



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB2784

Introduced 2/19/2021, by Rep. Kelly M. Cassidy

SYNOPSIS AS INTRODUCED:

New Act
50 ILCS 750/4

from Ch. 134, par. 34

Creates the Community Emergency Services and Supports Act. Provides that the Act applies to every unit of local government that provides or coordinates ambulance or similar emergency medical response or transportation services for individuals with emergency medical needs. A home rule unit may not respond to or provide services for a mental or behavioral health emergency, or create a transportation plan or other regulation, relating to the provision of mental or behavioral health services in a manner inconsistent with this Act. Provides that one plan shall describe how the EMS Region will provide mobile emergency mental and behavioral health services to individuals who do not present as a threat to the responders, and are not involved in criminal activity at the time of the response. Provides that the plan shall conform to the requirements of the Act and, recognizing the variety of systems, services, and needs across the State, provide the specific requirements and guidance appropriate for that region. Provides that the plan shall be identified as the region's community emergency services and supports plan. Provides that the second plan shall describe the manner and extent to which responders operating under the region's Community Emergency Services and Supports Plan coordinate with law enforcement when responding to individuals who appear to be in a mental or behavioral health emergency while engaged in conduct alleged to constitute a non-violent misdemeanor. Provides that the plan shall be identified as the region's Non-Violent Misdemeanor Coordination Plan. Amends the Emergency Telephone System Act to make conforming changes. Effective immediately.

LRB102 14976 RLC 20331 b

FISCAL NOTE ACT
MAY APPLY

HOME RULE NOTE
ACT MAY APPLY

1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the
5 Community Emergency Services and Supports Act.

6 Section 1.5. This Act may be referred to as the Stephon
7 Edward Watts Act.

8 Section 5. Findings. The General Assembly recognizes that
9 many cities and some states have successfully established
10 mobile emergency mental and behavioral health services to
11 support people who need that support and do not present a
12 threat of physical violence to the responders. In light of
13 that experience, the General Assembly finds that in order to
14 promote and protect the health, safety, and welfare of the
15 public, it is necessary and in the public interest to provide
16 emergency response, with or without medical transportation, to
17 individuals requiring mental health or behavioral health
18 services in a manner that is substantially equivalent to the
19 response already provided to individuals who require emergency
20 physical health care.

21 Section 10. Applicability; home rule. This Act applies to

1 every unit of local government that provides or coordinates
2 ambulance or similar emergency medical response or
3 transportation services for individuals with emergency medical
4 needs. A home rule unit may not respond to or provide services
5 for a mental or behavioral health emergency, or create a
6 transportation plan or other regulation, relating to the
7 provision of mental or behavioral health services in a manner
8 inconsistent with this Act. This Act is a limitation under
9 subsection (i) of Section 6 of Article VII of the Illinois
10 Constitution on the concurrent exercise by home rule units of
11 powers and functions exercised by the State.

12 Section 15. Definitions. In this Act:

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

18 "Mental or behavioral health" means any health condition
19 involving changes in thinking, emotion, or behavior, and that
20 the medical community treats as distinct from physical health
21 care.

22 "Physical health" means a health condition that the
23 medical community treats as distinct from mental or behavioral
24 health care.

25 "Community services" and "community-based mental or

1 behavioral health services" may include both public and
2 private settings.

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

6 "Responder" is any person engaging with a member of the
7 public to provide the service required by Section 25.

8 Section 20. Regional committees. The Department of Human
9 Services Division of Mental Health shall establish and oversee
10 a community emergency services and support committee in each
11 of the Emergency Medical Services (EMS) Regions for the
12 purpose of developing and, as appropriate, amending 2 plans to
13 set regional guidance and standards for providing mobile
14 mental and behavioral health care.

15 (1) One plan shall describe how the EMS Region will
16 provide mobile emergency mental and behavioral health services
17 to individuals who do not present as a threat to the
18 responders, and are not involved in criminal activity at the
19 time of the response. This plan shall conform to the
20 requirements of this Act and, recognizing the variety of
21 systems, services, and needs across the State, provide the
22 specific requirements and guidance appropriate for that
23 region. This plan shall be identified as the region's
24 community emergency services and supports plan.

