



Sen. Kwame Raoul

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1 AMENDMENT TO SENATE BILL 459

2 AMENDMENT NO. _____. Amend Senate Bill 459 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title; references to Act.

5 (a) Short title. This Act may be cited as the Mental Health
6 Emergency Services Response Equity Act.

7 (b) References to Act. This Act may be referred to as the
8 Stephon Edward Watts Act.

9 Section 5. Findings. The General Assembly finds that in
10 order to promote and protect the health, safety, and welfare of
11 the public, it is necessary and in the public interest to
12 provide emergency response, with or without medical
13 transportation, to individuals requiring mental health or
14 behavioral health services in a manner that is substantially
15 equivalent to the response provided to individuals who require
16 emergency physical health care. An individual who requires an

1 emergency response to address his or her mental or behavioral
2 health care needs should have the choice of accessing providers
3 trained to address mental or behavioral health crises. Whether
4 an individual experiencing a health crisis receives an
5 appropriate emergency response should not depend on the type of
6 crises the individual experiences. Further, an individual
7 requesting an emergency medical response because of a mental or
8 behavioral health issue is not best served when care or
9 transportation is provided by law enforcement officers.
10 Emergency response and transportation by law enforcement
11 officers contributes to the stigma associated with mental and
12 behavioral health crises, and frequently results in
13 individuals being physically harmed, needlessly incarcerated,
14 or needlessly hospitalized. Moreover, law enforcement officers
15 should not be routinely removed from their duties to provide
16 medical care and transportation.

17 Section 10. Applicability; home rule. This Act applies to
18 every unit of local government that provides emergency medical
19 response or transportation for individuals with physical
20 medical needs. A home rule unit may not respond to or provide
21 services for a mental or behavioral health crisis or create a
22 transportation plan or other regulation relating to the
23 provision of mental health services in a manner inconsistent
24 with this Act. This Act is a limitation under subsection (i) of
25 Section 6 of Article VII of the Illinois Constitution on the

1 concurrent exercise by home rule units of powers and functions
2 exercised by the State.

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

4 "Crisis" means an emergent circumstance caused by a health
5 condition, regardless of whether it is perceived as physical,
6 mental, or behavioral in nature, for which an individual may
7 require prompt care, support, or assessment at the individual's
8 location.

9 "Mental or behavioral health" means a health condition
10 involving changes in thinking, emotion, or behavior and that
11 the medical community treats as distinct from physical health
12 care.

13 "Physical health" means a health condition that the medical
14 community treats as distinct from mental or behavioral health
15 care.

16 Section 17. Scope. This Act does not limit an individual's
17 right to control his or her own medical care. No provision of
18 this Act shall be interpreted in such a way as to limit an
19 individual's right to choose his or her preferred course of
20 care or to reject care. No provision of this Act shall be
21 interpreted to promote the use of restraints when providing
22 mental or behavioral health care.

23 Section 20. Emergency mental or behavioral health crisis

1 response. Every unit of local government that provides
2 emergency medical services for individuals with physical
3 health needs must also provide appropriate emergency response
4 services to individuals experiencing a mental or behavioral
5 health crisis. This response includes, but is not limited to,
6 the following:

7 (1) Where practicable, the unit of local government
8 must provide an emergency response for mental or behavioral
9 health care when notified that an individual is
10 experiencing a crisis.

11 (2) The individuals dispatched to provide emergency
12 response services or transportation for an individual
13 experiencing a mental or behavioral health crisis must have
14 adequate training in addressing the needs of individuals
15 experiencing mental or behavioral health crises, including
16 training in de-escalation techniques, knowledge of
17 community services and supports, and respect for
18 individuals' dignity and autonomy. Individuals providing
19 these services must do so consistently with best practices,
20 including the use of de-escalation techniques where
21 appropriate. They must ensure that an individual
22 experiencing a mental or behavioral health crisis is
23 diverted from hospitalization or incarceration whenever
24 possible and linked with available appropriate community
25 services.

26 (3) An emergency response may include on-site care

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

8 (4) When transportation is provided, subject to the
9 care decisions of the individual receiving care,
10 transportation shall, where practicable, be to the most
11 integrated and least restrictive setting appropriate in
12 the community, such as to the individual's home or chosen
13 location, community crisis respite centers, clinic
14 settings, or the offices of particular medical care
15 providers with existing treatment relationships to the
16 individual seeking care.

