity; training.

16 (A) The training required under this paragraph
17 (12) shall provide training to Illinois State Police
18 cadets concerning cultural competency and cultural
19 diversity, including sensitivity toward racial and
20 ethnic differences.

21 (B) This training shall include, but not be
22 limited to, an emphasis on the fact that the primary
23 purpose of enforcement of the Illinois Vehicle Code is
24 safety, equal, and uniform and non-discriminatory
25 enforcement under the law.

26 (13) De-escalation and use of force; training.

1 Training required under this paragraph (13) must consist
2 of at least 6 hours of instruction on use of force
3 techniques, including the use of de-escalation techniques
4 to prevent or reduce the need for force whenever safe and
5 feasible.

6 (14) Domestic violence; training. Training required
7 under this paragraph (14) shall provide aid in
8 understanding the actions of domestic violence victims and
9 abusers and to prevent further victimization of those who
10 have been abused, focusing specifically on looking beyond
11 the physical evidence to the psychology of domestic
12 violence situations, such as the dynamics of the
13 aggressor-victim relationship, separately evaluating
14 claims where both parties claim to be the victim, and
15 long-term effects.

16 (15) Effective recognition of and responses to stress,
17 trauma, and post-traumatic stress; training. Training
18 required under this paragraph (15) shall instruct Illinois
19 State Police cadets to recognize and respond to stress,
20 trauma, and post-traumatic stress experienced by law
21 enforcement officers. The training must be consistent with
22 Section 25 of the Illinois Mental Health First Aid
23 Training Act in a peer setting, including recognizing
24 signs and symptoms of work-related cumulative stress,
25 issues that may lead to suicide, and solutions for
26 intervention with peer support resources.

1 (16) Elder abuse; training. Training required under
2 this paragraph (16) shall teach Illinois State Police
3 cadets to recognize neglect and financial exploitation
4 against the elderly and adults with disabilities. The
5 training shall also teach Illinois State Police cadets to
6 recognize self-neglect by the elderly and adults with
7 disabilities. In this subparagraph, "adults with
8 disabilities" has the meaning given to that term in the
9 Adult Protective Services Act.

10 (17) Electronic control devices; training. Training
11 required under this paragraph (17) shall include training
12 in the use of electronic control devices, including the
13 psychological and physiological effects of the use of
14 those devices on humans.

15 (18) Epinephrine auto-injector administration;
16 training. Training required under this paragraph (18)
17 shall instruct Illinois State Police cadets to recognize
18 and respond to anaphylaxis. The training must comply with
19 subsection (c) of Section 40 of the Illinois State Police
20 Act.

21 (19) Evidence collection; training. Training required
22 under this paragraph (19) must include proper procedures
23 for collecting, handling, and preserving evidence, and
24 rules of law.

25 (20) Firearms restraining orders; training. Providing
26 instruction on the process used to file a firearms

1 restraining order and how to identify situations in which
2 a firearms restraining order is appropriate and how to
3 safely promote the usage of the firearms restraining order
4 in different situations.

5 (21) Firearms; training. Successful completion of a
6 40-hour course of training in use of a suitable type
7 firearm shall be a condition precedent to the possession
8 and use of that respective firearm in connection with the
9 officer's official duties. To satisfy the requirements of
10 this Act, the training must include the following:

11 (A) Instruction in the dangers of misuse of the
12 firearm, safety rules, and care and cleaning of the
13 firearm.

14 (B) Practice firing on a range and qualification
15 with the firearm in accordance with the standards
16 established by the Board.

17 (C) Instruction in the legal use of firearms under
18 the Criminal Code of 2012 and relevant court
19 decisions.

20 (D) A forceful presentation of the ethical and
21 moral considerations assumed by any person who uses a
22 firearm.

23 (22) First-aid; training. First-aid training must
24 include cardiopulmonary resuscitation.

25 (23) Hate crimes; training. Training required under
26 this paragraph (23) shall instruct Illinois State Police

1 cadets in identifying, responding to, and reporting all
2 hate crimes.

3 (24) High-risk traffic stops; training. Training
4 required under this paragraph (24) must consist of at
5 least 6 hours of training focused on high-risk traffic
6 stops.

7 (25) High-speed vehicle chase; training. Training
8 required under this paragraph (25) shall instruct Illinois
9 State Police cadets on the hazards of high-speed police
10 vehicle chases with an emphasis on alternatives to the
11 high-speed vehicle chase.

12 (26) Human relations; training.

13 (27) Human trafficking; training. Training required
14 under this paragraph (27) shall instruct Illinois State
15 Police cadets in the detection and investigation of all
16 forms of human trafficking, including, but not limited to,
17 involuntary servitude under subsection (b) of Section 10-9
18 of the Criminal Code of 2012, involuntary sexual servitude
19 of a minor under subsection (c) of Section 10-9 of the
20 Criminal Code of 2012, and trafficking in persons under
21 subsection (d) of Section 10-9 of the Criminal Code of
22 2012. This program shall be made available to all cadets
23 and Illinois State Police officers.

24 (28) Juvenile law; training. Training required under
25 this paragraph (28) shall instruct Illinois State Police
26 cadets on juvenile law and the proper processing and

1 handling of juvenile offenders.

2 (29) Mandated reporter; training. Training required
3 under this paragraph (29) must be approved by the
4 Department of Children and Family Services as provided
5 under Section 4 of the Abused and Neglected Child
6 Reporting Act and includes training on the reporting of
7 child abuse and neglect.

8 (30) Mental conditions and crises, training. Training
9 required under this paragraph (30) shall include, without
10 limitation, (A) recognizing the disease of addiction, (B)
11 recognizing situations which require immediate assistance,
12 and (C) responding in a manner that safeguards and
13 provides assistance to individuals in need of mental
14 treatment.

15 (31) Officer wellness and suicide prevention;
16 training. The training required under this paragraph (31)
17 shall include instruction on job-related stress management
18 techniques, skills for recognizing signs and symptoms of
19 work-related cumulative stress, recognition of other
20 issues that may lead to officer suicide, solutions for
21 intervention, and a presentation on available peer support
22 resources.

23 (32) Officer-worn body cameras; training.

24 (A) As used in this paragraph (32), "officer-worn
25 body camera" has the meaning given to that term in
26 Article 10 of the Law Enforcement Officer-Worn Body

1 Camera Act.

2 (B) The training required under this paragraph
3 (32) shall provide training in the use of officer-worn
4 body cameras to cadets who will use officer-worn body
5 cameras.

6 (33) Opioid antagonists; training.

7 (A) As used in this paragraph (33), "opioid
8 antagonist" has the meaning given to that term in
9 subsection (e) of Section 5-23 of the Substance Use
10 Disorder Act.

11 (B) Training required under this paragraph (33)
12 shall instruct Illinois State Police cadets to
13 administer opioid antagonists.

14 (34) Persons arrested while under the influence of
15 alcohol or drugs; training. Training required under this
16 paragraph (34) shall comply with Illinois State Police
17 policy adopted under Section 2605-54. The training shall
18 be consistent with the Substance Use Disorder Act and
19 shall provide guidance for the arrest of persons under the
20 influence of alcohol or drugs, proper medical attention if
21 warranted, and care and release of those persons from
22 custody. The training shall provide guidance concerning
23 the release of persons arrested under the influence of
24 alcohol or drugs who are under the age of 21 years of age,
25 which shall include, but shall not be limited to,
26 instructions requiring the arresting officer to make a

1 reasonable attempt to contact a responsible adult who is
2 willing to take custody of the person who is under the
3 influence of alcohol or drugs.

4 (35) Physical training.

5 (36) Post-traumatic stress disorder; training.
6 Training required under this paragraph (36) shall equip
7 Illinois State Police cadets to identify the symptoms of
8 post-traumatic stress disorder and to respond
9 appropriately to individuals exhibiting those symptoms.

10 (37) Report writing; training. Training required under
11 this paragraph (37) shall instruct Illinois State Police
12 cadets on writing reports and proper documentation of
13 statements.

14 (38) Scenario training. At least 12 hours of hands-on,
15 scenario-based role-playing.

16 (39) Search and seizure; training. Training required
17 under this paragraph (39) shall instruct Illinois State
18 Police cadets on search and seizure, including temporary
19 questioning.

