



Sen. Graciela Guzmán

**Filed: 4/28/2026**

10400SB3798sam002

LRB104 20700 WRO 37222 a

1 AMENDMENT TO SENATE BILL 3798

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3798 by replacing  
3 everything after the enacting clause with the following:

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

1 for Illinois State Police employees.

2 (4) Oversee the Illinois State Police's recruitment  
3 initiatives.

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

6 (6) Duties assigned to the Illinois State Police in  
7 Article 5, Chapter 11 of the Illinois Vehicle Code  
8 concerning testing and training officers on the detection  
9 of impaired driving.

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

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

20 (b) The Division of the Academy and Training shall  
21 exercise the rights, powers, and duties vested in the former  
22 Division of State Troopers by Section 17 of the Illinois State  
23 Police Act.

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

26 (1) Crash reconstruction specialist; training. The

1 Division of the Academy and Training shall cooperate with  
2 the Division of Forensic Services to provide specialized  
3 training in crash reconstruction for Illinois State Police  
4 officers. Only Illinois State Police officers who  
5 successfully complete the training may be assigned as  
6 crash reconstruction specialists.

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

22 (A) The Division of the Academy and Training shall  
23 require all homicide investigator training to include  
24 instruction on victim-centered, trauma-informed  
25 investigation. This training must be implemented by  
26 July 1, 2023.

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

6           (3) Investigation of officer-involved criminal sexual  
7 assault; training. The Division of the Academy and  
8 Training shall cooperate with the Division of Criminal  
9 Investigation to provide a specialized criminal sexual  
10 assault and sexual abuse investigation training program  
11 for Illinois State Police officers. Only Illinois State  
12 Police officers who successfully complete the training may  
13 be assigned as investigators in officer-involved criminal  
14 sexual assault investigations under Section 10 of the Law  
15 Enforcement Criminal Sexual Assault Investigation Act.

16           (4) Investigation of officer-involved deaths;  
17 training. The Division of the Academy and Training shall  
18 have a written policy regarding the investigation of  
19 officer-involved deaths that involve a law enforcement  
20 officer employed by the Illinois State Police as required  
21 under Section 1-10 of the Police and Community Relations  
22 Improvement Act and shall provide specialized training in  
23 that policy for Illinois State Police officers.

24           (5) Juvenile specialist; training. The Division of the  
25 Academy and Training shall provide specialized juvenile  
26 training for Illinois State Police officers who meet the

1 definition of "juvenile police officer" as defined under  
2 paragraph (17) of Section 1-3 of the Juvenile Court Act of  
3 1987. Juvenile specialists may complete questioning of  
4 juveniles on school grounds as provided under Section  
5 22-88 of the School Code.

6 (6) Peer support program; training. The Division of  
7 the Academy and Training shall cooperate with the Office  
8 of the Director to provide peer support advisors with  
9 appropriate specialized training in counseling to conduct  
10 peer support counseling sessions under Section 10 of the  
11 First Responders Suicide Prevention Act.

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

22 (8) Safe2Help; training. The Division of the Academy  
23 and Training shall cooperate with the Division of Criminal  
24 Investigation to ensure all program personnel or call  
25 center staff, or both, are appropriately trained in the  
26 areas described in subsection (f) of Section 10 of the

1 Student Confidential Reporting Act. ~~(10)~~

2 (c-5) In-service training.

3 (1) At least once, the Division of the Academy and  
4 Training shall develop and require the following  
5 in-service training opportunities to be completed by  
6 Illinois State Police officers:

7 (A) Cell phone medical information; training.

8 Training required under this subparagraph (A) shall  
9 provide instruction on accessing and using medical  
10 information stored in cell phones. The Division may  
11 use the program approved under Section 2310-711 of the  
12 Department of Public Health Powers and Duties Law of  
13 the Civil Administrative Code of Illinois to develop  
14 the Division's program.

15 (B) Autism spectrum disorders; training. Training  
16 required under this subparagraph (B) shall instruct  
17 Illinois State Police officers on the nature of autism  
18 spectrum disorders and in identifying and  
19 appropriately responding to individuals with autism  
20 spectrum disorders. The Illinois State Police shall  
21 review the training curriculum and may consult with  
22 the Department of Public Health or the Department of  
23 Human Services to update the training curriculum as  
24 needed.

25 (2) At least every year, the Division of the Academy  
26 and Training shall provide the following in-service

1 training to Illinois State Police officers:

2 (A) Cultural diversity; training.

3 (i) Training required under this subparagraph

4 (A) shall provide training and continuing  
5 education to Illinois State Police officers  
6 concerning cultural diversity, including topics  
7 such as sensitivity toward racial and ethnic  
8 differences.

9 (ii) This training and continuing education  
10 shall, among other things, emphasize that the  
11 primary purpose of enforcement of the Illinois  
12 Vehicle Code is safety and equal, uniform, and  
13 non-discriminatory enforcement of the law.

14 (B) Minimum annual in-service training  
15 requirements. Minimum annual in-service training  
16 includes:

17 (i) crisis intervention training;

18 (ii) emergency medical response training and  
19 certification;

20 (iii) firearm qualification training;

21 (iv) law updates; and

22 (v) officer wellness and mental health.

23 (C) Firearms restraining orders; training.

24 Training required under this subparagraph (C) shall  
25 provide instruction on the processes used to file a  
26 firearms restraining order, to identify situations in

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

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

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

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

22                   (ii) at least 6 hours of instruction on use of  
23          force techniques, including the use of  
24          de-escalation techniques to prevent or reduce the  
25          need for force whenever safe and feasible;

26                   (iii) specific training on the law concerning

1 stops, searches, and the use of force under the  
2 Fourth Amendment to the United States  
3 Constitution;

4 (iv) specific training on officer safety  
5 techniques, including cover, concealment, and  
6 time; and

7 (v) at least 6 hours of training focused on  
8 high-risk traffic stops.

9 (B) Minimum triennial in-service training  
10 requirements. Minimum triennial in-service training  
11 required ~~this~~ under this subparagraph (B) includes  
12 training and continuing education to Illinois State  
13 Police officers concerning:

14 (i) constitutional and proper use of law  
15 enforcement authority;

16 (ii) civil and human rights;

17 (iii) cultural competency, including implicit  
18 bias and racial and ethnic sensitivity; and

19 (iv) procedural justice.

20 (C) Mandated reporter; training. Training required  
21 under this subparagraph (C) must be approved by the  
22 Department of Children and Family Services as provided  
23 under Section 4 of the Abused and Neglected Child  
24 Reporting Act and includes training on the reporting  
25 of child abuse and neglect.

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

1           (i) Training required under this subparagraph  
2           (D) shall include in-service training on sexual  
3           assault and sexual abuse response and training on  
4           report writing requirements, including, but not  
5           limited to, the following:

6                   (a) recognizing the symptoms of trauma;

7                   (b) understanding the role trauma has  
8                   played in a victim's life;

9                   (c) responding to the needs and concerns  
10                   of a victim;

11                   (d) delivering services in a  
12                   compassionate, sensitive, and nonjudgmental  
13                   manner;

14                   (e) interviewing techniques in accordance  
15                   with the curriculum standards in subdivision  
16                   (iii) of this subparagraph;

17                   (f) understanding cultural perceptions and  
18                   common myths of sexual assault and sexual  
19                   abuse; and

20                   (g) report writing techniques in  
21                   accordance with the curriculum standards in  
22                   subdivision (iii) of this subparagraph and the  
23                   Sexual Assault Incident Procedure Act.

24           (ii) Instructors providing training under this  
25           subparagraph (D) ~~(G)~~ shall have successfully  
26           completed training on evidence-based,

1 trauma-informed, victim-centered responses to  
2 cases of sexual assault and sexual abuse and shall  
3 have experience responding to sexual assault and  
4 sexual abuse cases.

