



Rep. Kelly M. Cassidy

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LRB102 14976 RLC 25571 a

1 AMENDMENT TO HOUSE BILL 2784

2 AMENDMENT NO. _____. Amend House Bill 2784 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Community Emergency Services and Support Act, and may also be
6 referred to as the Stephon Edward Watts Act.

7 Section 5. Findings. The General Assembly recognizes that
8 the Illinois Department of Human Services Division of Mental
9 Health is preparing to provide mobile mental and behavioral
10 health services to all Illinoisans as part of the federally
11 mandated adoption of the 988 phone number. The General
12 Assembly also recognizes that many municipalities and some
13 states have successfully established mobile emergency mental
14 and behavioral health services as part of their emergency
15 response system to support people who need such support and do
16 not present a threat of physical violence to the responders.

1 In light of that experience, the General Assembly finds that
2 in order to promote and protect the health, safety, and
3 welfare of the public, it is necessary and in the public
4 interest to provide emergency response, with or without
5 medical transportation, to individuals requiring mental health
6 or behavioral health services in a manner that is
7 substantially equivalent to the response already provided to
8 individuals who require emergency physical health care.

9 Section 10. Applicability; home rule. This Act applies to
10 every unit of local government that provides or coordinates
11 ambulance or similar emergency medical response or
12 transportation services for individuals with emergency medical
13 needs. A home rule unit may not respond to or provide services
14 for a mental or behavioral health emergency, or create a
15 transportation plan or other regulation, relating to the
16 provision of mental or behavioral health services in a manner
17 inconsistent with this Act. This Act is a limitation under
18 subsection (i) of Section 6 of Article VII of the Illinois
19 Constitution on the concurrent exercise by home rule units of
20 powers and functions exercised by the State.

21 Section 15. Definitions. As used in this Act:

22 "Emergency" means an emergent circumstance caused by a
23 health condition, regardless of whether it is perceived as
24 physical, mental, or behavioral in nature, for which an

1 individual may require prompt care, support, or assessment at
2 the individual's location.

3 "Mental or behavioral health" means any health condition
4 involving changes in thinking, emotion, or behavior, and that
5 the medical community treats as distinct from physical health
6 care.

7 "Physical health" means a health condition that the
8 medical community treats as distinct from mental or behavioral
9 health care.

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

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

16 "Responder" means any person engaging with a member of the
17 public to provide the mobile mental and behavioral service
18 established in conjunction with the Division of Mental Health
19 establishing the 988 emergency number.

20 Section 20. Coordination with Division of Mental Health.
21 Each 9-1-1 call center and provider of emergency services
22 dispatched through a 9-1-1 system must coordinate with the
23 mobile mental and behavioral health services established by
24 the Division of Mental Health so that the following State
25 goals and State prohibitions are met whenever a person

1 interacts with one of these entities for the purpose seeking
2 emergency mental and behavioral health care or when one of
3 these entities recognizes the appropriateness of providing
4 mobile mental or behavioral health care to an individual with
5 whom they have engaged. The Division of Mental Health is also
6 directed to provide guidance regarding whether and how these
7 entities should coordinate with mobile mental and behavioral
8 health services when responding to individuals who appear to
9 be in a mental or behavioral health emergency while engaged in
10 conduct alleged to constitute a non-violent misdemeanor.

11 Section 25. State goals.

12 (a) 9-1-1 call centers, emergency services dispatched
13 through 9-1-1 call centers, and the mobile mental and
14 behavioral health service established by the Division of
15 Mental Health must coordinate their services so that the
16 following State goals are achieved.

17 (b) Appropriate mobile response service for mental and
18 behavioral health emergencies will be available regardless of
19 whether the initial contact was with 988, 911 or directly with
20 an emergency service dispatched through 9-1-1. Appropriate
21 mobile response services must:

22 (1) Ensure that individuals experiencing mental or
23 behavioral health crises are diverted from hospitalization
24 or incarceration whenever possible, and are instead linked
25 with available appropriate community services.

1 (2) Include the option of on-site care if that type of
2 care is appropriate and does not override the care
3 decisions of the individual receiving care. Providing care
4 in the community, through methods like mobile crisis
5 units, is encouraged. If effective care is provided on
6 site, and if it is consistent with the care decisions of
7 the individual receiving the care, further transportation
8 to other medical providers is not required by this Act.

9 (3) Recommend appropriate referrals for available
10 community services if the individual receiving on-site
11 care is not already in a treatment relationship with a
12 service provider or is unsatisfied with their current
13 service providers. Such referrals shall take into
14 consideration waiting lists and copayments, which may
15 present barriers to access.