20 (40) Sexual assault and sexual abuse; training.
21 Training required under this paragraph (40) shall instruct
22 Illinois State Police cadets on sexual assault and sexual
23 abuse response and report writing training requirements,
24 including, but not limited to, the following:

25 (A) recognizing the symptoms of trauma;

26 (B) understanding the role trauma has played in a

1 victim's life;

2 (C) responding to the needs and concerns of a
3 victim;

4 (D) delivering services in a compassionate,
5 sensitive, and nonjudgmental manner;

6 (E) interviewing techniques in accordance with the
7 curriculum standards in subsection (f) of Section
8 10.19 of the Illinois Police Training Act;

9 (F) understanding cultural perceptions and common
10 myths of sexual assault and sexual abuse; and

11 (G) report-writing techniques in accordance with
12 the curriculum standards in subsection (f) of Section
13 10.19 of the Illinois Police Training Act and the
14 Sexual Assault Incident Procedure Act.

15 (41) Traffic control and crash investigation;
16 training.

17 (d) The Division of the Academy and Training shall
18 administer and conduct a program consistent with 18 U.S.C.
19 926B and 926C for qualified active and retired Illinois State
20 Police officers.

21 (Source: P.A. 103-34, eff. 1-1-24; 103-939, eff. 1-1-25;
22 103-949, eff. 1-1-25; 104-24, eff. 1-1-26; 104-417, eff.
23 8-15-25; revised 1-29-26.)

24 Section 10. The Illinois Police Training Act is amended by
25 changing Section 10.17 as follows:

1 (50 ILCS 705/10.17)

2 Sec. 10.17. Crisis Intervention Team (CIT) training;
3 mental health awareness training; certified therapy dog team
4 training and certification.

5 (a) The Illinois Law Enforcement Training Standards Board
6 shall develop and approve a standard curriculum for certified
7 training programs in crisis intervention, including a
8 specialty certification course of at least 40 hours,
9 addressing specialized policing responses to people with
10 mental illnesses. The Board shall conduct Crisis Intervention
11 Team (CIT) training programs that train officers to identify
12 signs and symptoms of mental illness, to de-escalate
13 situations involving individuals who appear to have a mental
14 illness, and connect that person in crisis to treatment.
15 Crisis Intervention Team (CIT) training programs shall be a
16 collaboration between law enforcement professionals, mental
17 health providers, families, and consumer advocates and must
18 minimally include the following components: (1) basic
19 information about mental illnesses and how to recognize them;
20 (2) information about mental health laws and resources; (3)
21 learning from family members of individuals with mental
22 illness and their experiences; ~~and~~ (4) verbal de-escalation
23 training and role-plays; and (5) community response options,
24 including the community response options under the Community
25 Emergency Services and Support Act. Officers who have

1 successfully completed this program shall be issued a
2 certificate attesting to their attendance of a Crisis
3 Intervention Team (CIT) training program.

4 (b) The Board shall create an introductory course
5 incorporating adult learning models that provides law
6 enforcement officers with an awareness of mental health issues
7 including a history of the mental health system, types of
8 mental health illness including signs and symptoms of mental
9 illness and common treatments and medications, and the
10 potential interactions law enforcement officers may have on a
11 regular basis with these individuals, their families, and
12 service providers including de-escalating a potential crisis
13 situation. This course, in addition to other traditional
14 learning settings, may be made available in an electronic
15 format.

16 (c) The Board shall develop a course and certification
17 program for certified therapy dog teams consisting of officers
18 employing the use of therapy dogs in relation to crisis and
19 emergency response. This program shall aim to ensure that
20 Crisis Intervention Team (CIT) officers and therapy dog teams
21 are available in various regions throughout the State to be
22 dispatched in the event of a crisis.

23 (d) The Board may include model policies regarding
24 community response procedures on its website and may
25 distribute educational and training materials created in
26 consultation with the Department of Human Services to law

1 enforcement agencies throughout the State.

2 The amendatory changes to this Section made by Public Act
3 101-652 shall take effect January 1, 2022.

4 (Source: P.A. 104-106, eff. 1-1-26.)

5 Section 15. The Emergency Telephone System Act is amended
6 by changing Section 2 and by adding Sections 7.2 and 7.3 as
7 follows:

8 (50 ILCS 750/2) (from Ch. 134, par. 32)

9 (Section scheduled to be repealed on December 31, 2027)

10 Sec. 2. Definitions. As used in this Act, unless the
11 context otherwise requires:

12 "9-1-1 network" means the network used for the delivery of
13 9-1-1 calls and messages over dedicated and redundant
14 facilities to a primary or backup 9-1-1 PSAP that meets the
15 appropriate grade of service.

16 "9-1-1 system" means the geographic area that has been
17 granted an order of authority by the Commission or the
18 Statewide 9-1-1 Administrator to use "9-1-1" as the primary
19 emergency telephone number, including, but not limited to, the
20 network, software applications, databases, CPE components and
21 operational and management procedures required to provide
22 9-1-1 service.

23 "9-1-1 Authority" means an Emergency Telephone System
24 Board or Joint Emergency Telephone System Board that provides

1 for the management and operation of a 9-1-1 system. "9-1-1
2 Authority" includes the Illinois State Police only to the
3 extent it provides 9-1-1 services under this Act.

4 "9-1-1 System Manager" means the manager, director,
5 administrator, or coordinator who at the direction of his or
6 her Emergency Telephone System Board is responsible for the
7 implementation and execution of the order of authority issued
8 by the Commission or the Statewide 9-1-1 Administrator through
9 the programs, policies, procedures, and daily operations of
10 the 9-1-1 system consistent with the provisions of this Act.

11 "Administrator" means the Statewide 9-1-1 Administrator.

12 "Advanced service" means any telecommunications service
13 with or without dynamic bandwidth allocation, including, but
14 not limited to, ISDN Primary Rate Interface (PRI), that,
15 through the use of a DS-1, T-1, or other un-channelized or
16 multi-channel transmission facility, is capable of
17 transporting either the subscriber's inter-premises voice
18 telecommunications services to the public switched network or
19 the subscriber's 9-1-1 calls to the public agency.

20 "Aggregator" means an entity that ingresses 9-1-1 calls of
21 multiple traffic types or 9-1-1 calls from multiple
22 originating service providers and combines them on a trunk
23 group or groups (or equivalent egress connection arrangement
24 to a 9-1-1 system provider's NG9-1-1 network or system), and
25 that uses the routing information provided in the received
26 call setup signaling to select the appropriate trunk group and

1 proceeds to signal call setup toward the 9-1-1 system
2 provider. "Aggregator" includes an originating service
3 provider that provides aggregation functions for its own 9-1-1
4 calls. "Aggregator" also includes an aggregation network or an
5 aggregation entity that provides aggregator services for other
6 types of system providers, such as cloud-based services or
7 enterprise networks as its client.

8 "ALI" or "automatic location identification" means the
9 automatic display at the public safety answering point of the
10 address or location of the caller's telephone and
11 supplementary emergency services information of the location
12 from which a call originates.

13 "ANI" or "automatic number identification" means the
14 automatic display of the 10-digit telephone number associated
15 with the caller's telephone number.

16 "Automatic alarm" and "automatic alerting device" mean any
17 device that will access the 9-1-1 system for emergency
18 services upon activation and does not provide for two-way
19 communication.

20 "Answering point" means a PSAP, SAP, Backup PSAP, Unmanned
21 Backup Answering Point, or VAP.

22 "Authorized entity" means an answering point or
23 participating agency other than a decommissioned PSAP.

24 "Backup PSAP" means an answering point that meets the
25 appropriate standards of service and serves as an alternate to
26 the PSAP operating independently from the PSAP at a different

1 location that has the capability to direct dispatch for the
2 PSAP or otherwise transfer emergency calls directly to an
3 authorized entity. A backup PSAP may accept overflow calls
4 from the PSAP or be activated if the primary PSAP is disabled.

5 "Board" means an Emergency Telephone System Board or a
6 Joint Emergency Telephone System Board created pursuant to
7 Section 15.4.

8 "Bylaws" means a set of regulations that ensure consistent
9 and agreed upon voting and decision-making procedures.

10 "Call back number" means a number used by a PSAP to
11 recontact a location from which a 9-1-1 call was placed,
12 regardless of whether that number is a direct-dial number for
13 a station used to originate a 9-1-1 call.

14 "Carrier" includes a telecommunications carrier and a
15 wireless carrier.

16 "Commission" means the Illinois Commerce Commission.

17 "Computer aided dispatch" or "CAD" means a computer-based
18 system that aids public safety telecommunicators or
19 telecommunicator supervisors by automating selected
20 dispatching and recordkeeping activities.