5 (iii) The Illinois State Police shall adopt  
6 rules, in consultation with the Office of the  
7 Attorney General and the Illinois Law Enforcement  
8 Training Standards Board, to determine the  
9 specific training requirements. The rules adopted  
10 by the Illinois State Police shall include, at a  
11 minimum, both of the following:

12 (a) evidence-based curriculum standards  
13 for report writing and immediate response to  
14 sexual assault and sexual abuse, including  
15 trauma-informed, victim-centered interview  
16 techniques, which have been demonstrated to  
17 minimize retraumatization, for all Illinois  
18 State Police officers; and

19 (b) evidence-based curriculum standards  
20 for trauma-informed, victim-centered  
21 investigation and interviewing techniques,  
22 which have been demonstrated to minimize  
23 retraumatization, for cases of sexual assault  
24 and sexual abuse for all Illinois State Police  
25 officers who conduct sexual assault and sexual  
26 abuse investigations.

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

4           (A) Psychology of domestic violence; training.

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

16           (c-10) Cadet training. The Division of the Academy and  
17 Training shall provide the following basic training to  
18 Illinois State Police cadets or ensure the following training  
19 was completed prior to an Illinois State Police cadet becoming  
20 an Illinois State Police officer:

21           (1) Animal fighting awareness and humane response;  
22 training. Training required under this paragraph (1) shall  
23 include a training program in animal fighting awareness  
24 and humane response for Illinois State Police cadets. The  
25 purpose of that training shall be for Illinois State  
26 Police officers to identify animal fighting operations and

1 respond appropriately. Training under this paragraph (1)  
2 shall include a humane response component that provides  
3 guidelines for appropriate law enforcement response to  
4 animal abuse, cruelty, and neglect, or similar condition,  
5 as well as training on canine behavior and nonlethal ways  
6 to subdue a canine.

7 (2) Arrest and use of force and control tactics and  
8 officer safety; training. Training required under this  
9 paragraph (2) must include, without limitation, training  
10 on officer safety techniques, such as cover, concealment,  
11 and time.

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

25 (4) Autism and other developmental or physical  
26 disabilities; training. Training required under this

1 paragraph (4) shall instruct Illinois State Police cadets  
2 on identifying and interacting with persons with autism  
3 and other developmental or physical disabilities, reducing  
4 barriers to reporting crimes against persons with autism,  
5 and addressing the unique challenges presented by cases  
6 involving victims or witnesses with autism and other  
7 developmental disabilities.

8 (5) Cell phone medical information; training. Training  
9 required under this paragraph (5) shall instruct Illinois  
10 State Police cadets to access and use medical information  
11 stored in cell phones. The Division of the Academy and  
12 Training may use the program approved under Section  
13 2310-711 of the Department of Public Health Powers and  
14 Duties Law of the Civil Administrative Code of Illinois to  
15 develop the training required under this paragraph (5).

16 (6) Compliance with the Health Care Violence  
17 Prevention Act; training. Training required under this  
18 paragraph (6) shall provide an appropriate level of  
19 training for Illinois State Police cadets concerning the  
20 Health Care Violence Prevention Act.

21 (7) Constitutional law; training. Training required  
22 under this paragraph (7) shall instruct Illinois State  
23 Police cadets on constitutional and proper use of law  
24 enforcement authority, procedural justice, civil rights,  
25 human rights, and cultural competency, including implicit  
26 bias and racial and ethnic sensitivity.

1 (8) Courtroom testimony; training.

2 (9) Crime victims; training. Training required under  
3 this paragraph (9) shall provide instruction in techniques  
4 designed to promote effective communication at the initial  
5 contact with crime victims and to comprehensively explain  
6 to victims and witnesses their rights under the Rights of  
7 Crime Victims and Witnesses Act and the Crime Victims  
8 Compensation Act.

9 (10) Criminal law; training.

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

22 (12) Cultural diversity; training.

23 (A) The training required under this paragraph  
24 (12) shall provide training to Illinois State Police  
25 cadets concerning cultural competency and cultural  
26 diversity, including sensitivity toward racial and

1 ethnic differences.

2 (B) This training shall include, but not be  
3 limited to, an emphasis on the fact that the primary  
4 purpose of enforcement of the Illinois Vehicle Code is  
5 safety, equal, and uniform and non-discriminatory  
6 enforcement under the law.

7 (13) De-escalation and use of force; training.  
8 Training required under this paragraph (13) must consist  
9 of at least 6 hours of instruction on use of force  
10 techniques, including the use of de-escalation techniques  
11 to prevent or reduce the need for force whenever safe and  
12 feasible.

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

23 (15) Effective recognition of and responses to stress,  
24 trauma, and post-traumatic stress; training. Training  
25 required under this paragraph (15) shall instruct Illinois  
26 State Police cadets to recognize and respond to stress,

1 trauma, and post-traumatic stress experienced by law  
2 enforcement officers. The training must be consistent with  
3 Section 25 of the Illinois Mental Health First Aid  
4 Training Act in a peer setting, including recognizing  
5 signs and symptoms of work-related cumulative stress,  
6 issues that may lead to suicide, and solutions for  
7 intervention with peer support resources.

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

17 (17) Electronic control devices; training. Training  
18 required under this paragraph (17) shall include training  
19 in the use of electronic control devices, including the  
20 psychological and physiological effects of the use of  
21 those devices on humans.

22 (18) Epinephrine auto-injector administration;  
23 training. Training required under this paragraph (18)  
24 shall instruct Illinois State Police cadets to recognize  
25 and respond to anaphylaxis. The training must comply with  
26 subsection (c) of Section 40 of the Illinois State Police

1 Act.

2 (19) Evidence collection; training. Training required  
3 under this paragraph (19) must include proper procedures  
4 for collecting, handling, and preserving evidence, and  
5 rules of law.

6 (20) Firearms restraining orders; training. Providing  
7 instruction on the process used to file a firearms  
8 restraining order and how to identify situations in which  
9 a firearms restraining order is appropriate and how to  
10 safely promote the usage of the firearms restraining order  
11 in different situations.

12 (21) Firearms; training. Successful completion of a  
13 40-hour course of training in use of a suitable type  
14 firearm shall be a condition precedent to the possession  
15 and use of that respective firearm in connection with the  
16 officer's official duties. To satisfy the requirements of  
17 this Act, the training must include the following:

18 (A) Instruction in the dangers of misuse of the  
19 firearm, safety rules, and care and cleaning of the  
20 firearm.

21 (B) Practice firing on a range and qualification  
22 with the firearm in accordance with the standards  
23 established by the Board.

24 (C) Instruction in the legal use of firearms under  
25 the Criminal Code of 2012 and relevant court  
26 decisions.

1 (D) A forceful presentation of the ethical and  
2 moral considerations assumed by any person who uses a  
3 firearm.

4 (22) First-aid; training. First-aid training must  
5 include cardiopulmonary resuscitation.

6 (23) Hate crimes; training. Training required under  
7 this paragraph (23) shall instruct Illinois State Police  
8 cadets in identifying, responding to, and reporting all  
9 hate crimes.

10 (24) High-risk traffic stops; training. Training  
11 required under this paragraph (24) must consist of at  
12 least 6 hours of training focused on high-risk traffic  
13 stops.

14 (25) High-speed vehicle chase; training. Training  
15 required under this paragraph (25) shall instruct Illinois  
16 State Police cadets on the hazards of high-speed police  
17 vehicle chases with an emphasis on alternatives to the  
18 high-speed vehicle chase.

19 (26) Human relations; training.

20 (27) Human trafficking; training. Training required  
21 under this paragraph (27) shall instruct Illinois State  
22 Police cadets in the detection and investigation of all  
23 forms of human trafficking, including, but not limited to,  
24 involuntary servitude under subsection (b) of Section 10-9  
25 of the Criminal Code of 2012, involuntary sexual servitude  
26 of a minor under subsection (c) of Section 10-9 of the

1 Criminal Code of 2012, and trafficking in persons under  
2 subsection (d) of Section 10-9 of the Criminal Code of  
3 2012. This program shall be made available to all cadets  
4 and Illinois State Police officers.

5 (28) Juvenile law; training. Training required under  
6 this paragraph (28) shall instruct Illinois State Police  
7 cadets on juvenile law and the proper processing and  
8 handling of juvenile offenders.

9 (29) Mandated reporter; training. Training required  
10 under this paragraph (29) must be approved by the  
11 Department of Children and Family Services as provided  
12 under Section 4 of the Abused and Neglected Child  
13 Reporting Act and includes training on the reporting of  
14 child abuse and neglect.

