



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB1672

Introduced 2/8/2023, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

50 ILCS 754/5
50 ILCS 754/15
50 ILCS 754/25
50 ILCS 754/30
50 ILCS 754/35
50 ILCS 754/40

Amends the Community Emergency Services and Support Act. Replaces the term "responder" with "mobile crisis response team member" in the Act. Removes provisions concerning responder involvement in involuntary commitment, and makes other changes in provisions concerning State prohibitions relating to emergency response. Provides that the Division of Mental Health's guidance for 9-1-1 PSAPs and emergency services dispatched through 9-1-1 PSAPs shall promote, to the greatest extent practicable, referrals to a prearrest or prebooking case management unit in any area served by a prearrest or prebooking case management unit. Makes other changes.

LRB103 05032 AWJ 50045 b

1 AN ACT concerning local 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 5, 15, 25, 30, 35, and 40
6 as follows:

7 (50 ILCS 754/5)

8 Sec. 5. Findings. The General Assembly recognizes that the
9 Illinois Department of Human Services Division of Mental
10 Health is preparing to provide mobile mental and behavioral
11 health services to all Illinoisans as part of the federally
12 mandated adoption of the 9-8-8 phone number. The General
13 Assembly also recognizes that many cities and some states have
14 successfully established mobile emergency mental and
15 behavioral health services as part of their emergency response
16 system to support people who need such support and do not
17 present a threat of physical violence to the mobile crisis
18 response team members ~~responders~~. In light of that experience,
19 the General Assembly finds that in order to promote and
20 protect the health, safety, and welfare of the public, it is
21 necessary and in the public interest to provide emergency
22 response, with or without medical transportation, to
23 individuals requiring mental health or behavioral health

1 services in a manner that is substantially equivalent to the
2 response already provided to individuals who require emergency
3 physical health care.

4 (Source: P.A. 102-580, eff. 1-1-22.)

5 (50 ILCS 754/15)

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

7 "Division of Mental Health" means the Division of Mental
8 Health of the Department of Human Services.

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

14 "Mental or behavioral health" means any health condition
15 involving changes in thinking, emotion, or behavior, and that
16 the medical community treats as distinct from physical health
17 care.

18 "Mobile crisis response team member" means any person who
19 engages with a member of the public to provide the mobile
20 mental and behavioral service established in conjunction with
21 the Division of Mental Health's implementation of the 9-8-8
22 emergency number. "Mobile crisis response team member" does
23 not mean an EMS Paramedic or EMT, as defined in the Emergency
24 Medical Services (EMS) Systems Act, unless that responding
25 agency has agreed to provide a specialized response in

1 accordance with the Division of Mental Health's services
2 offered through its 9-8-8 number and has met all the
3 requirements to offer that service through that system.

4 "Physical health" means a health condition that the
5 medical community treats as distinct from mental or behavioral
6 health care.

7 "PSAP" means a Public Safety Answering Point
8 tele-communicator.

9 "Community services" and "community-based mental or
10 behavioral health services" may include both public and
11 private settings.

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

15 ~~"Responder" is any person engaging with a member of the~~
16 ~~public to provide the mobile mental and behavioral service~~
17 ~~established in conjunction with the Division of Mental Health~~
18 ~~establishing the 9 8 8 emergency number. A responder is not an~~
19 ~~EMS Paramedic or EMT as defined in the Emergency Medical~~
20 ~~Services (EMS) Systems Act unless that responding agency has~~
21 ~~agreed to provide a specialized response in accordance with~~
22 ~~the Division of Mental Health's services offered through its~~
23 ~~9-8-8 number and has met all the requirements to offer that~~
24 ~~service through that system.~~

25 (Source: P.A. 102-580, eff. 1-1-22.)

1 (50 ILCS 754/25)

2 Sec. 25. State goals.

3 (a) 9-1-1 PSAPs, emergency services dispatched through
4 9-1-1 PSAPs, and the mobile mental and behavioral health
5 service established by the Division of Mental Health must
6 coordinate their services so that the State goals listed in
7 this Section are achieved. Appropriate mobile response service
8 for mental and behavioral health emergencies shall be
9 available regardless of whether the initial contact was with
10 9-8-8, 9-1-1 or directly with an emergency service dispatched
11 through 9-1-1. Appropriate mobile response services must:

12 (1) ensure that individuals experiencing mental or
13 behavioral health crises are diverted from hospitalization
14 or incarceration whenever possible, and are instead linked
15 with available appropriate community services;