21 "Direct dispatch" means a 9-1-1 service wherein upon
22 receipt of an emergency call, a public safety telecommunicator
23 or telecommunicator supervisors transmits, without delay,
24 transfer, relay, or referral, all relevant available
25 information to the appropriate public safety personnel or
26 emergency responders.

1 "Dispatchable location" means a location delivered to the
2 PSAP with a 9-1-1 call that consists of the validated street
3 address of the calling party, plus additional information,
4 such as a suite or apartment identifier, uncertainty data, or
5 similar information, necessary to accurately identify the
6 location of the calling party.

7 "Decommissioned" means the revocation of a PSAPs authority
8 to handle 9-1-1 calls as an answering point within the 9-1-1
9 network.

10 "Diversion" means the obligation or expenditure of a 9-1-1
11 fee or charge for a purpose or function other than the purposes
12 and functions designated by the Federal Communications
13 Commission as acceptable under 47 CFR 9.23. "Diversion"
14 includes distribution of a 9-1-1 fee or charge to a political
15 subdivision that obligates or expends such fees for a purpose
16 or function other than those designated as acceptable by the
17 Federal Communications Commission under 47 CFR 9.23.

18 "DS-1, T-1, or similar un-channelized or multi-channel
19 transmission facility" means a facility that can transmit and
20 receive a bit rate of at least 1.544 megabits per second
21 (Mbps).

22 "Dynamic bandwidth allocation" means the ability of the
23 facility or customer to drop and add channels, or adjust
24 bandwidth, when needed in real time for voice or data
25 purposes.

26 "Emergency call" means any type of request for emergency

1 assistance through a 9-1-1 network either to the digits 9-1-1
2 or the emergency 24/7 10-digit telephone number for all
3 answering points. An emergency call is not limited to a voice
4 telephone call. It could be a two-way video call, an
5 interactive text, Teletypewriter (TTY), an SMS, an Instant
6 Message, or any new mechanism for communications available in
7 the future. An emergency call occurs when the request for
8 emergency assistance is received by a public safety
9 telecommunicator.

10 "Emergency Telephone System Board" or "ETSB" means (i) a
11 board appointed by the corporate authorities of any county or
12 municipality to provide for the management and operation of a
13 9-1-1 system within the scope of the duties and powers
14 prescribed by this Act or (ii) a joint Emergency Telephone
15 System Board.

16 "EMS personnel" has the meaning given to that term in
17 Section 3.5 of the Emergency Medical Services (EMS) Systems
18 Act.

19 "First responder" means someone designated by a public
20 safety agency who is charged with responding to emergency
21 service requests, including emergency communications
22 professionals, public safety telecommunicators, public safety
23 telecommunicator supervisors, and police, fire, and EMS
24 personnel who operate in the field.

25 "Grade of service" means the NENA Baseline NG9-1-1 as set
26 forth in the NENA i3 Solution prevailing national standard.

1 "Hearing-impaired individual" means a person with a
2 permanent hearing loss who can regularly and routinely
3 communicate by telephone only through the aid of devices which
4 can send and receive written messages over the telephone
5 network.

6 "Hosted supplemental 9-1-1 service" means a database
7 service that:

8 (1) electronically provides information for 9-1-1 call
9 takers when a call is placed to 9-1-1;

10 (2) allows telephone subscribers to provide
11 information to 9-1-1 to be used in emergency scenarios;

12 (3) collects a variety of formatted data relevant to
13 9-1-1 and first responder needs, which may include, but is
14 not limited to, photographs of the telephone subscribers,
15 physical descriptions, medical information, household
16 data, and emergency contacts;

17 (4) allows for information to be entered by telephone
18 subscribers through a secure website where they can elect
19 to provide as little or as much information as they
20 choose;

21 (5) automatically displays data provided by telephone
22 subscribers to 9-1-1 call takers for all types of
23 telephones when a call is placed to 9-1-1 from a
24 registered and confirmed phone number;

25 (6) (blank);

26 (7) (blank);

1 (8) (blank);

2 (9) supports the delivery of telephone subscriber
3 information through a secure internet connection to all
4 emergency telephone system boards;

5 (10) works across all 9-1-1 call-taking equipment and
6 allows for the easy transfer of information into a
7 computer aided dispatch system; and

8 (11) may be used to collect information pursuant to an
9 Illinois Premise Alert Program as defined in the Illinois
10 Premise Alert Program (PAP) Act.

11 "Interconnected voice service" means a telecommunications
12 service that:

13 (1) allows users to make and receive calls to and from
14 the public switched telephone network or other phone
15 lines, including both traditional landline and mobile
16 services;

17 (2) enables users to make or receive voice calls to or
18 from telephone numbers assigned to the public switched
19 telephone network, including calls to and from emergency
20 services;

21 (3) requires a connection to the public switched
22 telephone network (PSTN) either directly or through other
23 interconnected services;

24 (4) supports standard telephone functions, such as
25 making and receiving calls, voicemail, and the ability to
26 connect with other telephone networks;

1 (5) complies with various FCC regulations to ensure
2 user safety, including the requirement to support 9-1-1
3 services, allowing emergency responders to locate the
4 caller; and

5 (6) can be provided over various technologies,
6 including traditional telephone lines, broadband Internet
7 connections via VoIP, and mobile networks.

8 "Interconnected voice service" includes voice over
9 Internet protocol (VoIP) services that are integrated into the
10 public telephone system and the availability of other
11 essential services like number portability and accessibility
12 for people with disabilities.

13 "Interconnected voice over Internet protocol provider" or
14 "Interconnected VoIP provider" has the meaning given to that
15 term under Section 13-235 of the Public Utilities Act.

16 "Joint Emergency Telephone System Board" or "Joint ETSB"
17 means a Joint Emergency Telephone System Board established by
18 intergovernmental agreement of two or more municipalities or
19 counties, or a combination thereof, to provide for the
20 management and operation of a 9-1-1 system.

21 "Key telephone system" means a type of MLTS designed to
22 provide shared access to several outside lines through buttons
23 or keys typically offering identified access lines with direct
24 line appearance or termination on a given telephone set.

25 "Local public agency" means any unit of local government
26 or special purpose district located in whole or in part within

1 this State that provides or has authority to provide
2 firefighting, police, ambulance, medical, or other emergency
3 services.

4 "Mechanical dialer" means any device that accesses the
5 9-1-1 system without human intervention and does not provide
6 for two-way communication.

7 "Master Street Address Guide" or "MSAG" is a database of
8 street names and house ranges within their associated
9 communities defining emergency service zones (ESZs) and their
10 associated emergency service numbers (ESNs) to enable proper
11 routing of 9-1-1 calls.

12 "Mobile telephone number" or "MTN" means the telephone
13 number assigned to a wireless telephone at the time of initial
14 activation.

15 "Multi-line telephone system" or "MLTS" means a system
16 composed of common control units, telephone sets, control
17 hardware and software, and adjunct systems, including network
18 and premises-based systems, such as Centrex and VoIP, as well
19 as PBX, hybrid, and key telephone systems ~~as~~ classified by
20 the Federal Communications Commission under 47 CFR Part 68,
21 which includes systems owned or leased by governmental
22 agencies, nonprofit entities, and for-profit businesses.

23 "Multi-line telephone system" or "MLTS" includes the full
24 range of networked communication systems that serve
25 enterprises, including IP-based and cloud-based systems.

26 "Multi-line telephone system" or "MLTS" also includes

1 outbound-only MLTS that allow users to make 9-1-1 calls but do
2 not enable PSAPs to place a return call directly to the 9-1-1
3 caller.

4 "Network connections" means the number of voice grade
5 communications channels directly between a subscriber and a
6 telecommunications carrier's public switched network, without
7 the intervention of any other telecommunications carrier's
8 switched network, which would be required to carry the
9 subscriber's inter-premises traffic and which connection
10 either (1) is capable of providing access through the public
11 switched network to a 9-1-1 Emergency Telephone System, if one
12 exists, or (2) if no system exists at the time a surcharge is
13 imposed under Section 15.3 or 20, that would be capable of
14 providing access through the public switched network to the
15 local 9-1-1 Emergency Telephone System if one existed. Where
16 multiple voice grade communications channels are connected to
17 a telecommunications carrier's public switched network through
18 a private branch exchange (PBX) service, there shall be
19 determined to be one network connection for each trunk line
20 capable of transporting either the subscriber's inter-premises
21 traffic to the public switched network or the subscriber's
22 9-1-1 calls to the public agency. Where multiple voice grade
23 communications channels are connected to an OSP's public
24 switched network through Centrex type service, the number of
25 network connections shall be equal to the number of PBX trunk
26 equivalents for the subscriber's service or other multiple

1 voice grade communication channels facility, as determined by
2 reference to any generally applicable exchange access service
3 tariff filed by the subscriber's telecommunications carrier
4 with the Commission.