15 (30) Mental conditions and crises, training. Training  
16 required under this paragraph (30) shall include, without  
17 limitation, (A) recognizing the disease of addiction, (B)  
18 recognizing situations which require immediate assistance,  
19 and (C) responding in a manner that safeguards and  
20 provides assistance to individuals in need of mental  
21 treatment.

22 (31) Officer wellness and suicide prevention;  
23 training. The training required under this paragraph (31)  
24 shall include instruction on job-related stress management  
25 techniques, skills for recognizing signs and symptoms of  
26 work-related cumulative stress, recognition of other

1 issues that may lead to officer suicide, solutions for  
2 intervention, and a presentation on available peer support  
3 resources.

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

5 (A) As used in this paragraph (32), "officer-worn  
6 body camera" has the meaning given to that term in  
7 Article 10 of the Law Enforcement Officer-Worn Body  
8 Camera Act.

9 (B) The training required under this paragraph  
10 (32) shall provide training in the use of officer-worn  
11 body cameras to cadets who will use officer-worn body  
12 cameras.

13 (33) Opioid antagonists; training.

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

18 (B) Training required under this paragraph (33)  
19 shall instruct Illinois State Police cadets to  
20 administer opioid antagonists.

21 (34) Persons arrested while under the influence of  
22 alcohol or drugs; training. Training required under this  
23 paragraph (34) shall comply with Illinois State Police  
24 policy adopted under Section 2605-54. The training shall  
25 be consistent with the Substance Use Disorder Act and  
26 shall provide guidance for the arrest of persons under the

1 influence of alcohol or drugs, proper medical attention if  
2 warranted, and care and release of those persons from  
3 custody. The training shall provide guidance concerning  
4 the release of persons arrested under the influence of  
5 alcohol or drugs who are under the age of 21 years of age,  
6 which shall include, but shall not be limited to,  
7 instructions requiring the arresting officer to make a  
8 reasonable attempt to contact a responsible adult who is  
9 willing to take custody of the person who is under the  
10 influence of alcohol or drugs.

11 (35) Physical training.

12 (36) Post-traumatic stress disorder; training.  
13 Training required under this paragraph (36) shall equip  
14 Illinois State Police cadets to identify the symptoms of  
15 post-traumatic stress disorder and to respond  
16 appropriately to individuals exhibiting those symptoms.

17 (37) Report writing; training. Training required under  
18 this paragraph (37) shall instruct Illinois State Police  
19 cadets on writing reports and proper documentation of  
20 statements.

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

23 (39) Search and seizure; training. Training required  
24 under this paragraph (39) shall instruct Illinois State  
25 Police cadets on search and seizure, including temporary  
26 questioning.

1           (40) Sexual assault and sexual abuse; training.  
2           Training required under this paragraph (40) shall instruct  
3           Illinois State Police cadets on sexual assault and sexual  
4           abuse response and report writing training requirements,  
5           including, but not limited to, the following:

6                   (A) recognizing the symptoms of trauma;

7                   (B) understanding the role trauma has played in a  
8           victim's life;

9                   (C) responding to the needs and concerns of a  
10          victim;

11                  (D) delivering services in a compassionate,  
12          sensitive, and nonjudgmental manner;

13                  (E) interviewing techniques in accordance with the  
14          curriculum standards in subsection (f) of Section  
15          10.19 of the Illinois Police Training Act;

16                  (F) understanding cultural perceptions and common  
17          myths of sexual assault and sexual abuse; and

18                  (G) report-writing techniques in accordance with  
19          the curriculum standards in subsection (f) of Section  
20          10.19 of the Illinois Police Training Act and the  
21          Sexual Assault Incident Procedure Act.

22           (41) Traffic control and crash investigation;  
23          training.

24           (d) The Division of the Academy and Training shall  
25          administer and conduct a program consistent with 18 U.S.C.  
26          926B and 926C for qualified active and retired Illinois State

1 Police officers.

2 (Source: P.A. 103-34, eff. 1-1-24; 103-939, eff. 1-1-25;  
3 103-949, eff. 1-1-25; 104-24, eff. 1-1-26; 104-417, eff.  
4 8-15-25; revised 1-29-26.)

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

7 (50 ILCS 705/10.17)

8 Sec. 10.17. Crisis Intervention Team (CIT) training;  
9 mental health awareness training; certified therapy dog team  
10 training and certification.

11 (a) The Illinois Law Enforcement Training Standards Board  
12 shall develop and approve a standard curriculum for certified  
13 training programs in crisis intervention, including a  
14 specialty certification course of at least 40 hours,  
15 addressing specialized policing responses to people with  
16 mental illnesses. The Board shall conduct Crisis Intervention  
17 Team (CIT) training programs that train officers to identify  
18 signs and symptoms of mental illness, to de-escalate  
19 situations involving individuals who appear to have a mental  
20 illness, and connect that person in crisis to treatment.  
21 Crisis Intervention Team (CIT) training programs shall be a  
22 collaboration between law enforcement professionals, mental  
23 health providers, families, and consumer advocates and must  
24 minimally include the following components: (1) basic

1 information about mental illnesses and how to recognize them;  
2 (2) information about mental health laws and resources; (3)  
3 learning from family members of individuals with mental  
4 illness and their experiences; ~~and~~ (4) verbal de-escalation  
5 training and role-plays; and (5) community response options,  
6 including the community response options under the Community  
7 Emergency Services and Support Act. Officers who have  
8 successfully completed this program shall be issued a  
9 certificate attesting to their attendance of a Crisis  
10 Intervention Team (CIT) training program.

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

23 (c) The Board shall develop a course and certification  
24 program for certified therapy dog teams consisting of officers  
25 employing the use of therapy dogs in relation to crisis and  
26 emergency response. This program shall aim to ensure that

1 Crisis Intervention Team (CIT) officers and therapy dog teams  
2 are available in various regions throughout the State to be  
3 dispatched in the event of a crisis.

4 (d) The Board may include model policies regarding  
5 community response procedures on its website and may  
6 distribute educational and training materials created in  
7 consultation with the Department of Human Services to law  
8 enforcement agencies throughout the State.

9 The amendatory changes to this Section made by Public Act  
10 101-652 shall take effect January 1, 2022.

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

12 Section 15. The Emergency Telephone System Act is amended  
13 by changing Section 2 and by adding Sections 7.2 and 7.3 as  
14 follows:

15 (50 ILCS 750/2) (from Ch. 134, par. 32)

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

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

19 "9-1-1 network" means the network used for the delivery of  
20 9-1-1 calls and messages over dedicated and redundant  
21 facilities to a primary or backup 9-1-1 PSAP that meets the  
22 appropriate grade of service.

23 "9-1-1 system" means the geographic area that has been  
24 granted an order of authority by the Commission or the

1 Statewide 9-1-1 Administrator to use "9-1-1" as the primary  
2 emergency telephone number, including, but not limited to, the  
3 network, software applications, databases, CPE components and  
4 operational and management procedures required to provide  
5 9-1-1 service.

6 "9-1-1 Authority" means an Emergency Telephone System  
7 Board or Joint Emergency Telephone System Board that provides  
8 for the management and operation of a 9-1-1 system. "9-1-1  
9 Authority" includes the Illinois State Police only to the  
10 extent it provides 9-1-1 services under this Act.

11 "9-1-1 System Manager" means the manager, director,  
12 administrator, or coordinator who at the direction of his or  
13 her Emergency Telephone System Board is responsible for the  
14 implementation and execution of the order of authority issued  
15 by the Commission or the Statewide 9-1-1 Administrator through  
16 the programs, policies, procedures, and daily operations of  
17 the 9-1-1 system consistent with the provisions of this Act.

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

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

1 "Aggregator" means an entity that ingresses 9-1-1 calls of  
2 multiple traffic types or 9-1-1 calls from multiple  
3 originating service providers and combines them on a trunk  
4 group or groups (or equivalent egress connection arrangement  
5 to a 9-1-1 system provider's NG9-1-1 network or system), and  
6 that uses the routing information provided in the received  
7 call setup signaling to select the appropriate trunk group and  
8 proceeds to signal call setup toward the 9-1-1 system  
9 provider. "Aggregator" includes an originating service  
10 provider that provides aggregation functions for its own 9-1-1  
11 calls. "Aggregator" also includes an aggregation network or an  
12 aggregation entity that provides aggregator services for other  
13 types of system providers, such as cloud-based services or  
14 enterprise networks as its client.

