

AN ACT concerning government.

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

Section 5. The Community Emergency Services and Support Act is amended by changing Sections 30, 45, 50, and 65 as follows:

(50 ILCS 754/30)

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

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

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

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

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

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

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

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

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

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

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

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

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

(50 ILCS 754/45)

Sec. 45. Regional Advisory Committees.

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

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

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

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

(4) representatives of both the EMS providers and the

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

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

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

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

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

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

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

(50 ILCS 754/50)

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

Regional Advisory Committee and must provide guidance to the Regional Advisory Committees on adjustments that need to be made for local level operationalization of protocols ~~protocol~~.

Included in this responsibility, each Regional Advisory Committee or subregional committee must:

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

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

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

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

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

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

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

(50 ILCS 754/65)

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

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

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

(3) the mobile mental and behavioral health service is

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available in their jurisdiction.

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

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