5 "Network costs" means those recurring costs that directly
6 relate to the operation of the 9-1-1 network as determined by
7 the Statewide 9-1-1 Administrator with the advice of the
8 Statewide 9-1-1 Advisory Board, which may include, but need
9 not be limited to, some or all of the following: costs for
10 interoffice trunks, selective routing charges, transfer lines
11 and toll charges for 9-1-1 services, Automatic Location
12 Information (ALI) database charges, independent local exchange
13 carrier charges and non-system provider charges, carrier
14 charges for third party database for on-site customer premises
15 equipment, backup ~~back-up~~ PSAP trunks for non-system
16 providers, periodic database updates as provided by carrier
17 (also known as "ALI data dump"), regional ALI storage charges,
18 circuits for call delivery (fiber or circuit connection),
19 NG9-1-1 costs, and all associated fees, taxes, and surcharges
20 on each invoice. "Network costs" shall not include radio
21 circuits or toll charges that are other than for 9-1-1
22 services.

23 "Next generation 9-1-1" or "NG9-1-1" means a secure
24 Internet Protocol-based (IP-based) open-standards system
25 comprised of hardware, software, data, and operational
26 policies and procedures that:

1 (A) provides standardized interfaces from
2 emergency call and message services to support
3 emergency communications;

4 (B) processes all types of emergency calls,
5 including voice, text, data, and multimedia
6 information;

7 (C) acquires and integrates additional emergency
8 call data useful to call routing and handling;

9 (D) delivers the emergency calls, messages, and
10 data to the appropriate public safety answering point
11 and other appropriate emergency entities based on the
12 location of the caller;

13 (E) supports data, video, and other communications
14 needs for coordinated incident response and
15 management; and

16 (F) interoperates with services and networks used
17 by first responders to facilitate emergency response.

18 "Next generation 9-1-1 costs" or "NG9-1-1 costs" means
19 those recurring costs that directly relate to the next
20 generation 9-1-1 service as determined by the Statewide 9-1-1
21 Administrator with the advice of the Statewide 9-1-1 Advisory
22 Board, which may include, but need not be limited to, costs for
23 NENA i3 Core Components (Border Control Function (BCF),
24 Emergency Call Routing Function (ECRF), Location Validation
25 Function (LVF), Emergency Services Routing Proxy (ESRP),
26 Policy Store/Policy Routing Functions (PSPRF), Location

1 Information Servers (LIS)), Statewide ESInet, and software
2 external to the PSAP (data collection, identity management,
3 aggregation, and GIS functionality).

4 "Next generation 9-1-1 core services" or "NGCS" means a
5 set of services needed to process a 9-1-1 call on an ESInet.
6 "Next generation 9-1-1 core services" or "NGCS" includes, but
7 is not limited to, the ESRP, ECRF, LVF, BCF, bridge, policy
8 store, logging services, and typical IP services, including
9 DNS and DHCP. "Next generation 9-1-1 core services" or "NGCS"
10 does not include the network on which the services operate.

11 "Originating service provider" or "OSP" means the entity
12 that provides services to end users that may be used to
13 originate voice or nonvoice 9-1-1 requests for assistance and
14 who would interconnect, in any of various fashions, to the
15 9-1-1 system provider for purposes of delivering 9-1-1 traffic
16 to the public safety answering points.

17 "Primary place of use" or "PPU" means the residential
18 street address or the primary business street address where a
19 customer primarily uses the mobile telecommunications service.
20 "Primary place of use" or "PPU" does not include a post office
21 box address.

22 "Public agency" means the State, and any unit of local
23 government or special purpose district located in whole or in
24 part within this State, that provides or has authority to
25 provide firefighting, police, ambulance, medical, or other
26 emergency services.

1 "Public safety agency" means a functional division of a
2 public agency that provides firefighting, police, medical, or
3 other emergency services to respond to and manage emergency
4 incidents. For the purpose of providing wireless service to
5 users of 9-1-1 emergency services, as expressly provided for
6 in this Act, the Illinois State Police may be considered a
7 public safety agency.

8 "Public safety answering point" or "PSAP" means the
9 primary answering location of an emergency call that meets the
10 appropriate standards of service and is responsible for
11 receiving and processing those calls and events according to a
12 specified operational policy.

13 "PSAP representative" means the manager or supervisor of a
14 public safety answering point ~~Public Safety Answering Point~~
15 ~~(PSAP)~~ who oversees the daily operational functions and is
16 responsible for the overall management and administration of
17 the PSAP.

18 "Public safety telecommunicator" means any person employed
19 in a full-time or part-time capacity at an answering point
20 whose duties or responsibilities include answering, receiving,
21 or transferring an emergency call for dispatch to the
22 appropriate emergency responder.

23 "Public safety telecommunicator supervisor" means any
24 person employed in a full-time or part-time capacity at an
25 answering point or by a 9-1-1 Authority, whose primary duties
26 or responsibilities are to direct, administer, or manage any

1 public safety telecommunicator and whose responsibilities
2 include answering, receiving, or transferring an emergency
3 call for dispatch to the appropriate emergency responders.

4 "Referral" means a 9-1-1 service in which the public
5 safety telecommunicator provides the calling party with the
6 telephone number of the appropriate public safety agency or
7 other provider of emergency services.

8 "Regular service" means any telecommunications service,
9 other than advanced service, that is capable of transporting
10 either the subscriber's inter-premises voice
11 telecommunications services to the public switched network or
12 the subscriber's 9-1-1 calls to the public agency.

13 "Relay" means a 9-1-1 service in which the public safety
14 telecommunicator takes the pertinent information from a caller
15 and relays that information to the appropriate public safety
16 agency or other provider of emergency services.

17 "Remit period" means the billing period, one month in
18 duration, for which a wireless carrier remits a surcharge and
19 provides subscriber information by zip code to the Illinois
20 State Police, in accordance with Section 20 of this Act.

21 "Secondary Answering Point" or "SAP" means a location,
22 other than a PSAP, that is able to receive the voice, data, and
23 call back number of NG9-1-1 emergency calls transferred from a
24 PSAP and completes the call taking process by dispatching
25 police, medical, fire, or other emergency responders.

26 "Shared telecommunications services" means the provision

1 of telecommunications and information management services and
2 equipment within a user group located in discrete private
3 premises in building complexes, campuses, or high-rise
4 buildings by a commercial shared services provider or by a
5 user association, through privately owned customer premises
6 equipment and associated data processing and information
7 management services. The term "shared telecommunications
8 services" includes the provisioning of connections to the
9 facilities of a local exchange carrier or an interexchange
10 carrier.

11 "Statewide behavioral health crisis system" means the core
12 elements or pillars of the crisis system and includes, but is
13 not limited to, Illinois 9-8-8 Lifeline Contact Centers,
14 community crisis response services, including mobile crisis
15 teams, and crisis receiving and stabilization facilities and
16 programs, including living room programs.

17 "Subscriber" means an individual or entity to whom a
18 wireless, wireline, or VoIP service account or number has been
19 assigned by a carrier, other than an account or number
20 associated with prepaid wireless telecommunication service.

21 "System" means the communications equipment, related
22 software applications, and databases required to produce a
23 response by the appropriate emergency public safety agency or
24 other provider of emergency services as a result of an
25 emergency call being placed to 9-1-1.

26 "System provider" means the contracted entity providing

1 9-1-1 network and database services.

2 "Telecommunications carrier" means those entities included
3 within the definition specified in Section 13-202 of the
4 Public Utilities Act, and includes those carriers acting as
5 resellers of telecommunications services. "Telecommunications
6 carrier" includes telephone systems operating as mutual
7 concerns. "Telecommunications carrier" does not include a
8 wireless carrier.

9 "Telecommunications technology" means equipment that can
10 send and receive written messages over the telephone network.