25 (2) The second plan shall describe the manner and extent

1 to which responders operating under the region's Community
2 Emergency Services and Supports Plan coordinate with law
3 enforcement when responding to individuals who appear to be in
4 a mental or behavioral health emergency while engaged in
5 conduct alleged to constitute a non-violent misdemeanor. This
6 plan shall be identified as the region's Non-Violent
7 Misdemeanor Coordination Plan.

8 Section 25. Community Emergency Services and Supports Plan
9 Goals. The Community Emergency Services and Supports Plan
10 shall be designed to meet the following service goals,
11 specifying specific expectations for these goals as
12 appropriate:

13 (1) Provide mobile response service for mental and
14 behavioral health emergencies. Every jurisdiction of local
15 government that provides mobile emergency medical services for
16 individuals with physical health needs must also provide
17 appropriate mobile emergency services to individuals
18 experiencing a mental or behavioral health emergency.
19 Appropriate emergency response services must:

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

24 (B) Include the option of on-site care if that type of
25 care is appropriate and does not override the care

1 decisions of the individual receiving care. Providing care
2 in the community, through methods like mobile crisis
3 units, is encouraged. If effective care is provided on
4 site, and if it is consistent with the care decisions of
5 the individual receiving the care, further transportation
6 to other medical providers is not required by this Act.

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

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

24 (3) Prioritize requests for emergency assistance. Provide
25 guidance for prioritizing calls for assistance and maximum
26 response time in relation to the type of emergency reported.

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

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

9 (i) training in de-escalation techniques;

10 (ii) knowledge of local community services and
11 supports; and

12 (iii) training in respectful interaction with people
13 experiencing mental or behavioral health crises, including
14 the concepts of stigma and respectful language.

15 (6) Adopt guidelines directing referral to restrictive
16 care settings. Responders must have guidelines to follow when
17 considering whether to refer an individual to more restrictive
18 forms of care, like emergency room or hospital settings.

19 (7) Specify regional best practices. Responders providing
20 these services must do so consistently with best practices,
21 which include respecting the care choices of the individuals
22 receiving assistance.

23 (8) Adopt system for directing care in advance of an
24 emergency. Select and publicly identify a system that allows
25 individuals who voluntarily chose to do so to provide
26 confidential advanced care directions to individuals providing

1 services under this Act. No system for providing advanced care
2 direction may be implemented unless the Division of Mental
3 Health approves it as confidential, available to individuals
4 at all economic levels, and non-stigmatizing. The Division of
5 Mental Health may defer this requirement for providing a
6 system for advanced care direction if it determines that no
7 existing systems can currently meet these requirements.

8 (9) Coordinate service providers. The Regional Plan may
9 coordinate with or include other similar programs, like those
10 operating under the Children's Mental Health Act of 2003, if
11 all the requirements of all programs are met.

12 (10) Train dispatching staff. The personnel staffing
13 9-1-1, 311, or other emergency response intake systems must be
14 provided with adequate training to assess whether dispatching
15 emergency mental health responders under this Act is
16 appropriate.

17 (11) Establish system for emergency responder
18 coordination. Establish a protocol for responders, law
19 enforcement, and fire and ambulance services to request
20 assistance from each other, and train these groups on the
21 protocol.

22 (12) Integrate law enforcement. Provide for law
23 enforcement to request Responder assistance whenever law
24 enforcement engages an individual appropriate for services
25 under this Act. If law enforcement would typically request EMS
26 assistance when it encounters an individual with a physical

1 health emergency, law enforcement shall similarly dispatch
2 mental or behavioral health personnel or medical
3 transportation when it encounters an individual in a mental or
4 behavioral health emergency.

5 Section 30. Law enforcement responsibility for providing
6 mental and behavioral health care.

7 (a) In any area where responders are available for
8 dispatch, law enforcement shall not be dispatched to respond
9 to an individual requiring mental or behavioral health care
10 unless that individual is:

11 (1) involved in a suspected violation of the criminal
12 laws of this State; or

13 (2) presents a threat of physical injury to self or
14 others.

