

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, 45, 50, and 65 as  
6 follows:

7 (50 ILCS 754/30)

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

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

1 service within the maximum response times established by each  
2 Regional Advisory Committee under Section 45.

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

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

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

1 individual receiving care so that law enforcement presence  
2 is unlikely to escalate the emergency.

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

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

24 (d) Reduction of educational institution obligations. The  
25 services coordinated under this Act may not be used to replace  
26 any service an educational institution is required to provide

1 to a student. It shall not substitute for appropriate special  
2 education and related services that schools are required to  
3 provide by any law.

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

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

9 (50 ILCS 754/45)

10 Sec. 45. Regional Advisory Committees.

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

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

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

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

25 (4) representatives of both the EMS providers and the

1 unions representing EMS or emergency mental and behavioral  
2 health responders, or both; and

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

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

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

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

1 Mental Health and the EMS Medical Directors Committee is  
2 responsible for convening the meetings of the committee.  
3 Qualifications for appointment as chair under this subsection  
4 include a demonstrated understanding of the tasks of the  
5 Regional Advisory Committee as well as standing within the  
6 region as a leader capable of building consensus for the  
7 purpose of achieving the tasks assigned to the committee.

8 Impacted units of local government may also have  
9 representatives on the committee subject to approval by the  
10 Division of Mental Health, if this participation is structured  
11 in such a way that it does not give undue weight to any of the  
12 groups represented.

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

14 (50 ILCS 754/50)

15 Sec. 50. Regional Advisory Committee responsibilities.  
16 Each Regional Advisory Committee and subregional committee  
17 established by the Regional Advisory Committee are is  
18 responsible for designing the local protocols ~~protocol~~ to  
19 allow its region's or subregion's 9-1-1 call centers ~~center~~  
20 and emergency responders to coordinate their activities with  
21 9-8-8 as required by this Act and monitoring current operation  
22 to advise on ongoing adjustments to the local protocols. A  
23 subregional committee, which may be convened by a majority  
24 vote of a Regional Advisory Committee, must include members  
25 that are representative of all required categories of the full

1 Regional Advisory Committee and must provide guidance to the  
2 Regional Advisory Committees on adjustments that need to be  
3 made for local level operationalization of protocols ~~protocol~~.  
4 Included in this responsibility, each Regional Advisory  
5 Committee or subregional committee must:

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

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

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

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

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

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

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.