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

24 (3) recommend appropriate referrals for available
25 community services if the individual receiving on-site
26 care is not already in a treatment relationship with a

1 service provider or is unsatisfied with their current
2 service providers. The referrals shall take into
3 consideration waiting lists and copayments, which may
4 present barriers to access; and

5 (4) subject to the care decisions of the individual
6 receiving care, provide transportation for any individual
7 experiencing a mental or behavioral health emergency.
8 Transportation shall be to the most integrated and least
9 restrictive setting appropriate in the community, such as
10 to the individual's home or chosen location, community
11 crisis respite centers, clinic settings, behavioral health
12 centers, or the offices of particular medical care
13 providers with existing treatment relationships to the
14 individual seeking care.

15 (b) Prioritize requests for emergency assistance. 9-1-1
16 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and
17 the mobile mental and behavioral health service established by
18 the Division of Mental Health must provide guidance for
19 prioritizing calls for assistance and maximum response time in
20 relation to the type of emergency reported.

21 (c) Provide appropriate response times. From the time of
22 first notification, 9-1-1 PSAPs, emergency services dispatched
23 through 9-1-1 PSAPs, and the mobile mental and behavioral
24 health service established by the Division of Mental Health
25 must provide the response within response time appropriate to
26 the care requirements of the individual with an emergency.

1 (d) Require appropriate ~~responder~~ training of mobile
2 crisis response team members. Mobile crisis response team
3 members ~~Responders~~ must have adequate training to address the
4 needs of individuals experiencing a mental or behavioral
5 health emergency. Adequate training at least includes:

6 (1) training in de-escalation techniques;

7 (2) knowledge of local community services and
8 supports; and

9 (3) training in respectful interaction with people
10 experiencing mental or behavioral health crises, including
11 the concepts of stigma and respectful language.

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

20 (f) Require training from individuals with lived
21 experience. Training shall be provided by individuals with
22 lived experience to the extent available.

23 (g) Adopt guidelines directing referral to restrictive
24 care settings. Mobile crisis response team members ~~Responders~~
25 must have guidelines to follow when considering whether to
26 refer an individual to more restrictive forms of care, like

1 emergency room or hospital settings.

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

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

26 (j) Train dispatching staff. The personnel staffing 9-1-1,

1 3-1-1, or other emergency response intake systems must be
2 provided with adequate training to assess whether coordinating
3 with 9-8-8 is appropriate.

4 (k) Establish protocol for emergency mobile crisis
5 response team member responder coordination. The Division of
6 Mental Health shall establish a protocol for mobile crisis
7 response team members responders, law enforcement, and fire
8 and ambulance services to request assistance from each other,
9 and train these groups on the protocol.

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

20 (Source: P.A. 102-580, eff. 1-1-22.)

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 Division of
25 Mental Health must coordinate their services so that, based on

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

3 (a) Law enforcement responsibility for providing mental
4 and behavioral health care. In any area where mobile crisis
5 response team members ~~responders~~ are available for dispatch,
6 law 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 crisis response team
11 members ~~Responders~~ are not considered available for dispatch
12 under this Section if 9-8-8 reports that it cannot dispatch
13 appropriate service within the maximum response times
14 established by each Regional Advisory Committee under Section
15 45.

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

25 (2) If, based on its assessment of the threat to
26 public safety, law enforcement would not accompany the

1 emergency response or medical transportation personnel
2 responding to a physical health emergency, unless
3 requested by those responders, then law enforcement may
4 not accompany the emergency response or medical
5 transportation personnel responding to a mental or
6 behavioral health emergency that presents an equivalent
7 level of threat to self or public safety unless requested
8 by those responders. Law enforcement may respond to a
9 mental or behavioral health emergency in accordance with
10 subparagraph (3).

11 (3) Without regard to an assessment of threat to self
12 or threat to public safety, law enforcement may station
13 personnel so that they can rapidly respond to requests for
14 assistance from mobile crisis response team members,
15 emergency response, or medical transportation personnel
16 ~~responders~~ if law enforcement does not interfere with the
17 provision of emergency response or transportation
18 services. To the extent practical, not interfering with
19 services includes remaining sufficiently distant from or
20 out of sight of the individual receiving care so that law
21 enforcement presence is unlikely to escalate the
22 emergency.