16 (4) be subject to the care decisions of the individual
17 receiving care, provide transportation for any individual
18 experiencing a mental or behavioral health emergency.
19 Transportation shall be to the most integrated and least
20 restrictive setting appropriate in the community, such as
21 to the individual's home or chosen location, community
22 crisis respite centers, clinic settings, behavioral health
23 centers, or the offices of particular medical care
24 providers with existing treatment relationships to the
25 individual seeking care.

26 (5) Prioritize requests for emergency assistance.

1 Provide guidance for prioritizing calls for assistance and
2 maximum response time in relation to the type of emergency
3 reported.

4 (6) Provide appropriate response times. From the time
5 of first notification, provide the response within
6 response time appropriate to the care requirements of the
7 individual with an emergency.

8 (7) Require appropriate responder training. Responders
9 must have adequate training to address the needs of
10 individuals experiencing a mental or behavioral health
11 emergency. Adequate training at least includes:

12 (A) training in de-escalation techniques;

13 (B) knowledge of local community services and
14 supports; and

15 (C) training in respectful interaction with people
16 experiencing mental or behavioral health crises,
17 including the concepts of stigma and respectful
18 language.

19 (8) Require Training from Individuals with Lived
20 Experience. Training shall be provided by individuals with
21 lived experience to the extent available.

22 (9) Adopt guidelines directing referral to restrictive
23 care settings. Responders must have guidelines to follow
24 when considering whether to refer an individual to more
25 restrictive forms of care, like emergency room or hospital
26 settings.

1 (10) Specify regional best practices. Responders
2 providing these services must do so consistently with best
3 practices, which include respecting the care choices of
4 the individuals receiving assistance.

5 (11) Adopt system for directing care in advance of an
6 emergency. Select and publicly identify a system that
7 allows individuals who voluntarily chose to do so to
8 provide confidential advanced care directions to
9 individuals providing services under this Act. No system
10 for providing advanced care direction may be implemented
11 unless the Division of Mental Health approves it as
12 confidential, available to individuals at all economic
13 levels, and non-stigmatizing. The Division of Mental
14 Health may defer this requirement for providing a system
15 for advanced care direction if it determines that no
16 existing systems can currently meet these requirements.

17 (12) Train dispatching staff. The personnel staffing
18 911, 311, or other emergency response intake systems must
19 be provided with adequate training to assess whether
20 dispatching emergency mental health responders under this
21 Act is appropriate.

22 (13) Establish protocol for emergency responder
23 coordination. Establish a protocol for Responders, law
24 enforcement, and fire and ambulance services to request
25 assistance from each other, and train these groups on the
26 protocol.

1 (14) Integrate law enforcement. Provide for law
2 enforcement to request Responder assistance whenever law
3 enforcement engages an individual appropriate for services
4 under this Act. If law enforcement would typically request
5 EMS assistance when it encounters an individual with a
6 physical health emergency, law enforcement shall similarly
7 dispatch mental or behavioral health personnel or medical
8 transportation when it encounters an individual in a
9 mental or behavioral health emergency.

10 Section 30. State prohibitions. 9-1-1 call centers,
11 emergency services dispatched through 9-1-1 call centers, and
12 the mobile mental and behavioral health service established by
13 the Division of Mental Health must coordinate their services
14 so that the following State prohibitions are avoided:

15 (1) Law enforcement responsibility for providing mental
16 and behavioral health care. In any area where responders are
17 available for dispatch, law enforcement shall not be
18 dispatched to respond to an individual requiring mental or
19 behavioral health care unless that individual is (i) involved
20 in a suspected violation of the criminal laws of this State, or
21 (ii) presents a threat of physical injury to self or others.

22 (A) Standing on its own or in combination with each
23 other, the fact that an individual is experiencing a
24 mental or behavioral health emergency, or has a mental
25 health, behavioral health, or other diagnosis, is not

1 sufficient to justify an assessment that the individual is
2 a threat of physical injury to self or others, or requires
3 a law enforcement response to a request for emergency
4 response or medical transportation.

5 (B) If, based on its assessment of the threat to
6 public safety, law enforcement would not accompany medical
7 transportation responding to a physical health emergency,
8 law enforcement may not accompany emergency response or
9 medical transportation personnel responding to a mental or
10 behavioral health emergency that presents an equivalent
11 level of threat to self or public safety.

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

22 (2) Responder involvement in involuntary commitment. In
23 order to maintain the appropriate care relationship,
24 responders shall not in any way assist in the involuntary
25 commitment of an individual beyond (i) reporting to their
26 dispatching entity or to law enforcement that they believe the

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

8 (3) Use of law enforcement for transportation. In any area
9 where responders are available for dispatch, law enforcement
10 shall not be used to provide transportation to access mental
11 or behavioral health care, or travel between mental or
12 behavioral health care providers, except where no alternative
13 is available.

