



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5378

Introduced 2/9/2024, by Rep. Kelly M. Cassidy

SYNOPSIS AS INTRODUCED:

50 ILCS 754/30
50 ILCS 754/65

Amends the Community Emergency Services and Support Act. In provisions relating to emergency services dispatched through a 9-1-1 PSAP and coordination of activities with mobile and behavioral health services, provides that the coordination must begin no later than July 1, 2025 (rather than July 1, 2024). Provides that provisions relating to State prohibitions shall take effect once specified conditions are met, but no later than July 1, 2025 (rather than July 1, 2024). Effective immediately.

LRB103 37489 AWJ 67612 b

1 AN ACT concerning government.

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

4 Section 5. The Community Emergency Services and Support
5 Act is amended by changing Sections 30 and 65 as follows:

6 (50 ILCS 754/30)

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

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

1 Regional Advisory Committee under Section 45.

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

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

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

1 is unlikely to escalate the emergency.

2 (b) Mobile mental health relief provider involvement in
3 involuntary commitment. In order to maintain the appropriate
4 care relationship, mobile mental health relief providers shall
5 not in any way assist in the involuntary commitment of an
6 individual beyond (i) reporting to their dispatching entity or
7 to law enforcement that they believe the situation requires
8 assistance the mobile mental health relief providers are not
9 permitted to provide under this Section; (ii) providing
10 witness statements; and (iii) fulfilling reporting
11 requirements the mobile mental health relief providers may
12 have under their professional ethical obligations or laws of
13 this State. This prohibition shall not interfere with any
14 mobile mental health relief provider's ability to provide
15 physical or mental health care.

16 (c) Use of law enforcement for transportation. In any area
17 where mobile mental health relief providers are available for
18 dispatch, unless requested by mobile mental health relief
19 providers, law enforcement shall not be used to provide
20 transportation to access mental or behavioral health care, or
21 travel between mental or behavioral health care providers,
22 except where no alternative is available.

23 (d) Reduction of educational institution obligations. The
24 services coordinated under this Act may not be used to replace
25 any service an educational institution is required to provide
26 to a student. It shall not substitute for appropriate special

1 education and related services that schools are required to
2 provide by any law.

3 (e) This Section is ~~Subsections (a), (c), and (d) are~~
4 operative beginning on the date the 3 conditions in Section 65
5 are met or July 1, 2025 ~~2024~~, whichever is earlier. ~~Subsection~~
6 ~~(b) is operative beginning on July 1, 2024.~~

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

8 (50 ILCS 754/65)

9 Sec. 65. PSAP and emergency service dispatched through a
10 9-1-1 PSAP; coordination of activities with mobile and
11 behavioral health services. Each 9-1-1 PSAP and emergency
12 service dispatched through a 9-1-1 PSAP must begin
13 coordinating its activities with the mobile mental and
14 behavioral health services established by the Division of
15 Mental Health once all 3 of the following conditions are met,
16 but not later than July 1, 2025 ~~2024~~:

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

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

25 (3) the mobile mental and behavioral health service is

1 available in their jurisdiction.

2 (Source: P.A. 102-580, eff. 1-1-22; 102-1109, eff. 12-21-22;
3 103-105, eff. 6-27-23.)

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.