15 "ALI" or "automatic location identification" means the  
16 automatic display at the public safety answering point of the  
17 address or location of the caller's telephone and  
18 supplementary emergency services information of the location  
19 from which a call originates.

20 "ANI" or "automatic number identification" means the  
21 automatic display of the 10-digit telephone number associated  
22 with the caller's telephone number.

23 "Automatic alarm" and "automatic alerting device" mean any  
24 device that will access the 9-1-1 system for emergency  
25 services upon activation and does not provide for two-way  
26 communication.

1 "Answering point" means a PSAP, SAP, Backup PSAP, Unmanned  
2 Backup Answering Point, or VAP.

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

5 "Backup PSAP" means an answering point that meets the  
6 appropriate standards of service and serves as an alternate to  
7 the PSAP operating independently from the PSAP at a different  
8 location that has the capability to direct dispatch for the  
9 PSAP or otherwise transfer emergency calls directly to an  
10 authorized entity. A backup PSAP may accept overflow calls  
11 from the PSAP or be activated if the primary PSAP is disabled.

12 "Board" means an Emergency Telephone System Board or a  
13 Joint Emergency Telephone System Board created pursuant to  
14 Section 15.4.

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

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

21 "Carrier" includes a telecommunications carrier and a  
22 wireless carrier.

23 "Commission" means the Illinois Commerce Commission.

24 "Computer aided dispatch" or "CAD" means a computer-based  
25 system that aids public safety telecommunicators or  
26 telecommunicator supervisors by automating selected

1 dispatching and recordkeeping activities.

2 "Direct dispatch" means a 9-1-1 service wherein upon  
3 receipt of an emergency call, a public safety telecommunicator  
4 or telecommunicator supervisors transmits, without delay,  
5 transfer, relay, or referral, all relevant available  
6 information to the appropriate public safety personnel or  
7 emergency responders.

8 "Dispatchable location" means a location delivered to the  
9 PSAP with a 9-1-1 call that consists of the validated street  
10 address of the calling party, plus additional information,  
11 such as a suite or apartment identifier, uncertainty data, or  
12 similar information, necessary to accurately identify the  
13 location of the calling party.

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

17 "Diversion" means the obligation or expenditure of a 9-1-1  
18 fee or charge for a purpose or function other than the purposes  
19 and functions designated by the Federal Communications  
20 Commission as acceptable under 47 CFR 9.23. "Diversion"  
21 includes distribution of a 9-1-1 fee or charge to a political  
22 subdivision that obligates or expends such fees for a purpose  
23 or function other than those designated as acceptable by the  
24 Federal Communications Commission under 47 CFR 9.23.

25 "DS-1, T-1, or similar un-channelized or multi-channel  
26 transmission facility" means a facility that can transmit and

1 receive a bit rate of at least 1.544 megabits per second  
2 (Mbps).

3 "Dynamic bandwidth allocation" means the ability of the  
4 facility or customer to drop and add channels, or adjust  
5 bandwidth, when needed in real time for voice or data  
6 purposes.

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

17 "Emergency Telephone System Board" or "ETSB" means (i) a  
18 board appointed by the corporate authorities of any county or  
19 municipality to provide for the management and operation of a  
20 9-1-1 system within the scope of the duties and powers  
21 prescribed by this Act or (ii) a joint Emergency Telephone  
22 System Board.

23 "EMS personnel" has the meaning given to that term in  
24 Section 3.5 of the Emergency Medical Services (EMS) Systems  
25 Act.

26 "First responder" means someone designated by a public

1 safety agency who is charged with responding to emergency  
2 service requests, including emergency communications  
3 professionals, public safety telecommunicators, public safety  
4 telecommunicator supervisors, and police, fire, and EMS  
5 personnel who operate in the field.

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

8 "Hearing-impaired individual" means a person with a  
9 permanent hearing loss who can regularly and routinely  
10 communicate by telephone only through the aid of devices which  
11 can send and receive written messages over the telephone  
12 network.

13 "Hosted supplemental 9-1-1 service" means a database  
14 service that:

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

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

19 (3) collects a variety of formatted data relevant to  
20 9-1-1 and first responder needs, which may include, but is  
21 not limited to, photographs of the telephone subscribers,  
22 physical descriptions, medical information, household  
23 data, and emergency contacts;

24 (4) allows for information to be entered by telephone  
25 subscribers through a secure website where they can elect  
26 to provide as little or as much information as they

1 choose;

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

6 (6) (blank);

7 (7) (blank);

8 (8) (blank);

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

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

15 (11) may be used to collect information pursuant to an  
16 Illinois Premise Alert Program as defined in the Illinois  
17 Premise Alert Program (PAP) Act.

18 "Interconnected voice service" means a telecommunications  
19 service that:

20 (1) allows users to make and receive calls to and from  
21 the public switched telephone network or other phone  
22 lines, including both traditional landline and mobile  
23 services;

24 (2) enables users to make or receive voice calls to or  
25 from telephone numbers assigned to the public switched  
26 telephone network, including calls to and from emergency

1 services;

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

5 (4) supports standard telephone functions, such as  
6 making and receiving calls, voicemail, and the ability to  
7 connect with other telephone networks;

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

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

15 "Interconnected voice service" includes voice over  
16 Internet protocol (VoIP) services that are integrated into the  
17 public telephone system and the availability of other  
18 essential services like number portability and accessibility  
19 for people with disabilities.

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

23 "Joint Emergency Telephone System Board" or "Joint ETSB"  
24 means a Joint Emergency Telephone System Board established by  
25 intergovernmental agreement of two or more municipalities or  
26 counties, or a combination thereof, to provide for the

1 management and operation of a 9-1-1 system.

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

6 "Local public agency" means any unit of local government  
7 or special purpose district located in whole or in part within  
8 this State that provides or has authority to provide  
9 firefighting, police, ambulance, medical, or other emergency  
10 services.

11 "Mechanical dialer" means any device that accesses the  
12 9-1-1 system without human intervention and does not provide  
13 for two-way communication.

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

19 "Mobile telephone number" or "MTN" means the telephone  
20 number assigned to a wireless telephone at the time of initial  
21 activation.

22 "Multi-line telephone system" or "MLTS" means a system  
23 composed of common control units, telephone sets, control  
24 hardware and software, and adjunct systems, including network  
25 and premises-based systems, such as Centrex and VoIP, as well  
26 as PBX, hybrid, and key telephone systems ~~as~~ classified by

1 the Federal Communications Commission under 47 CFR Part 68,  
2 which includes systems owned or leased by governmental  
3 agencies, nonprofit entities, and for-profit businesses.  
4 "Multi-line telephone system" or "MLTS" includes the full  
5 range of networked communication systems that serve  
6 enterprises, including IP-based and cloud-based systems.  
7 "Multi-line telephone system" or "MLTS" also includes  
8 outbound-only MLTS that allow users to make 9-1-1 calls but do  
9 not enable PSAPs to place a return call directly to the 9-1-1  
10 caller.

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

1 capable of transporting either the subscriber's inter-premises  
2 traffic to the public switched network or the subscriber's  
3 9-1-1 calls to the public agency. Where multiple voice grade  
4 communications channels are connected to an OSP's public  
5 switched network through Centrex type service, the number of  
6 network connections shall be equal to the number of PBX trunk  
7 equivalents for the subscriber's service or other multiple  
8 voice grade communication channels facility, as determined by  
9 reference to any generally applicable exchange access service  
10 tariff filed by the subscriber's telecommunications carrier  
11 with the Commission.

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

1 on each invoice. "Network costs" shall not include radio  
2 circuits or toll charges that are other than for 9-1-1  
3 services.