11 "Transfer" means a 9-1-1 service in which the public
12 safety telecommunicator, who receives an emergency call,
13 transmits, redirects, or conferences that call to the
14 appropriate public safety agency or other provider of
15 emergency services. "Transfer" includes calls transferred,
16 within the statewide NG9-1-1 system and to surrounding states
17 NG9-1-1 Systems using a SIP URI. "Transfer" shall not include
18 (1) a relay or referral of the information without
19 transferring the caller or (2) calls transferred to a 10-digit
20 number where a SIP URI is available.

21 "Transmitting messages" shall have the meaning given to
22 that term under Section 8-11-2 of the Illinois Municipal Code.

23 "Trunk line" means a transmission path, or group of
24 transmission paths, connecting a subscriber's PBX to a
25 telecommunications carrier's public switched network. In the
26 case of regular service, each voice grade communications

1 channel or equivalent amount of bandwidth capable of
2 transporting either the subscriber's inter-premises voice
3 telecommunications services to the public switched network or
4 the subscriber's 9-1-1 calls to the public agency shall be
5 considered a trunk line, even if it is bundled with other
6 channels or additional bandwidth. In the case of advanced
7 service, each DS-1, T-1, or other un-channelized or
8 multi-channel transmission facility that is capable of
9 transporting either the subscriber's inter-premises voice
10 telecommunications services to the public switched network or
11 the subscriber's 9-1-1 calls to the public agency shall be
12 considered a single trunk line, even if it contains multiple
13 voice grade communications channels or otherwise supports 2 or
14 more voice grade calls at a time; provided, however, that each
15 additional increment of up to 24 voice grade channels of
16 transmission capacity that is capable of transporting either
17 the subscriber's inter-premises voice telecommunications
18 services to the public switched network or the subscriber's
19 9-1-1 calls to the public agency shall be considered an
20 additional trunk line.

21 "Unmanned backup answering point" means an answering point
22 that serves as an alternate to the PSAP at an alternate
23 location and is typically unmanned but can be activated if the
24 primary PSAP is disabled.

25 "Virtual answering point" or "VAP" means a temporary or
26 nonpermanent location that is capable of receiving an

1 emergency call, contains a fully functional worksite that is
2 not bound to a specific location, but rather is portable and
3 scalable, connecting public safety telecommunicators to the
4 work process, and is capable of completing the call
5 dispatching process.

6 "Voice grade ~~Voice grade~~ call" or "VGC" means a
7 telecommunications service that allows for the transmission of
8 voice signals with sufficient quality for effective
9 communication.

10 "Voice-impaired individual" means a person with a
11 permanent speech disability which precludes oral
12 communication, who can regularly and routinely communicate by
13 telephone only through the aid of devices which can send and
14 receive written messages over the telephone network.

15 "Wireless" means the delivery of a wireless 9-1-1 call in
16 accordance with applicable Federal Communications Commission
17 regulations.

18 "Wireless carrier" means a provider of two-way cellular,
19 broadband PCS, geographic area 800 MHZ and 900 MHZ Commercial
20 Mobile Radio Service (CMRS), Wireless Communications Service
21 (WCS), or other Commercial Mobile Radio Service (CMRS), as
22 defined by the Federal Communications Commission, offering
23 radio communications that may provide fixed, mobile, radio
24 location, or satellite communication services to individuals
25 or businesses within its assigned spectrum block and
26 geographical area or that offers real-time, two-way voice

1 service that is interconnected with the public switched
2 network, including a reseller of such service.

3 (Source: P.A. 103-366, eff. 1-1-24; 104-204, eff. 8-15-25;
4 revised 12-12-25.)

5 (50 ILCS 750/7.2 new)

6 Sec. 7.2. Required compliance with the Community Emergency
7 Services and Support Act Protocols. Beginning July 1, 2027,
8 all public safety answering points shall comply with the
9 protocols established under the Community Emergency Services
10 and Support Act.

11 (50 ILCS 750/7.3 new)

12 Sec. 7.3. Monitoring PSAP compliance with the Community
13 Emergency Services and Support Act.

14 (a) The Office of the Statewide 9-1-1 Administrator shall
15 ensure that PSAPs comply with the requirements of Section 7.2.
16 To ensure that PSAPs comply with the requirements of Section
17 7.2, the Office of the Statewide 9-1-1 Administrator shall
18 monitor every PSAP.

19 (b) The Office of the Statewide 9-1-1 Administrator shall
20 consult with the Illinois Department of Human Services to
21 support PSAP compliance with the Community Emergency Services
22 and Support Act. In carrying out this responsibility, the
23 Illinois Department of Human Services shall provide
24 consultation, resources, collaboration, and guidance to the

1 Statewide 9-1-1 Administrator, as appropriate, to support PSAP
2 compliance with the Community Emergency Services and Support
3 Act. The guidance shall include required data elements,
4 reporting formats, and a mechanism for reporting provider
5 service data to support monitoring, verification, and quality
6 improvement. The Office of the Statewide 9-1-1 Administrator
7 shall, with input from the Statewide 9-1-1 Advisory Board,
8 relevant stakeholders, and subject matter experts, adopt rules
9 to implement this Section and ensure compliance with Section
10 7.2.

11 Section 20. The Community Emergency Services and Support
12 Act is amended by changing Sections 5, 15, 20, 25, 30, 35, 40,
13 45, 50, 65, and 70 and by adding Section 75 as follows:

14 (50 ILCS 754/5)

15 Sec. 5. Findings. The General Assembly recognizes that the
16 ~~Illinois~~ Department of Human Services Division of Behavioral
17 Health and Recovery ~~Division of Mental Health~~ is preparing to
18 provide mobile mental and behavioral health services to all
19 Illinoisans as part of the federally mandated adoption of the
20 9-8-8 phone number. The General Assembly also recognizes that
21 many cities and some states have successfully established
22 mobile emergency mental and behavioral health services as part
23 of their emergency response system to support people who need
24 such support and do not present a threat of physical violence

1 to the mobile mental health relief providers. In light of that
2 experience, the General Assembly finds that in order to
3 promote and protect the health, safety, and welfare of the
4 public, it is necessary and in the public interest to provide
5 emergency response, with or without medical transportation, to
6 individuals requiring mental health or behavioral health
7 services in a manner that is substantially equivalent to the
8 response already provided to individuals who require emergency
9 physical health care.

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

1 crisis presents an imminent threat of injury.

2 (Source: P.A. 103-105, eff. 6-27-23; 104-155, eff. 8-1-25.)

3 (50 ILCS 754/15)

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

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

7 "Community services" and "community-based mental or
8 behavioral health services" include both public and private
9 settings.

10 "Department" means the Department of Human Services.

11 ~~"Division of Mental Health" means the Division of Mental
12 Health of the Department of Human Services.~~

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

18 "Emergency dispatch protocol" means a nationally
19 recognized protocol established under the Emergency Medical
20 Services (EMS) Systems Act approved by the local medical
21 director in coordination with the local PSAP and appropriate
22 local responders.

23 "Mental or behavioral health" means any health condition
24 involving changes in thinking, emotion, or behavior, and that
25 the medical community treats as distinct from physical health

1 care.

2 "Mobile mental health relief provider" means a mobile
3 crisis response team or a mental health professional who
4 engages with individuals ~~person engaging with a member of the~~
5 ~~public~~ to provide ~~the~~ mobile mental and behavioral health
6 services ~~service~~ established in conjunction with the
7 Department ~~Division of Mental Health establishing the 9 8 8~~
8 ~~emergency number~~. "Mobile mental health relief provider" may
9 include paramedics (EMT-Ps), emergency medical technicians
10 (EMTs), or other medical personnel; individuals with lived
11 experience; or community responders who are trained to provide
12 mobile behavioral health crisis services and who have agreed
13 to meet the requirements set forth by the Department ~~does not~~
14 ~~include a Paramedic (EMT-P) or EMT, as those terms are defined~~
15 ~~in the Emergency Medical Services (EMS) Systems Act, unless~~
16 ~~that responding agency has agreed to provide a specialized~~
17 ~~response in accordance with the Division of Mental Health's~~
18 ~~services offered through its 9 8 8 number and has met all the~~
19 ~~requirements to offer that service through that system.~~

20 "Physical health" means a health condition that the
21 medical community treats as distinct from mental or behavioral
22 health care.

23 "Physical restraint" means any manual method or physical
24 or mechanical device, material, or equipment attached or
25 adjacent to an individual's body that the individual cannot
26 easily remove and restricts freedom of movement or normal

1 access to one's body. "Physical restraint" does not include a
2 seat belt if it is used during transportation of an individual
3 and the individual has access to the mechanism that releases
4 the seat belt.