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

20 Section 35. Non-violent misdemeanors. The Division of
21 Mental Health's Guidance for 9-1-1 call centers and emergency
22 services dispatched through 9-1-1 call centers for
23 coordinating the response to individuals who appear to be in a
24 mental or behavioral health emergency while engaging in
25 conduct alleged to constitute a non-violent misdemeanor shall

1 promote the following:

2 (1) Prioritization of Health Care. To the greatest extent
3 practicable, community-based mental or behavioral health
4 services should be provided before addressing law enforcement
5 objectives.

6 (2) Diversion from Further Criminal Justice Involvement.
7 To the greatest extent practicable, individuals should be
8 referred to health care services with the potential to reduce
9 the likelihood of further law enforcement engagement.

10 Section 40. Regional Advisory Committees. The Division of
11 Mental Health shall establish regional advisory committees in
12 each EMS Region to advise on emergency response systems for
13 mental and behavioral health. Each Regional Advisory Committee
14 shall consist of representatives of the: EMS Medical Directors
15 Committee, as constituted under the Emergency Medical Services
16 (EMS) Systems Act, or other similar committee serving the
17 medical needs of the jurisdiction; representatives of law
18 enforcement officials with jurisdiction in the Emergency
19 Medical Services (EMS) Regions; representatives of the unions
20 representing EMS or emergency mental and behavioral health
21 responders, or both; and advocates from the mental health,
22 behavioral health, intellectual disability, and developmental
23 disability communities. The majority of advocates on the
24 Emergency Response Equity Committee must either be individuals
25 with a lived experience of a condition commonly regarded as a

1 mental health or behavioral health disability, developmental
2 disability, or intellectual disability, or be from
3 organizations primarily composed of such individuals. The
4 members of the Committee shall also reflect the racial
5 demographics of the jurisdiction served. Subject to the
6 oversight of the Illinois Department of Human Services
7 Division of Mental Health, the EMS Medical Directors Committee
8 is responsible for convening the meetings of the committee.
9 Interested units of local government may also have
10 representatives on the committee subject to approval by the
11 Division of Mental Health, and so long as this participation
12 is structured in such a way that it does not reduce the
13 influence of the advocates on the committee.

14 Section 45. Scope. This Act applies to persons of all
15 ages, both children and adults. This Act does not limit an
16 individual's right to control his or her own medical care. No
17 provision of this Act shall be interpreted in such a way as to
18 limit an individual's right to choose his or her preferred
19 course of care or to reject care. No provision of this Act
20 shall be interpreted to promote or provide justification for
21 the use of restraints when providing mental or behavioral
22 health care.

23 Each 9-1-1 call center and emergency service dispatched
24 through a 9-1-1 call center must begin coordinating their
25 activities with the mobile mental and behavioral health

1 services established by the Division of Mental Health once the
2 mobile mental and behavioral health service is available in
3 their jurisdiction.

4 Section 105. The Emergency Telephone System Act is amended
5 by changing Section 4 as follows:

6 (50 ILCS 750/4) (from Ch. 134, par. 34)

7 (Section scheduled to be repealed on December 31, 2021)

8 Sec. 4. 9-1-1 system; services; maintenance of
9 records. (a) Every system shall include police,
10 firefighting, and emergency medical and ambulance services,
11 and may include other emergency services. The system may
12 incorporate private ambulance service. In those areas in which
13 a public safety agency of the State provides such emergency
14 services, the system shall include such public safety
15 agencies. Every system shall dispatch emergency response
16 services for individuals requiring mental or behavioral health
17 care in compliance with the requirements of the Community
18 Emergency Services and Support Act.

19 (b) Every 9-1-1 Authority shall maintain records of the
20 numbers of calls received, the type of service the caller
21 requested, and the type of service dispatched in response to
22 each call. For emergency medical and ambulance services, the
23 records shall indicate whether physical, mental, or behavioral
24 health response or transportation were requested, and what

1 type of response or transportation was dispatched. When a
2 mental or behavioral health response is requested at a
3 primary, secondary, or post-secondary educational institution,
4 the 9-1-1 Authority shall record which type of educational
5 institution was involved. Broken down geographically by police
6 district, every 9-1-1 Authority shall create aggregated,
7 non-individualized monthly reports detailing the system's
8 activities, including the frequency of dispatch of each type
9 of service and the information required to be collected by
10 this subpart. These reports shall be available to both the
11 Department of Human Service Division of Mental Health and to
12 the Administrator of the 9-1-1 Authority, for the purpose of
13 conducting an annual analysis of service gaps, and to the
14 public upon request.

15 (Source: P.A. 99-6, eff. 1-1-16; 100-20, eff. 7-1-17.)".