



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5377

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

SYNOPSIS AS INTRODUCED:

50 ILCS 754/45
50 ILCS 754/50

Amends the Community Emergency Services and Support Act. Provides that the EMS Medical Directors Committee or a chair appointed in agreement of the Division of Mental Health of the Department of Human Services and the EMS Medical Directors Committee (rather than the EMS Medical Directors Committee) is responsible for convening the meetings of a Regional Advisory Committee. Includes qualifications for the appointed chair. Provides that each Regional Advisory Committee and subregional committee established by the Regional Advisory Committee (rather than each Regional Advisory Committee) is responsible for designing the local protocols to allow its region's or subregion's 9-1-1 call centers (rather than its region's 9-1-1 call center) and emergency responders to coordinate their activities with 9-8-8 as required by the Act and for monitoring current operation to advise on ongoing adjustments to the local protocols. Designates the membership, meetings, and duties of a subregional committee. Makes conforming changes.

LRB103 38695 AWJ 68832 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 45 and 50 as follows:

6 (50 ILCS 754/45)

7 Sec. 45. Regional Advisory Committees.

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

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

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

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

22 (4) representatives of both the EMS providers and the
23 unions representing EMS or emergency mental and behavioral

1 health responders, or both; and

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

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

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

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

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

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

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

13 (50 ILCS 754/50)

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

1 Regional Advisory Committees on adjustments that need to be
2 made for local level operationalization of protocols ~~protocol~~.

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

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

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

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

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

1 Committee or subregional committee consider an amendment;

2 and

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

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