15 (b) Standing on its own or in combination with each other,
16 the fact that an individual is experiencing a mental or
17 behavioral health emergency, or has a mental health,
18 behavioral health, or other diagnosis, is not sufficient to
19 Community Emergency Services and Supports Plan Practices to
20 avoid. The Community Emergency Services and Supports Plan
21 shall be designed to avoid the following practices and
22 outcomes:

23 (A) justify an assessment that the individual is a
24 threat of physical injury to self or others; or

25 (B) requires a law enforcement response to a request

1 for emergency response or medical transportation.

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

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

18 (e) Responder involvement in involuntary commitment. In
19 order to maintain the appropriate care relationship,
20 responders shall not in any way assist in the involuntary
21 commitment of an individual beyond:

22 (1) reporting to their dispatching entity or to law
23 enforcement that they believe the situation requires
24 assistance the responders are not permitted to provide
25 under this Section;

26 (2) providing witness statements; and

1 (3) fulfilling reporting requirements the responders
2 may have under their professional ethical obligations or
3 laws of this state. This prohibition shall not interfere
4 with any responder's ability to provide physical or mental
5 health care.

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

12 (g) Reduction of educational institution obligations: The
13 service provided by the Community Emergency Services and
14 Supports Plan may not be used to replace any service an
15 educational institution is required to provide to a student.
16 It shall not substitute for appropriate special education and
17 related services that schools are required to provide by any
18 law.

19 Section 35. Non-violent Misdemeanor Coordination Plan
20 Goal. The region's Non-violent Misdemeanor Coordination
21 Plan shall be designed to meet the following service goals in a
22 regionally appropriate manner, specifying specific
23 expectations for these goals as appropriate:

24 (1) prioritize health care;

25 (2) to the greatest extent practicable, the Non-Violent

1 Misdemeanor Coordination Plan shall first seek to provide
2 community-based mental or behavioral health services
3 before addressing law enforcement objectives; and

4 (3) divert from further criminal justice involvement.

5 The plan shall provide for assessment and referral to
6 health care services with the potential to reduce the
7 likelihood of further law enforcement engagement.

8 Section 40. Composition of regional committees. Each
9 regional committee shall consist of: (i) representatives of
10 the EMS Medical Directors Committee, as constituted under the
11 Emergency Medical Services (EMS) Systems Act, or other similar
12 committee serving the medical needs of the jurisdiction; (ii)
13 representatives of law enforcement officials with jurisdiction
14 in the Emergency Medical Services (EMS) Regions;
15 representatives of the unions representing EMS or emergency
16 mental and behavioral health responders, or both; and iii
17 advocates from the mental health, behavioral health,
18 intellectual disability, and developmental disability
19 communities. The majority of advocates on the Emergency
20 Response Equity Committee must either be individuals with a
21 lived experience of a condition commonly regarded as a mental
22 health or behavioral health disability, developmental
23 disability, or intellectual disability, or be from
24 organizations primarily composed of those individuals. The
25 members of the committee shall also reflect the racial

1 demographics of the jurisdiction served. Subject to the
2 oversight of the Illinois Department of Human Services
3 Division of Mental Health, the EMS Medical Directors Committee
4 is responsible for convening the meetings of the committee.
5 Interested units of local government may also have
6 representatives on the committee subject to approval by the
7 Division of Mental Health, and if this participation is
8 structured in such a way that it does not reduce the influence
9 of the advocates on the committee. § 100Each Region shall
10 begin providing the service required by its plans within 6
11 months of the Plan's completion.

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

21 Section 50. Plans; completion. Both plans required by this
22 Act shall be completed within 6 months after the effective
23 date of this Act, and shall thereafter be reviewed by the
24 region's community emergency services and support committee

1 every other year. At the request of any member of the region's
2 community emergency services and support committee or by the
3 Division of Mental Health, the committee shall reconvene
4 outside the 2 year review period.

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

7 (50 ILCS 750/4) (from Ch. 134, par. 34)

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

9 Sec. 4.

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

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

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

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

18 Section 999. Effective date. This Act takes effect upon
19 becoming law.