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

8 (A) provides standardized interfaces from  
9 emergency call and message services to support  
10 emergency communications;

11 (B) processes all types of emergency calls,  
12 including voice, text, data, and multimedia  
13 information;

14 (C) acquires and integrates additional emergency  
15 call data useful to call routing and handling;

16 (D) delivers the emergency calls, messages, and  
17 data to the appropriate public safety answering point  
18 and other appropriate emergency entities based on the  
19 location of the caller;

20 (E) supports data, video, and other communications  
21 needs for coordinated incident response and  
22 management; and

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

25 "Next generation 9-1-1 costs" or "NG9-1-1 costs" means  
26 those recurring costs that directly relate to the next

1 generation 9-1-1 service as determined by the Statewide 9-1-1  
2 Administrator with the advice of the Statewide 9-1-1 Advisory  
3 Board, which may include, but need not be limited to, costs for  
4 NENA i3 Core Components (Border Control Function (BCF),  
5 Emergency Call Routing Function (ECRF), Location Validation  
6 Function (LVF), Emergency Services Routing Proxy (ESRP),  
7 Policy Store/Policy Routing Functions (PSPRF), Location  
8 Information Servers (LIS)), Statewide ESInet, and software  
9 external to the PSAP (data collection, identity management,  
10 aggregation, and GIS functionality).

11 "Next generation 9-1-1 core services" or "NGCS" means a  
12 set of services needed to process a 9-1-1 call on an ESInet.  
13 "Next generation 9-1-1 core services" or "NGCS" includes, but  
14 is not limited to, the ESRP, ECRF, LVF, BCF, bridge, policy  
15 store, logging services, and typical IP services, including  
16 DNS and DHCP. "Next generation 9-1-1 core services" or "NGCS"  
17 does not include the network on which the services operate.

18 "Originating service provider" or "OSP" means the entity  
19 that provides services to end users that may be used to  
20 originate voice or nonvoice 9-1-1 requests for assistance and  
21 who would interconnect, in any of various fashions, to the  
22 9-1-1 system provider for purposes of delivering 9-1-1 traffic  
23 to the public safety answering points.

24 "Primary place of use" or "PPU" means the residential  
25 street address or the primary business street address where a  
26 customer primarily uses the mobile telecommunications service.

1 "Primary place of use" or "PPU" does not include a post office  
2 box address.

3 "Public agency" means the State, and any unit of local  
4 government or special purpose district located in whole or in  
5 part within this State, that provides or has authority to  
6 provide firefighting, police, ambulance, medical, or other  
7 emergency services.

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

15 "Public safety answering point" or "PSAP" means the  
16 primary answering location of an emergency call that meets the  
17 appropriate standards of service and is responsible for  
18 receiving and processing those calls and events according to a  
19 specified operational policy.

20 "PSAP representative" means the manager or supervisor of a  
21 public safety answering point ~~Public Safety Answering Point~~  
22 ~~(PSAP)~~ who oversees the daily operational functions and is  
23 responsible for the overall management and administration of  
24 the PSAP.

25 "Public safety telecommunicator" means any person employed  
26 in a full-time or part-time capacity at an answering point

1 whose duties or responsibilities include answering, receiving,  
2 or transferring an emergency call for dispatch to the  
3 appropriate emergency responder.

4 "Public safety telecommunicator supervisor" means any  
5 person employed in a full-time or part-time capacity at an  
6 answering point or by a 9-1-1 Authority, whose primary duties  
7 or responsibilities are to direct, administer, or manage any  
8 public safety telecommunicator and whose responsibilities  
9 include answering, receiving, or transferring an emergency  
10 call for dispatch to the appropriate emergency responders.

11 "Referral" means a 9-1-1 service in which the public  
12 safety telecommunicator provides the calling party with the  
13 telephone number of the appropriate public safety agency or  
14 other provider of emergency services.

15 "Regular service" means any telecommunications service,  
16 other than advanced service, that is capable of transporting  
17 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 "Relay" means a 9-1-1 service in which the public safety  
21 telecommunicator takes the pertinent information from a caller  
22 and relays that information to the appropriate public safety  
23 agency or other provider of emergency services.

24 "Remit period" means the billing period, one month in  
25 duration, for which a wireless carrier remits a surcharge and  
26 provides subscriber information by zip code to the Illinois

1 State Police, in accordance with Section 20 of this Act.

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

7 "Shared telecommunications services" means the provision  
8 of telecommunications and information management services and  
9 equipment within a user group located in discrete private  
10 premises in building complexes, campuses, or high-rise  
11 buildings by a commercial shared services provider or by a  
12 user association, through privately owned customer premises  
13 equipment and associated data processing and information  
14 management services. The term "shared telecommunications  
15 services" includes the provisioning of connections to the  
16 facilities of a local exchange carrier or an interexchange  
17 carrier.

18 "Statewide behavioral health crisis system" means the core  
19 elements or pillars of the crisis system and includes, but is  
20 not limited to, Illinois 9-8-8 Lifeline Contact Centers,  
21 community crisis response services, including mobile crisis  
22 teams, and crisis receiving and stabilization facilities and  
23 programs, including living room programs.

24 "Subscriber" means an individual or entity to whom a  
25 wireless, wireline, or VoIP service account or number has been  
26 assigned by a carrier, other than an account or number

1 associated with prepaid wireless telecommunication service.

2 "System" means the communications equipment, related  
3 software applications, and databases required to produce a  
4 response by the appropriate emergency public safety agency or  
5 other provider of emergency services as a result of an  
6 emergency call being placed to 9-1-1.

7 "System provider" means the contracted entity providing  
8 9-1-1 network and database services.

9 "Telecommunications carrier" means those entities included  
10 within the definition specified in Section 13-202 of the  
11 Public Utilities Act, and includes those carriers acting as  
12 resellers of telecommunications services. "Telecommunications  
13 carrier" includes telephone systems operating as mutual  
14 concerns. "Telecommunications carrier" does not include a  
15 wireless carrier.

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

18 "Transfer" means a 9-1-1 service in which the public  
19 safety telecommunicator, who receives an emergency call,  
20 transmits, redirects, or conferences that call to the  
21 appropriate public safety agency or other provider of  
22 emergency services. "Transfer" includes calls transferred,  
23 within the statewide NG9-1-1 system and to surrounding states  
24 NG9-1-1 Systems using a SIP URI. "Transfer" shall not include  
25 (1) a relay or referral of the information without  
26 transferring the caller or (2) calls transferred to a 10-digit

1 number where a SIP URI is available.

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

4 "Trunk line" means a transmission path, or group of  
5 transmission paths, connecting a subscriber's PBX to a  
6 telecommunications carrier's public switched network. In the  
7 case of regular service, each voice grade communications  
8 channel or equivalent amount of bandwidth 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 trunk line, even if it is bundled with other  
13 channels or additional bandwidth. In the case of advanced  
14 service, each DS-1, T-1, or other un-channelized or  
15 multi-channel transmission facility that is capable of  
16 transporting either the subscriber's inter-premises voice  
17 telecommunications services to the public switched network or  
18 the subscriber's 9-1-1 calls to the public agency shall be  
19 considered a single trunk line, even if it contains multiple  
20 voice grade communications channels or otherwise supports 2 or  
21 more voice grade calls at a time; provided, however, that each  
22 additional increment of up to 24 voice grade channels of  
23 transmission capacity that is capable of transporting either  
24 the subscriber's inter-premises voice telecommunications  
25 services to the public switched network or the subscriber's  
26 9-1-1 calls to the public agency shall be considered an

1 additional trunk line.

2 "Unmanned backup answering point" means an answering point  
3 that serves as an alternate to the PSAP at an alternate  
4 location and is typically unmanned but can be activated if the  
5 primary PSAP is disabled.

6 "Virtual answering point" or "VAP" means a temporary or  
7 nonpermanent location that is capable of receiving an  
8 emergency call, contains a fully functional worksite that is  
9 not bound to a specific location, but rather is portable and  
10 scalable, connecting public safety telecommunicators to the  
11 work process, and is capable of completing the call  
12 dispatching process.

13 "Voice grade ~~Voice-grade~~ call" or "VGC" means a  
14 telecommunications service that allows for the transmission of  
15 voice signals with sufficient quality for effective  
16 communication.

17 "Voice-impaired individual" means a person with a  
18 permanent speech disability which precludes oral  
19 communication, who can regularly and routinely communicate by  
20 telephone only through the aid of devices which can send and  
21 receive written messages over the telephone network.