23 (b) (Blank). ~~Responder involvement in involuntary~~
24 ~~commitment. In order to maintain the appropriate care~~
25 ~~relationship, responders shall not in any way assist in the~~
26 ~~involuntary commitment of an individual beyond (i) reporting~~

1 ~~to their dispatching entity or to law enforcement that they~~
2 ~~believe the situation requires assistance the responders are~~
3 ~~not permitted to provide under this Section; (ii) providing~~
4 ~~witness statements; and (iii) fulfilling reporting~~
5 ~~requirements the responders may have under their professional~~
6 ~~ethical obligations or laws of this state. This prohibition~~
7 ~~shall not interfere with any responder's ability to provide~~
8 ~~physical or mental health care.~~

9 (c) Use of law enforcement for transportation. In any area
10 where mobile crisis response team members ~~responders~~ are
11 available for dispatch, unless requested by mobile crisis
12 response team members ~~responders~~, law enforcement shall not be
13 used to provide transportation to access mental or behavioral
14 health care, or travel between mental or behavioral health
15 care providers, except where no alternative is available.

16 (d) Reduction of educational institution obligations. The
17 services coordinated under this Act may not be used to replace
18 any service an educational institution is required to provide
19 to a student. It shall not substitute for appropriate special
20 education and related services that schools are required to
21 provide by any law.

22 (Source: P.A. 102-580, eff. 1-1-22.)

23 (50 ILCS 754/35)

24 Sec. 35. Non-violent misdemeanors. The Division of Mental
25 Health's guidance ~~Guidance~~ for 9-1-1 PSAPs and emergency

1 services dispatched through 9-1-1 PSAPs for coordinating the
2 response to individuals who appear to be in a mental or
3 behavioral health emergency while engaging in conduct alleged
4 to constitute a non-violent misdemeanor shall promote the
5 following:

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

10 (b) Diversion from Further Criminal Justice
11 Involvement. To the greatest extent practicable,
12 individuals should be referred to health care services
13 with the potential to reduce the likelihood of further law
14 enforcement engagement.

15 (c) Prearrest or prebooking case management
16 initiatives. To the greatest extent practicable, a
17 referral to a prearrest or prebooking case management unit
18 should be prioritized in any area served by a prearrest or
19 prebooking case management unit.

20 (Source: P.A. 102-580, eff. 1-1-22.)

21 (50 ILCS 754/40)

22 Sec. 40. Statewide Advisory Committee.

23 (a) The Division of Mental Health shall establish a
24 Statewide Advisory Committee to review and make
25 recommendations for aspects of coordinating 9-1-1 and the

1 9-8-8 mobile mental health response system most appropriately
2 addressed on a State level.

3 (b) Issues to be addressed by the Statewide Advisory
4 Committee include, but are not limited to, addressing changes
5 necessary in 9-1-1 call taking protocols and scripts used in
6 9-1-1 PSAPs where those protocols and scripts are based on or
7 otherwise dependent on national providers for their operation.

8 (c) The Statewide Advisory Committee shall recommend a
9 system for gathering data related to the coordination of the
10 9-1-1 and 9-8-8 systems for purposes of allowing the parties
11 to make ongoing improvements in that system. As practical, the
12 system shall attempt to determine issues including, but not
13 limited to:

14 (1) the volume of calls coordinated between 9-1-1 and
15 9-8-8;

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

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

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

23 (5) the appropriate information to improve the 9-8-8
24 system, if the information is most appropriately gathered
25 at the 9-1-1 PSAPs.

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

- 1 (1) the Statewide 9-1-1 Administrator, ex officio;
- 2 (2) one representative designated by the Illinois
3 Chapter of National Emergency Number Association (NENA);
- 4 (3) one representative designated by the Illinois
5 Chapter of Association of Public Safety Communications
6 Officials (APCO);
- 7 (4) one representative of the Division of Mental
8 Health;
- 9 (5) one representative of the Illinois Department of
10 Public Health;
- 11 (6) one representative of a statewide organization of
12 EMS responders;
- 13 (7) one representative of a statewide organization of
14 fire chiefs;
- 15 (8) two representatives of statewide organizations of
16 law enforcement;
- 17 (9) two representatives of mental health, behavioral
18 health, or substance abuse providers or a statewide
19 organization representing one or more of these types of
20 providers; and
- 21 (10) four representatives of advocacy organizations
22 either led by or consisting primarily of individuals with
23 intellectual or developmental disabilities, individuals
24 with behavioral disabilities, or individuals with lived
25 experience.
- 26 (e) The members of the Statewide Advisory Committee, other

1 than the Statewide 9-1-1 Administrator, shall be appointed by
2 the Secretary of Human Services.

3 (Source: P.A. 102-580, eff. 1-1-22.)