



Rep. Kelly M. Cassidy

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10300HB5377ham001

LRB103 38695 AWJ 70269 a

1 AMENDMENT TO HOUSE BILL 5377

2 AMENDMENT NO. _____. Amend House Bill 5377 by replacing
3 everything after the enacting clause with the following:

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

1 enforcement shall not be dispatched to respond to an
2 individual requiring mental or behavioral health care unless
3 that individual is (i) involved in a suspected violation of
4 the criminal laws of this State, or (ii) presents a threat of
5 physical injury to self or others. Mobile mental health relief
6 providers are not considered available for dispatch under this
7 Section if 9-8-8 reports that it cannot dispatch appropriate
8 service within the maximum response times established by each
9 Regional Advisory Committee under Section 45.

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

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

26 (3) Without regard to an assessment of threat to self

1 or threat to public safety, law enforcement may station
2 personnel so that they can rapidly respond to requests for
3 assistance from mobile mental health relief providers if
4 law enforcement does not interfere with the provision of
5 emergency response or transportation services. To the
6 extent practical, not interfering with services includes
7 remaining sufficiently distant from or out of sight of the
8 individual receiving care so that law enforcement presence
9 is unlikely to escalate the emergency.

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

24 (c) Use of law enforcement for transportation. In any area
25 where mobile mental health relief providers are available for
26 dispatch, unless requested by mobile mental health relief

1 providers, law enforcement shall not be used to provide
2 transportation to access mental or behavioral health care, or
3 travel between mental or behavioral health care providers,
4 except where no alternative is available.

5 (d) Reduction of educational institution obligations. The
6 services coordinated under this Act may not be used to replace
7 any service an educational institution is required to provide
8 to a student. It shall not substitute for appropriate special
9 education and related services that schools are required to
10 provide by any law.

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

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

16 (50 ILCS 754/45)

17 Sec. 45. Regional Advisory Committees.

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

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

25 (2) representatives of the EMS Medical Directors

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

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

7 (4) representatives of both the EMS providers and the
8 unions representing EMS or emergency mental and behavioral
9 health responders, or both; and

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

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

19 (b) The majority of advocates on the Regional Advisory
20 Committee must either be individuals with a lived experience
21 of a condition commonly regarded as a mental health or
22 behavioral health disability, developmental disability, or
23 intellectual disability or be from organizations primarily
24 composed of such individuals. The members of the Committee
25 shall also reflect the racial demographics of the jurisdiction
26 served. To achieve the requirements of this subsection, the

1 Division of Mental Health must establish a clear plan and
2 regular course of action to engage, recruit, and sustain areas
3 of established participation. The plan and actions taken must
4 be shared with the general public.

5 (c) Subject to the oversight of the Department of Human
6 Services Division of Mental Health, the EMS Medical Directors
7 Committee or a chair appointed in agreement of the Division of
8 Mental Health and the EMS Medical Directors Committee is
9 responsible for convening the meetings of the committee.
10 Qualifications for appointment as chair under this subsection
11 include a demonstrated understanding of the tasks of the
12 Regional Advisory Committee as well as standing within the
13 region as a leader capable of building consensus for the
14 purpose of achieving the tasks assigned to the committee.

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

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

21 (50 ILCS 754/50)

22 Sec. 50. Regional Advisory Committee responsibilities.
23 Each Regional Advisory Committee and subregional committee
24 established by the Regional Advisory Committee are ~~is~~
25 responsible for designing the local protocols ~~protocol~~ to

1 allow its region's or subregion's 9-1-1 call centers ~~center~~
2 and emergency responders to coordinate their activities with
3 9-8-8 as required by this Act and monitoring current operation
4 to advise on ongoing adjustments to the local protocols. A
5 subregional committee, which may be convened by a majority
6 vote of a Regional Advisory Committee, must include members
7 that are representative of all required categories of the full
8 Regional Advisory Committee and must provide guidance to the
9 Regional Advisory Committees on adjustments that need to be
10 made for local level operationalization of protocols ~~protocol~~.
11 Included in this responsibility, each Regional Advisory
12 Committee or subregional committee must:

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

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

22 (3) report, geographically by police district if
23 practical, the data collected through the direction
24 provided by the Statewide Advisory Committee in
25 aggregated, non-individualized monthly reports. These
26 reports shall be available to the Regional Advisory

1 Committee members, subregional committee members, the
2 Department of Human Service Division of Mental Health, the
3 Administrator of the 9-1-1 Authority, and to the public
4 upon request;

5 (4) convene, after the initial regional policies are
6 established, at least every 2 years to consider amendment
7 of the regional policies, if any, and also convene
8 whenever a member of the Committee requests that the
9 Committee or subregional committee consider an amendment;
10 and

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

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

15 (50 ILCS 754/65)

16 Sec. 65. PSAP and emergency service dispatched through a
17 9-1-1 PSAP; coordination of activities with mobile and
18 behavioral health services. Each 9-1-1 PSAP and emergency
19 service dispatched through a 9-1-1 PSAP must begin
20 coordinating its activities with the mobile mental and
21 behavioral health services established by the Division of
22 Mental Health once all 3 of the following conditions are met,
23 but not later than July 1, 2025 ~~2024~~:

24 (1) the Statewide Committee has negotiated useful
25 protocol and 9-1-1 operator script adjustments with the

1 contracted services providing these tools to 9-1-1 PSAPs
2 operating in Illinois;

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

7 (3) the mobile mental and behavioral health service is
8 available in their jurisdiction.

9 (Source: P.A. 102-580, eff. 1-1-22; 102-1109, eff. 12-21-22;
10 103-105, eff. 6-27-23.)

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