22 "Wireless" means the delivery of a wireless 9-1-1 call in  
23 accordance with applicable Federal Communications Commission  
24 regulations.

25 "Wireless carrier" means a provider of two-way cellular,  
26 broadband PCS, geographic area 800 MHZ and 900 MHZ Commercial

1 Mobile Radio Service (CMRS), Wireless Communications Service  
2 (WCS), or other Commercial Mobile Radio Service (CMRS), as  
3 defined by the Federal Communications Commission, offering  
4 radio communications that may provide fixed, mobile, radio  
5 location, or satellite communication services to individuals  
6 or businesses within its assigned spectrum block and  
7 geographical area or that offers real-time, two-way voice  
8 service that is interconnected with the public switched  
9 network, including a reseller of such service.

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

12 (50 ILCS 750/7.2 new)

13 Sec. 7.2. Required compliance with the Community Emergency  
14 Services and Support Act Protocols. Beginning July 1, 2027,  
15 all public safety answering points shall comply with the  
16 protocols established under the Community Emergency Services  
17 and Support Act.

18 (50 ILCS 750/7.3 new)

19 Sec. 7.3. Monitoring PSAP compliance with the Community  
20 Emergency Services and Support Act.

21 (a) The Office of the Statewide 9-1-1 Administrator shall  
22 ensure that PSAPs comply with the requirements of Section 7.2.  
23 To ensure that PSAPs comply with the requirements of Section  
24 7.2, the Office of the Statewide 9-1-1 Administrator shall

1 monitor every PSAP.

2 (b) The Office of the Statewide 9-1-1 Administrator shall  
3 consult with the Illinois Department of Human Services to  
4 support PSAP compliance with the Community Emergency Services  
5 and Support Act. In carrying out this responsibility, the  
6 Illinois Department of Human Services shall provide  
7 consultation, resources, collaboration, and guidance to the  
8 Statewide 9-1-1 Administrator, as appropriate, to support PSAP  
9 compliance with the Community Emergency Services and Support  
10 Act. The guidance shall include required data elements,  
11 reporting formats, and a mechanism for reporting provider  
12 service data to support monitoring, verification, and quality  
13 improvement. The Office of the Statewide 9-1-1 Administrator  
14 shall, with input from the Statewide 9-1-1 Advisory Board,  
15 relevant stakeholders, and subject matter experts, adopt rules  
16 to implement this Section and ensure compliance with Section  
17 7.2.

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

21 (50 ILCS 754/5)

22 Sec. 5. Findings. The General Assembly recognizes that the  
23 ~~Illinois~~ Department of Human Services Division of Behavioral  
24 Health and Recovery ~~Division of Mental Health~~ is preparing to

1 provide mobile mental and behavioral health services to all  
2 Illinoisans as part of the federally mandated adoption of the  
3 9-8-8 phone number. The General Assembly also recognizes that  
4 many cities and some states have successfully established  
5 mobile emergency mental and behavioral health services as part  
6 of their emergency response system to support people who need  
7 such support and do not present a threat of physical violence  
8 to the mobile mental health relief providers. In light of that  
9 experience, the General Assembly finds that in order to  
10 promote and protect the health, safety, and welfare of the  
11 public, it is necessary and in the public interest to provide  
12 emergency response, with or without medical transportation, to  
13 individuals requiring mental health or behavioral health  
14 services in a manner that is substantially equivalent to the  
15 response already provided to individuals who require emergency  
16 physical health care.

17 The General Assembly also recognizes the history of  
18 vulnerable populations being subject to unwarranted  
19 involuntary commitment or other human rights violations  
20 instead of receiving necessary care during acute crises which  
21 may contribute to an understandable apprehension of behavioral  
22 health services among individuals who have historically been  
23 subject to these practices. The General Assembly intends for  
24 the Mobile Mental Health Relief Providers regulated by this  
25 Act to assist with crises that do not rise to the level of  
26 involuntary commitment. However, the General Assembly also

1 recognizes that Mobile Mental Health Relief Providers may,  
2 during the course of assisting with a crisis, encounter  
3 individuals who present an imminent threat of injury to  
4 themselves or others unless they receive assistance through  
5 the involuntary commitment process. This Act intends to  
6 balance concerns about misuse of the involuntary commitment  
7 process with the need for emergency care for individuals whose  
8 crisis presents an imminent threat of injury.

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

10 (50 ILCS 754/15)

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

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

14 "Community services" and "community-based mental or  
15 behavioral health services" include both public and private  
16 settings.

17 "Department" means the Department of Human Services.

18 ~~"Division of Mental Health" means the Division of Mental  
19 Health of the Department of Human Services.~~

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

25 "Emergency dispatch protocol" means a nationally

1 recognized protocol established under the Emergency Medical  
2 Services (EMS) Systems Act approved by the local medical  
3 director in coordination with the local PSAP and appropriate  
4 local responders.

5 "Mental or behavioral health" means any health condition  
6 involving changes in thinking, emotion, or behavior, and that  
7 the medical community treats as distinct from physical health  
8 care.

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

1 "Physical health" means a health condition that the  
2 medical community treats as distinct from mental or behavioral  
3 health care.

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

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

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

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

21 (50 ILCS 754/20)

22 Sec. 20. Coordination with the Department ~~Division of~~  
23 ~~Mental Health~~. Each 9-1-1 PSAP and provider of emergency  
24 services dispatched through a 9-1-1 system must coordinate  
25 with the mobile mental and behavioral health services

1 established by the Department ~~Division of Mental Health~~ so  
2 that the following State goals and State prohibitions are met  
3 whenever a person interacts with one of these entities for the  
4 purpose of seeking emergency mental and behavioral health care  
5 or when one of these entities recognizes the appropriateness  
6 of providing mobile mental or behavioral health care to an  
7 individual with whom they have engaged. The Department  
8 ~~Division of Mental Health~~ is also directed to provide guidance  
9 regarding whether and how these entities should coordinate  
10 with mobile mental and behavioral health services when  
11 responding to individuals who appear to be in a mental or  
12 behavioral health emergency while engaged in conduct alleged  
13 to constitute a non-violent misdemeanor.

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

15 (50 ILCS 754/25)

16 Sec. 25. State goals.

17 (a) 9-1-1 PSAPs, emergency services dispatched through  
18 9-1-1 PSAPs, and the mobile mental and behavioral health  
19 service established by the Department ~~Division of Mental~~  
20 ~~Health~~ must coordinate their services so that the State goals  
21 listed in this Section are achieved. This coordination may be,  
22 but is not required to be, accomplished through the use of  
23 Memoranda of Understanding (MOUs) or other similar agreements  
24 with the intent of ensuring best practices of interoperability  
25 and facilitating interagency cooperation. Appropriate mobile

1 response service for mental and behavioral health emergencies  
2 shall be available regardless of whether the initial contact  
3 was with 9-8-8, with 9-1-1, or directly with an emergency  
4 service dispatched through 9-1-1. Appropriate mobile response  
5 services must:

6 (1) whenever possible, ensure that individuals  
7 experiencing mental or behavioral health crises are  
8 diverted from hospitalization or incarceration and are  
9 instead linked with available appropriate community  
10 services;

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

19 (3) recommend appropriate referrals for available  
20 community services if the individual receiving on-site  
21 care is not already in a treatment relationship with a  
22 service provider or is unsatisfied with their current  
23 service providers. The referrals shall take into  
24 consideration waiting lists and copayments, which may  
25 present barriers to access; and

26 (4) subject to the care decisions of the individual

1 receiving care, coordinate transportation for any  
2 individual experiencing a mental or behavioral health  
3 emergency to the most integrated and least restrictive  
4 setting feasible. A mobile crisis response team may  
5 provide transportation if the mobile crisis response team  
6 is appropriately equipped and staffed to do so.

7 (b) Prioritize requests for emergency assistance. 9-1-1  
8 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and  
9 the mobile mental and behavioral health service established by  
10 the Department ~~Division of Mental Health~~ must provide guidance  
11 for prioritizing calls for assistance and maximum response  
12 time in relation to the type of emergency reported.