5 "Public safety answering point" or "PSAP" means the
6 primary answering location of an emergency call that meets the
7 appropriate standards of service and is responsible for
8 receiving and processing those calls and events according to a
9 specified operational policy.

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

13 (Source: P.A. 103-105, eff. 6-27-23; 104-155, eff. 8-1-25.)

14 (50 ILCS 754/20)

15 Sec. 20. Coordination with the Department ~~Division of~~
16 ~~Mental Health~~. Each 9-1-1 PSAP and provider of emergency
17 services dispatched through a 9-1-1 system must coordinate
18 with the mobile mental and behavioral health services
19 established by the Department ~~Division of Mental Health~~ so
20 that the following State goals and State prohibitions are met
21 whenever a person interacts with one of these entities for the
22 purpose of seeking emergency mental and behavioral health care
23 or when one of these entities recognizes the appropriateness
24 of providing mobile mental or behavioral health care to an
25 individual with whom they have engaged. The Department

1 ~~Division of Mental Health~~ is also directed to provide guidance
2 regarding whether and how these entities should coordinate
3 with mobile mental and behavioral health services when
4 responding to individuals who appear to be in a mental or
5 behavioral health emergency while engaged in conduct alleged
6 to constitute a non-violent misdemeanor.

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

8 (50 ILCS 754/25)

9 Sec. 25. State goals.

10 (a) 9-1-1 PSAPs, emergency services dispatched through
11 9-1-1 PSAPs, and the mobile mental and behavioral health
12 service established by the Department ~~Division of Mental~~
13 ~~Health~~ must coordinate their services so that the State goals
14 listed in this Section are achieved. This coordination may be,
15 but is not required to be, accomplished through the use of
16 Memoranda of Understanding (MOUs) or other similar agreements
17 with the intent of ensuring best practices of interoperability
18 and facilitating interagency cooperation. Appropriate mobile
19 response service for mental and behavioral health emergencies
20 shall be available regardless of whether the initial contact
21 was with 9-8-8, with 9-1-1, or directly with an emergency
22 service dispatched through 9-1-1. Appropriate mobile response
23 services must:

24 (1) whenever possible, ensure that individuals
25 experiencing mental or behavioral health crises are

1 diverted from hospitalization or incarceration and are
2 instead linked with available appropriate community
3 services;

4 (2) include the option of on-site care if that type of
5 care is appropriate and does not override the care
6 decisions of the individual receiving care. Providing care
7 in the community, through methods like mobile crisis
8 units, is encouraged. If effective care is provided on
9 site, and if it is consistent with the care decisions of
10 the individual receiving the care, further transportation
11 to other medical providers is not required by this Act;

12 (3) recommend appropriate referrals for available
13 community services if the individual receiving on-site
14 care is not already in a treatment relationship with a
15 service provider or is unsatisfied with their current
16 service providers. The referrals shall take into
17 consideration waiting lists and copayments, which may
18 present barriers to access; and

19 (4) subject to the care decisions of the individual
20 receiving care, coordinate transportation for any
21 individual experiencing a mental or behavioral health
22 emergency to the most integrated and least restrictive
23 setting feasible. A mobile crisis response team may
24 provide transportation if the mobile crisis response team
25 is appropriately equipped and staffed to do so.

26 (b) Prioritize requests for emergency assistance. 9-1-1

1 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and
2 the mobile mental and behavioral health service established by
3 the Department ~~Division of Mental Health~~ must provide guidance
4 for prioritizing calls for assistance and maximum response
5 time in relation to the type of emergency reported.

6 (c) Provide appropriate response times. From the time of
7 first notification, 9-1-1 PSAPs, emergency services dispatched
8 through 9-1-1 PSAPs, and the mobile mental and behavioral
9 health service established by the Department ~~Division of~~
10 ~~Mental Health~~ must provide the response within a response time
11 appropriate to the care requirements of the individual with an
12 emergency.

13 (d) Require appropriate mobile mental health relief
14 provider training. Mobile mental health relief providers must
15 have adequate training to address the needs of individuals
16 experiencing a mental or behavioral health emergency. Adequate
17 training at least includes:

18 (1) training in de-escalation techniques;

19 (2) knowledge of local community services and
20 supports;

21 (3) training in respectful interaction with people
22 experiencing mental or behavioral health crises, including
23 the concepts of stigma and respectful language;

24 (4) training in recognizing and working with people
25 with neurodivergent and developmental disability diagnoses
26 and in the techniques available to help stabilize and

1 connect them to further services; and

2 (5) training in the involuntary commitment process, in
3 identification of situations that meet the standards for
4 involuntary commitment, and in cultural competencies and
5 social biases to guard against any group being
6 disproportionately subjected to the involuntary commitment
7 process or the use of the process not warranted under the
8 legal standard for involuntary commitment.

9 (e) Require minimum team staffing. The Department ~~Division~~
10 ~~of Mental Health~~, in consultation with the Regional Advisory
11 Committees created in Section 40, shall determine the
12 appropriate credentials for the mental health providers
13 responding to calls, including to what extent the mobile
14 mental health relief providers must have certain credentials
15 and licensing, and to what extent the mobile mental health
16 relief providers can be peer support professionals.

17 (f) Require training from individuals with lived
18 experience. Training shall be provided by individuals with
19 lived experience to the extent available.

20 (g) Adopt guidelines directing referral to restrictive
21 care settings. Mobile mental health relief providers must have
22 guidelines to follow when considering whether to refer an
23 individual to more restrictive forms of care, like emergency
24 room or hospital settings.

25 (h) Specify regional best practices. Mobile mental health
26 relief providers providing these services must do so

1 consistently with best practices, which include respecting the
2 care choices of the individuals receiving assistance. Regional
3 best practices may be broken down into sub-regions, as
4 appropriate to reflect local resources and conditions. With
5 the agreement of the impacted EMS Regions, providers of
6 emergency response to physical emergencies may participate in
7 another EMS Region for mental and behavioral response, if that
8 participation shall provide a better service to individuals
9 experiencing a mental or behavioral health emergency.

10 (i) Adopt a system for directing care in advance of an
11 emergency. The Department ~~Division of Mental Health~~ shall
12 select and publicly identify a system that allows individuals
13 who voluntarily chose to do so to provide confidential
14 advanced care directions to individuals providing services
15 under this Act. No system for providing advanced care
16 direction may be implemented unless the Department ~~Division of~~
17 ~~Mental Health~~ approves it as confidential, available to
18 individuals at all economic levels, and non-stigmatizing. The
19 Department ~~Division of Mental Health~~ may defer this
20 requirement for providing a system for advanced care direction
21 if it determines that no existing systems can currently meet
22 these requirements.

23 (j) Train dispatching staff. The personnel staffing 9-1-1,
24 3-1-1, or other emergency response intake systems must be
25 provided with and complete adequate training to assess whether
26 coordinating with 9-8-8 is appropriate that is tailored to

1 their roles.

2 (k) Establish protocol for emergency responder
3 coordination. The Department ~~Division of Mental Health~~ shall
4 establish a protocol for mobile mental health relief
5 providers, law enforcement, and fire and ambulance services to
6 request assistance from each other, and train these groups on
7 the protocol.

8 (l) Integrate law enforcement. The Department ~~Division of~~
9 ~~Mental Health~~ shall provide for law enforcement to request
10 mobile mental health relief provider assistance whenever law
11 enforcement engages an individual appropriate for services
12 under this Act. If law enforcement would typically request EMS
13 assistance when it encounters an individual with a physical
14 health emergency, law enforcement shall similarly dispatch
15 mental or behavioral health personnel or medical
16 transportation when it encounters an individual in a mental or
17 behavioral health emergency.

18 (m) Mobile Crisis Response and 9-8-8 are both
19 around-the-clock crisis services that must be considered
20 alongside other crisis resources when initially screening an
21 individual contacting a 9-1-1 PSAP. Accordingly, when
22 indicated, 9-1-1 PSAPs shall open and use the relevant
23 emergency dispatch protocol to ensure all individuals
24 contacting a 9-1-1 PSAP when a behavioral health crisis is
25 indicated have access to a non-law enforcement, behavioral
26 health response and shall follow approved protocols and

1 processes under this Act.

2 (n) PSAP telecommunicators, 9-8-8 crisis counselors, and
3 mobile mental health relief providers shall be provided with
4 and complete training necessary to support the implementation
5 of this Act that is tailored to their roles, as approved by the
6 Department or the Department's designee.