13 (c) Provide appropriate response times. From the time of  
14 first notification, 9-1-1 PSAPs, emergency services dispatched  
15 through 9-1-1 PSAPs, and the mobile mental and behavioral  
16 health service established by the Department ~~Division of~~  
17 ~~Mental Health~~ must provide the response within a response time  
18 appropriate to the care requirements of the individual with an  
19 emergency.

20 (d) Require appropriate mobile mental health relief  
21 provider training. Mobile mental health relief providers must  
22 have adequate training to address the needs of individuals  
23 experiencing a mental or behavioral health emergency. Adequate  
24 training at least includes:

25 (1) training in de-escalation techniques;

26 (2) knowledge of local community services and

1 supports;

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

5 (4) training in recognizing and working with people  
6 with neurodivergent and developmental disability diagnoses  
7 and in the techniques available to help stabilize and  
8 connect them to further services; and

9 (5) training in the involuntary commitment process, in  
10 identification of situations that meet the standards for  
11 involuntary commitment, and in cultural competencies and  
12 social biases to guard against any group being  
13 disproportionately subjected to the involuntary commitment  
14 process or the use of the process not warranted under the  
15 legal standard for involuntary commitment.

16 (e) Require minimum team staffing. The Department ~~Division~~  
17 ~~of Mental Health~~, in consultation with the Regional Advisory  
18 Committees created in Section 40, shall determine the  
19 appropriate credentials for the mental health providers  
20 responding to calls, including to what extent the mobile  
21 mental health relief providers must have certain credentials  
22 and licensing, and to what extent the mobile mental health  
23 relief providers can be peer support professionals.

24 (f) Require training from individuals with lived  
25 experience. Training shall be provided by individuals with  
26 lived experience to the extent available.

1 (g) Adopt guidelines directing referral to restrictive  
2 care settings. Mobile mental health relief providers must have  
3 guidelines to follow when considering whether to refer an  
4 individual to more restrictive forms of care, like emergency  
5 room or hospital settings.

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

17 (i) Adopt a system for directing care in advance of an  
18 emergency. The Department ~~Division of Mental Health~~ shall  
19 select and publicly identify a system that allows individuals  
20 who voluntarily chose to do so to provide confidential  
21 advanced care directions to individuals providing services  
22 under this Act. No system for providing advanced care  
23 direction may be implemented unless the Department ~~Division of~~  
24 ~~Mental Health~~ approves it as confidential, available to  
25 individuals at all economic levels, and non-stigmatizing. The  
26 Department ~~Division of Mental Health~~ may defer this

1 requirement for providing a system for advanced care direction  
2 if it determines that no existing systems can currently meet  
3 these requirements.

4 (j) Train dispatching staff. The personnel staffing 9-1-1,  
5 3-1-1, or other emergency response intake systems must be  
6 provided with and complete adequate training to assess whether  
7 coordinating with 9-8-8 is appropriate that is tailored to  
8 their roles.

9 (k) Establish protocol for emergency responder  
10 coordination. The Department ~~Division of Mental Health~~ shall  
11 establish a protocol for mobile mental health relief  
12 providers, law enforcement, and fire and ambulance services to  
13 request assistance from each other, and train these groups on  
14 the protocol.

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

25 (m) Mobile Crisis Response and 9-8-8 are both  
26 around-the-clock crisis services that must be considered

1 alongside other crisis resources when initially screening an  
2 individual contacting a 9-1-1 PSAP. Accordingly, when  
3 indicated, 9-1-1 PSAPs shall open and use the relevant  
4 emergency dispatch protocol to ensure all individuals  
5 contacting a 9-1-1 PSAP when a behavioral health crisis is  
6 indicated have access to a non-law enforcement, behavioral  
7 health response and shall follow approved protocols and  
8 processes under this Act.

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

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

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

21 (50 ILCS 754/30)

22 Sec. 30. State prohibitions. 9-1-1 PSAPs, emergency  
23 services dispatched through 9-1-1 PSAPs, and the mobile mental  
24 and behavioral health service established by the Department  
25 ~~Division of Mental Health~~ must coordinate their services so

1 that, based on the information provided to them, the following  
2 State prohibitions are avoided:

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

15 (1) Standing on its own or in combination with each  
16 other, the fact that an individual is experiencing a  
17 mental or behavioral health emergency, or has a mental  
18 health, behavioral health, or other diagnosis, is not  
19 sufficient to justify an assessment that the individual is  
20 a threat of physical injury to self or others, or requires  
21 a law enforcement response to a request for emergency  
22 response or medical transportation.

23 (2) If, based on its assessment of the threat to  
24 public safety, law enforcement would not accompany medical  
25 transportation responding to a physical health emergency,  
26 unless requested by mobile mental health relief providers,

1 law enforcement may not accompany emergency response or  
2 medical transportation personnel responding to a mental or  
3 behavioral health emergency that presents an equivalent  
4 level of threat to self or public safety.

5 (3) Without regard to an assessment of threat to self  
6 or threat to public safety, law enforcement may station  
7 personnel so that they can rapidly respond to requests for  
8 assistance from mobile mental health relief providers if  
9 law enforcement does not interfere with the provision of  
10 emergency response or transportation services. To the  
11 extent practical, not interfering with services includes  
12 remaining sufficiently distant from or out of sight of the  
13 individual receiving care so that law enforcement presence  
14 is unlikely to escalate the emergency.

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

24 (c) Use of law enforcement for transportation. In any area  
25 where mobile mental health relief providers are available for  
26 dispatch, unless requested by mobile mental health relief

1 providers, law enforcement shall not be used to provide  
2 transportation to access mental or behavioral health care, or  
3 travel between mental or behavioral health care providers,  
4 except where (i) no alternative is available; (ii) the  
5 individual requests transportation from law enforcement and  
6 law enforcement mutually agrees to provide transportation; or  
7 (iii) the Mental Health and Developmental Disabilities Code  
8 requires or permits law enforcement to provide transportation.

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

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

18 (Source: P.A. 103-105, eff. 6-27-23; 103-645, eff. 7-1-24;  
19 104-155, eff. 8-1-25.)

20 (50 ILCS 754/35)

21 Sec. 35. Non-violent misdemeanors. The Department's  
22 ~~Division of Mental Health's~~ Guidance for 9-1-1 PSAPs and  
23 emergency services dispatched through 9-1-1 PSAPs for  
24 coordinating the response to individuals who appear to be in a  
25 mental or behavioral health emergency while engaging in

1 conduct alleged to constitute a non-violent misdemeanor shall  
2 promote the following:

3 (a) Prioritization of Health Care. To the greatest  
4 extent practicable, community-based mental or behavioral  
5 health services should be provided before addressing law  
6 enforcement objectives.

7 (b) Diversion from Further Criminal Justice  
8 Involvement. To the greatest extent practicable,  
9 individuals should be referred to health care services  
10 with the potential to reduce the likelihood of further law  
11 enforcement engagement and referral to a pre-arrest or  
12 pre-booking case management unit should be prioritized in  
13 any areas served by pre-arrest or pre-booking case  
14 management.

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

16 (50 ILCS 754/40)

17 Sec. 40. Statewide Advisory Committee.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (4) one representative of the Division of Behavioral  
9 Health and Recovery of the Department of Human Services  
10 Mental Health;

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

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

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

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

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

21 (10) six ~~four~~ representatives of advocacy  
22 organizations either led by or consisting primarily of  
23 individuals with intellectual or developmental  
24 disabilities, individuals with behavioral disabilities, or  
25 individuals with lived experience; and ~~-~~

26 (11) one representative of the Division of

1       Developmental Disabilities of the Department of Human  
2       Services.

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

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

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

14      (50 ILCS 754/45)

15      Sec. 45. Regional Advisory Committees.

16      (a) The Department ~~Division of Mental Health~~ shall  
17      establish Regional Advisory Committees in each EMS Region to  
18      advise on regional issues related to emergency response  
19      systems for mental and behavioral health. The Secretary of  
20      Human Services shall appoint the members of the Regional  
21      Advisory Committees. Each Regional Advisory Committee shall  
22      consist of:

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

24              (2) representatives of the EMS Medical Directors  
25      Committee, as constituted under the Emergency Medical

1 Services (EMS) Systems Act, or other similar committee  
2 serving the medical needs of the jurisdiction;

3 (3) representatives of law enforcement officials with  
4 jurisdiction in the Emergency Medical Services (EMS)  
5 Regions;

6 (4) representatives of both the EMS providers and the  
7 unions representing EMS or emergency mental and behavioral  
8 health responders, or both; and

9 (5) advocates from the mental health, behavioral  
10 health, intellectual disability, and developmental  
11 disability communities.

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

18 (b) The majority of advocates on the Regional Advisory  
19 Committee must either be individuals with a lived experience  
20 of a condition commonly regarded as a mental health or  
21 behavioral health disability, developmental disability, or  
22 intellectual disability or be from organizations primarily  
23 composed of such individuals. The members of the Committee  
24 shall also reflect the racial demographics of the jurisdiction  
25 served. To achieve the requirements of this subsection, the  
26 Department ~~Division of Mental Health~~ must establish a clear

1 plan and regular course of action to engage, recruit, and  
2 sustain areas of established participation. The plan and  
3 actions taken must be shared with the general public.

4 (c) Subject to the oversight of the Department ~~of Human~~  
5 ~~Services Division of Mental Health~~, the EMS Medical Directors  
6 Committee or a chair appointed in agreement of the Department  
7 ~~Division of Mental Health~~ and the EMS Medical Directors  
8 Committee is responsible for convening the meetings of the  
9 committee. Qualifications for appointment as chair under this  
10 subsection include a demonstrated understanding of the tasks  
11 of the Regional Advisory Committee as well as standing within  
12 the region as a leader capable of building consensus for the  
13 purpose of achieving the tasks assigned to the committee.  
14 Impacted units of local government may also have  
15 representatives on the committee subject to approval by the  
16 Department ~~Division of Mental Health~~, if this participation is  
17 structured in such a way that it does not give undue weight to  
18 any of the groups represented.

19 (Source: P.A. 102-580, eff. 1-1-22; 103-105, eff. 6-27-23;  
20 103-645, eff. 7-1-24.)

21 (50 ILCS 754/50)

22 Sec. 50. Regional Advisory Committee responsibilities.

23 (a) Each Regional Advisory Committee and subregional  
24 committee established by the Regional Advisory Committee are  
25 responsible for designing the local protocols to allow its

1 region's or subregion's 9-1-1 call centers and emergency  
2 responders to coordinate their activities with 9-8-8 as  
3 required by this Act and monitoring current operation to  
4 advise on ongoing adjustments to the local protocols.

5 (b) A subregional committee, which may be convened by a  
6 majority vote of a Regional Advisory Committee, must include  
7 members that are representative of all required categories of  
8 the full Regional Advisory Committee and must provide guidance  
9 to the Regional Advisory Committees on adjustments that need  
10 to be made for local level operationalization of protocols.

11 (1) Any subregional committee formed shall be  
12 comprised of at least 25% of individuals with lived  
13 experience of a condition commonly regarded as a mental  
14 health or behavioral health disability, developmental  
15 disability, or intellectual disability; guardians of such  
16 individuals; or individuals from mental or behavioral  
17 health providers, groups, or networks.

18 (2) Each member of a subregional committee must be  
19 approved by a majority of Regional Advisory Committee  
20 members, but is not required to be a member of the Regional  
21 Advisory Committee.

22 (3) Meetings of subregional committees shall be  
23 accessible to all members of the Regional Advisory  
24 Committee and interested stakeholders.

25 (4) Subregional committees shall also provide a list  
26 of their members to their Regional Advisory Committee,

1       share meeting dates and locations with Regional Advisory  
2       Committee members and the public, and make meeting minutes  
3       available to the Regional Advisory Committee following  
4       each meeting.

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

8           (6) Subregional committees may not develop policies  
9       that are in conflict with this Act or policies of the  
10       Regional Advisory Committee.

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

13           (1) negotiate the appropriate amendment of each 9-1-1  
14 PSAP emergency dispatch protocols, in consultation with  
15 each 9-1-1 PSAP in the EMS Region and consistent with  
16 national certification requirements;

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

22           (3) report, geographically by police district if  
23 practical, the data collected through the direction  
24 provided by the Statewide Advisory Committee in  
25 aggregated, non-individualized monthly reports. These  
26 reports shall be available to the Regional Advisory

1 Committee members, subregional committee members, the  
2 Department ~~of Human Service Division of Mental Health~~, the  
3 Administrator of the 9-1-1 Authority, and to the public  
4 upon request;

5 (4) convene, after the initial regional policies are  
6 established, at least every 2 years to consider amendment  
7 of the regional policies, if any, and also convene  
8 whenever a member of the Committee requests that the  
9 Committee or subregional committee consider an amendment;

10 ~~and~~

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

14 (6) review regional and subregional crisis response  
15 system capacities and resources to inform planning and  
16 implementation and to foster collaboration across all  
17 sectors of the system; and

18 (7) determine community needs and make a plan to  
19 support local communities that wish to explore potential  
20 resources that may be used to create additional mobile  
21 mental health relief provider services to provide more  
22 immediate service coverage where needed. These additional  
23 mobile mental health relief provider services may be  
24 dispatched from 9-1-1, 9-8-8, or successor dispatch  
25 systems and shall be subject to the same standards and  
26 requirements as mobile mental health relief providers

1       funded by the State.

2       Nothing in this Section shall be construed to require any  
3 locality or municipality to fund crisis services that are not  
4 currently available, or to prohibit any such locality or  
5 municipality from funding such services.

6       (d) Sections 40, 45, and 50 place the Statewide Advisory  
7 Committee in an advisory role to the Regional Advisory  
8 Committees that are responsible for developing protocols for  
9 their regions. Nothing outside of this Act shall be construed  
10 to erode or compromise the autonomy and authority of the  
11 Regional Advisory Committees or to grant any authority to the  
12 Statewide Advisory Committee that is assigned to the Regional  
13 Advisory Committees.

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

16       (50 ILCS 754/65)

17       Sec. 65. PSAP and emergency service dispatched through a  
18       9-1-1 PSAP; coordination of activities with mobile and  
19       behavioral health services.

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

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

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

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

11           (b) To achieve the conditions of subsection (a) by July 1,  
12 2027, the following activities shall be completed:

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

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

16           (A) assessment and evaluation of the pilots;

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

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

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

25           (3) No later than June 30, 2027, implementation of  
26 revised protocols by all remaining PSAPs, including any

1 PSAPs that previously cited financial barriers to updating  
2 systems.

3 (Source: P.A. 103-105, eff. 6-27-23; 103-645, eff. 7-1-24;  
4 104-155, eff. 8-1-25.)

5 (50 ILCS 754/70)

6 Sec. 70. Report. On or before July 1, 2026 and twice every  
7 year 2023 and on a quarterly basis thereafter, the Department  
8 Division of Mental Health shall submit a report to the General  
9 Assembly on its progress in implementing this Act until full  
10 implementation has been achieved statewide. The report , which  
11 shall include, but not be limited to, a strategic assessment  
12 that evaluates the success toward current strategy,  
13 identification of future targets for implementation that help  
14 estimate the potential for success and provides a basis for  
15 assessing future performance, and key benchmarks to provide a  
16 comparison to set in context and help stakeholders understand  
17 their positions.

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

19 (50 ILCS 754/75 new)

20 Sec. 75. Oversight of PSAP compliance.

21 (a) The Office of the Statewide 9-1-1 Administrator shall  
22 monitor and require public safety answering points to comply  
23 with the requirements of this Act in accordance with Sections  
24 7.2 and 7.3 of the Emergency Telephone System Act. The

1 Department shall provide consultation and collaboration to the  
2 Statewide 9-1-1 Administrator to support PSAP compliance with  
3 this Act.

4 (b) The Office of the Statewide 9-1-1 Administrator shall  
5 consult with the Department to support PSAP compliance under  
6 this Act. In carrying out the responsibility under subsection  
7 (a), the Department shall provide consultation, resources,  
8 collaboration, and guidance to the Statewide 9-1-1  
9 Administrator, as appropriate, to support PSAP compliance with  
10 the Community Emergency Services and Support Act. The guidance  
11 shall include required data elements, reporting formats, and a  
12 mechanism for reporting provider service data to support  
13 monitoring, verification, and quality improvement."