7 (o) 9-1-1 PSAPs, 9-8-8 providers, and mobile mental health
8 relief providers shall provide required data using the format
9 and data definitions specified by the Department in rule. The
10 information may be used to evaluate implementation, monitor
11 compliance with this Act, and support improvement efforts.

12 (Source: P.A. 103-105, eff. 6-27-23; 104-155, eff. 8-1-25;
13 revised 12-12-25.)

14 (50 ILCS 754/30)

15 Sec. 30. State prohibitions. 9-1-1 PSAPs, emergency
16 services dispatched through 9-1-1 PSAPs, and the mobile mental
17 and behavioral health service established by the Department
18 ~~Division of Mental Health~~ must coordinate their services so
19 that, based on the information provided to them, the following
20 State prohibitions are avoided:

21 (a) Law enforcement responsibility for providing mental
22 and behavioral health care. In any area where mobile mental
23 health relief providers are available for dispatch, law
24 enforcement shall not be dispatched to respond to an
25 individual requiring mental or behavioral health care unless

1 that individual is (i) involved in a suspected violation of
2 the criminal laws of this State, or (ii) presents a threat of
3 physical injury to self or others. Mobile mental health relief
4 providers are not considered available for dispatch under this
5 Section if 9-8-8 reports that it cannot dispatch appropriate
6 service within the maximum response times established by each
7 Regional Advisory Committee under Section 45.

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

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

24 (3) Without regard to an assessment of threat to self
25 or threat to public safety, law enforcement may station
26 personnel so that they can rapidly respond to requests for

1 assistance from mobile mental health relief providers if
2 law enforcement does not interfere with the provision of
3 emergency response or transportation services. To the
4 extent practical, not interfering with services includes
5 remaining sufficiently distant from or out of sight of the
6 individual receiving care so that law enforcement presence
7 is unlikely to escalate the emergency.

8 (b) Mobile mental health relief provider involvement in
9 involuntary commitment. Mobile mental health relief providers
10 may participate in the involuntary commitment process only to
11 the extent permitted under the Mental Health and Developmental
12 Disabilities Code. The Department ~~Division of Behavioral~~
13 ~~Health~~ shall, in consultation with each Regional Advisory
14 Committee, as appropriate, monitor the use of involuntary
15 commitment under this Act and provide systemic recommendations
16 to improve outcomes for those subject to commitment.

17 (c) Use of law enforcement for transportation. In any area
18 where mobile mental health relief providers are available for
19 dispatch, unless requested by mobile mental health relief
20 providers, law enforcement shall not be used to provide
21 transportation to access mental or behavioral health care, or
22 travel between mental or behavioral health care providers,
23 except where (i) no alternative is available; (ii) the
24 individual requests transportation from law enforcement and
25 law enforcement mutually agrees to provide transportation; or
26 (iii) the Mental Health and Developmental Disabilities Code

1 requires or permits law enforcement to provide transportation.

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

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

11 (Source: P.A. 103-105, eff. 6-27-23; 103-645, eff. 7-1-24;
12 104-155, eff. 8-1-25.)

13 (50 ILCS 754/35)

14 Sec. 35. Non-violent misdemeanors. The Department's
15 ~~Division of Mental Health's~~ Guidance for 9-1-1 PSAPs and
16 emergency services dispatched through 9-1-1 PSAPs for
17 coordinating the response to individuals who appear to be in a
18 mental or behavioral health emergency while engaging in
19 conduct alleged to constitute a non-violent misdemeanor shall
20 promote the following:

21 (a) Prioritization of Health Care. To the greatest
22 extent practicable, community-based mental or behavioral
23 health services should be provided before addressing law
24 enforcement objectives.

25 (b) Diversion from Further Criminal Justice

1 Involvement. To the greatest extent practicable,
2 individuals should be referred to health care services
3 with the potential to reduce the likelihood of further law
4 enforcement engagement and referral to a pre-arrest or
5 pre-booking case management unit should be prioritized in
6 any areas served by pre-arrest or pre-booking case
7 management.

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

9 (50 ILCS 754/40)

10 Sec. 40. Statewide Advisory Committee.

11 (a) The Department ~~Division of Mental Health~~ shall
12 establish a Statewide Advisory Committee to review and make
13 recommendations for aspects of coordinating 9-1-1 and the
14 9-8-8 mobile mental health response system most appropriately
15 addressed on a State level.

16 (b) Issues to be addressed by the Statewide Advisory
17 Committee include, but are not limited to, addressing changes
18 necessary in 9-1-1 call taking protocols and scripts used in
19 9-1-1 PSAPs where those protocols and scripts are based on or
20 otherwise dependent on national providers for their operation.

21 (c) The Statewide Advisory Committee shall recommend a
22 system for gathering data related to the coordination of the
23 9-1-1 and 9-8-8 systems for purposes of allowing the parties
24 to make ongoing improvements in that system. As practical, the
25 system shall attempt to determine issues, which may include,

1 but are not limited to:

2 (1) the volume of calls coordinated between 9-1-1 and
3 9-8-8;

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

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

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

11 (5) the appropriate information to improve the 9-8-8
12 system, if the information is most appropriately gathered
13 at the 9-1-1 PSAPs; and

14 (6) the number of instances of mobile mental health
15 relief providers initiating petitions for involuntary
16 commitment, broken down by county and contracting entity
17 employing the petitioning mobile mental health relief
18 providers and the aggregate demographic data of the
19 individuals subject to those petitions.

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

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

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

24 (3) one representative designated by the Illinois
25 Chapter of Association of Public Safety Communications
26 Officials (APCO);

1 (4) one representative of the Division of Behavioral
2 Health and Recovery of the Department of Human Services
3 Mental Health;

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

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

8 (7) one representative of a statewide organization of
9 fire chiefs;

10 (8) two representatives of statewide organizations of
11 law enforcement;

12 (9) two representatives of mental health, behavioral
13 health, or substance abuse providers; ~~and~~

14 (10) six ~~four~~ representatives of advocacy
15 organizations either led by or consisting primarily of
16 individuals with intellectual or developmental
17 disabilities, individuals with behavioral disabilities, or
18 individuals with lived experience; and -

19 (11) one representative of the Division of
20 Developmental Disabilities of the Department of Human
21 Services.

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

25 (f) The Statewide Advisory Committee shall continue to
26 meet until this Act has been fully implemented, as determined

1 by the Department ~~Division of Mental Health~~, and mobile mental
2 health relief providers are available in all parts of
3 Illinois. The Department ~~Division of Mental Health~~ may
4 reconvene the Statewide Advisory Committee at its discretion
5 after full implementation of this Act.

6 (Source: P.A. 103-105, eff. 6-27-23; 104-155, eff. 8-1-25.)

7 (50 ILCS 754/45)

8 Sec. 45. Regional Advisory Committees.

9 (a) The Department ~~Division of Mental Health~~ shall
10 establish Regional Advisory Committees in each EMS Region to
11 advise on regional issues related to emergency response
12 systems for mental and behavioral health. The Secretary of
13 Human Services shall appoint the members of the Regional
14 Advisory Committees. Each Regional Advisory Committee shall
15 consist of:

16 (1) representatives of the 9-1-1 PSAPs in the region;

17 (2) representatives of the EMS Medical Directors
18 Committee, as constituted under the Emergency Medical
19 Services (EMS) Systems Act, or other similar committee
20 serving the medical needs of the jurisdiction;

21 (3) representatives of law enforcement officials with
22 jurisdiction in the Emergency Medical Services (EMS)
23 Regions;

24 (4) representatives of both the EMS providers and the
25 unions representing EMS or emergency mental and behavioral

1 health responders, or both; and

2 (5) advocates from the mental health, behavioral
3 health, intellectual disability, and developmental
4 disability communities.

5 If no person is willing or available to fill a member's
6 seat for one of the required areas of representation on a
7 Regional Advisory Committee under paragraphs (1) through (5),
8 the Secretary of Human Services shall adopt procedures to
9 ensure that a missing area of representation is filled once a
10 person becomes willing and available to fill that seat.

11 (b) The majority of advocates on the Regional Advisory
12 Committee must either be individuals with a lived experience
13 of a condition commonly regarded as a mental health or
14 behavioral health disability, developmental disability, or
15 intellectual disability or be from organizations primarily
16 composed of such individuals. The members of the Committee
17 shall also reflect the racial demographics of the jurisdiction
18 served. To achieve the requirements of this subsection, the
19 Department ~~Division of Mental Health~~ must establish a clear
20 plan and regular course of action to engage, recruit, and
21 sustain areas of established participation. The plan and
22 actions taken must be shared with the general public.

23 (c) Subject to the oversight of the Department ~~of Human~~
24 ~~Services Division of Mental Health~~, the EMS Medical Directors
25 Committee or a chair appointed in agreement of the Department
26 ~~Division of Mental Health~~ and the EMS Medical Directors

1 Committee is responsible for convening the meetings of the
2 committee. Qualifications for appointment as chair under this
3 subsection include a demonstrated understanding of the tasks
4 of the Regional Advisory Committee as well as standing within
5 the region as a leader capable of building consensus for the
6 purpose of achieving the tasks assigned to the committee.
7 Impacted units of local government may also have
8 representatives on the committee subject to approval by the
9 Department ~~Division of Mental Health~~, if this participation is
10 structured in such a way that it does not give undue weight to
11 any of the groups represented.

12 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23;
13 103-645, eff. 7-1-24.)

14 (50 ILCS 754/50)

15 Sec. 50. Regional Advisory Committee responsibilities.

16 (a) Each Regional Advisory Committee and subregional
17 committee established by the Regional Advisory Committee are
18 responsible for designing the local protocols to allow its
19 region's or subregion's 9-1-1 call centers and emergency
20 responders to coordinate their activities with 9-8-8 as
21 required by this Act and monitoring current operation to
22 advise on ongoing adjustments to the local protocols.

23 (b) A subregional committee, which may be convened by a
24 majority vote of a Regional Advisory Committee, must include
25 members that are representative of all required categories of

1 the full Regional Advisory Committee and must provide guidance
2 to the Regional Advisory Committees on adjustments that need
3 to be made for local level operationalization of protocols.

4 (1) Any subregional committee formed shall be
5 comprised of at least 25% of individuals with lived
6 experience of a condition commonly regarded as a mental
7 health or behavioral health disability, developmental
8 disability, or intellectual disability; guardians of such
9 individuals; or individuals from mental or behavioral
10 health providers, groups, or networks.

11 (2) Each member of a subregional committee must be
12 approved by a majority of Regional Advisory Committee
13 members, but is not required to be a member of the Regional
14 Advisory Committee.

15 (3) Meetings of subregional committees shall be
16 accessible to all members of the Regional Advisory
17 Committee and interested stakeholders.

18 (4) Subregional committees shall also provide a list
19 of their members to their Regional Advisory Committee,
20 share meeting dates and locations with Regional Advisory
21 Committee members and the public, and make meeting minutes
22 available to the Regional Advisory Committee following
23 each meeting.

24 (5) No subregional committee shall be formed or meet
25 without the approval of a majority of Regional Advisory
26 Committee members.

1 (6) Subregional committees may not develop policies
2 that are in conflict with this Act or policies of the
3 Regional Advisory Committee.

4 (c) Included in this responsibility, each Regional
5 Advisory Committee or subregional committee must:

6 (1) negotiate the appropriate amendment of each 9-1-1
7 PSAP emergency dispatch protocols, in consultation with
8 each 9-1-1 PSAP in the EMS Region and consistent with
9 national certification requirements;

10 (2) set maximum response times for 9-8-8 to provide
11 service when an in-person response is required, based on
12 type of mental or behavioral health emergency, which, if
13 exceeded, constitute grounds for sending other emergency
14 responders through the 9-1-1 system;

15 (3) report, geographically by police district if
16 practical, the data collected through the direction
17 provided by the Statewide Advisory Committee in
18 aggregated, non-individualized monthly reports. These
19 reports shall be available to the Regional Advisory
20 Committee members, subregional committee members, the
21 Department ~~of Human Service Division of Mental Health~~, the
22 Administrator of the 9-1-1 Authority, and to the public
23 upon request;

24 (4) convene, after the initial regional policies are
25 established, at least every 2 years to consider amendment
26 of the regional policies, if any, and also convene

1 whenever a member of the Committee requests that the
2 Committee or subregional committee consider an amendment;

3 ~~and~~

4 (5) identify regional resources and supports for use
5 by the mobile mental health relief providers as they
6 respond to the requests for services; ~~and~~

7 (6) review regional and subregional crisis response
8 system capacities and resources to inform planning and
9 implementation and to foster collaboration across all
10 sectors of the system; and

11 (7) determine community needs and make a plan to
12 support local communities that wish to explore potential
13 resources that may be used to create additional mobile
14 mental health relief provider services to provide more
15 immediate service coverage where needed. These additional
16 mobile mental health relief provider services may be
17 dispatched from 9-1-1, 9-8-8, or successor dispatch
18 systems and shall be subject to the same standards and
19 requirements as mobile mental health relief providers
20 funded by the State.

21 Nothing in this Section shall be construed to require any
22 locality or municipality to fund crisis services that are not
23 currently available, or to prohibit any such locality or
24 municipality from funding such services.

25 (d) Sections 40, 45, and 50 place the Statewide Advisory
26 Committee in an advisory role to the Regional Advisory

1 Committees that are responsible for developing protocols for
2 their regions. Nothing outside of this Act shall be construed
3 to erode or compromise the autonomy and authority of the
4 Regional Advisory Committees or to grant any authority to the
5 Statewide Advisory Committee that is assigned to the Regional
6 Advisory Committees.

7 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23;
8 103-645, eff. 7-1-24.)

9 (50 ILCS 754/65)

10 Sec. 65. PSAP and emergency service dispatched through a
11 9-1-1 PSAP; coordination of activities with mobile and
12 behavioral health services.

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

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

23 (2) the appropriate Regional Advisory Committee has
24 completed design of the specific 9-1-1 PSAP's process for
25 coordinating activities with the mobile mental and

1 behavioral health service; and

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

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

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

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

9 (A) assessment and evaluation of the pilots;

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

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

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

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

22 (Source: P.A. 103-105, eff. 6-27-23; 103-645, eff. 7-1-24;
23 104-155, eff. 8-1-25.)

24 (50 ILCS 754/70)

25 Sec. 70. Report. On or before July 1, 2026 and twice every

1 ~~year 2023 and on a quarterly basis~~ thereafter, the Department
2 ~~Division of Mental Health~~ shall submit a report to the General
3 Assembly on its progress in implementing this Act until full
4 implementation has been achieved statewide. The report , which
5 shall include, but not be limited to, a strategic assessment
6 that evaluates the success toward current strategy,
7 identification of future targets for implementation that help
8 estimate the potential for success and provides a basis for
9 assessing future performance, and key benchmarks to provide a
10 comparison to set in context and help stakeholders understand
11 their positions.

12 (Source: P.A. 103-105, eff. 6-27-23.)

13 (50 ILCS 754/75 new)

14 Sec. 75. Oversight of PSAP compliance.

15 (a) The Office of the Statewide 9-1-1 Administrator shall
16 monitor and require public safety answering points to comply
17 with the requirements of this Act in accordance with Sections
18 7.2 and 7.3 of the Emergency Telephone System Act. The
19 Department shall provide consultation and collaboration to the
20 Statewide 9-1-1 Administrator to support PSAP compliance with
21 this Act.

22 (b) The Office of the Statewide 9-1-1 Administrator shall
23 consult with the Department to support PSAP compliance under
24 this Act. In carrying out the responsibility under subsection
25 (a), the Department shall provide consultation, resources,

1 collaboration, and guidance to the Statewide 9-1-1
2 Administrator, as appropriate, to support PSAP compliance with
3 the Community Emergency Services and Support Act. The guidance
4 shall include required data elements, reporting formats, and a
5 mechanism for reporting provider service data to support
6 monitoring, verification, and quality improvement.

1 INDEX

2 Statutes amended in order of appearance

- 3 20 ILCS 2605/2605-51
- 4 50 ILCS 705/10.17
- 5 50 ILCS 750/2 from Ch. 134, par. 32
- 6 50 ILCS 750/7.2 new
- 7 50 ILCS 750/7.3 new
- 8 50 ILCS 754/5
- 9 50 ILCS 754/15
- 10 50 ILCS 754/20
- 11 50 ILCS 754/25
- 12 50 ILCS 754/30
- 13 50 ILCS 754/35
- 14 50 ILCS 754/40
- 15 50 ILCS 754/45
- 16 50 ILCS 754/50
- 17 50 ILCS 754/65
- 18 50 ILCS 754/70
- 19 50 ILCS 754/75 new
- 20 50 ILCS 754/80 new