17 Section 25. Prohibition of use of law enforcement for
18 emergency response or transportation. In a unit of local
19 government that provides a system for emergency response for
20 individuals with physical health needs that are distinct from
21 the unit's law enforcement personnel, law enforcement shall not
22 be used to provide emergency response for an individual when
23 the individual only requires on-site emergency mental or
24 behavioral health care, transportation to access health care,
25 or travel between health care providers, except where no

1 alternative is available. Transportation shall instead be
2 provided pursuant to Section 20 of this Act.

3 Section 30. Equivalent law enforcement response.

4 (a) Unless an individual perceived as requiring mental or
5 behavioral health care or requesting mental or behavioral
6 health care is involved in a suspected violation of criminal
7 laws of this State, law enforcement shall respond to an
8 individual requiring mental or behavioral health care in a
9 manner that is equivalent to their response to an individual
10 requiring physical health care.

11 (b) Standing on its own or in combination with each other,
12 neither the fact that an individual is experiencing a mental or
13 behavioral health crisis nor that an individual has a mental
14 health or other disability diagnosis is sufficient to justify
15 an assessment of threat to public safety to support a law
16 enforcement response to a request for emergency response or
17 medical transportation.

18 (c) If, based on their assessment of the threat to public
19 safety, law enforcement would not accompany medical
20 transportation responding to a physical medical emergency, law
21 enforcement may not accompany emergency response or medical
22 transportation personnel responding to a mental or behavioral
23 health medical emergency that presents an equivalent level of
24 threat to public safety.

25 (d) If law enforcement would typically dispatch medical

1 response personnel or transportation when they encounter an
2 individual with a physical health crisis, law enforcement shall
3 similarly dispatch mental or behavioral health personnel or
4 medical transportation when they encounter an individual in a
5 mental or behavioral health crisis.

6 (e) Without regard to an assessment of threat to public
7 safety, law enforcement may station personnel so that they may
8 rapidly respond to requests for assistance from emergency
9 response or medical transportation staff if law enforcement
10 does not interfere with the provision of emergency response or
11 transportation services.

12 Section 35. Transportation plan.

13 (a) To address the care of individuals who appear to be in
14 mental or behavioral health crisis who are involved in
15 nonviolent misdemeanors, a committee shall be established in
16 each Emergency Medical Services (EMS) Region to develop a plan
17 to coordinate the provision of mental health services where
18 appropriate and to divert the individuals from the criminal
19 justice system wherever possible. The plan shall be developed
20 with the goal of providing the most appropriate mental health
21 care allowable without significant interference with law
22 enforcement activities and to avoid further criminal justice
23 involvement. To the greatest extent practicable, the plan shall
24 seek to first provide community-based mental or behavioral
25 health services before addressing law enforcement objectives.

1 (b) The plan required by this Section shall be created by a
2 committee consisting of representatives of the Region's EMS
3 Medical Directors Committee, formed under the Emergency
4 Medical Services (EMS) Systems Act, or other similar committee
5 serving the medical needs of the region; representatives of law
6 enforcement officials with jurisdiction in the Emergency
7 Medical Services (EMS) Region, and advocates from the mental
8 health, intellectual disability, and developmental disability
9 communities. The majority of advocates on this committee must
10 either be individuals with a lived experience of a condition
11 commonly regarded as a mental health or behavioral health
12 condition, developmental disability, or intellectual
13 disability or be from organizations primarily composed of such
14 individuals. Subject to the oversight of the Illinois
15 Department of Public Health, a Region's EMS Medical Directors
16 Committee is responsible for selecting the transportation plan
17 committee members and convening meetings of the transportation
18 plan committee.

19 (c) The plan shall be completed within 6 months after the
20 effective date of this Act and the plan shall be reviewed on a
21 biannual basis. At the request of any member of the committee
22 or the Illinois Department of Public Health, the committee
23 shall reconvene outside the biannual review meeting or
24 meetings.

25 Section 900. The Emergency Telephone System Act is amended

1 by changing Section 4 as follows:

2 (50 ILCS 750/4) (from Ch. 134, par. 34)

3 (Section scheduled to be repealed on December 31, 2020)

4 Sec. 4. (a) Every system shall include police,
5 firefighting, and emergency medical and ambulance services,
6 and may include other emergency services. The system may
7 incorporate private ambulance service. In those areas in which
8 a public safety agency of the State provides such emergency
9 services, the system shall include such public safety agencies.
10 Every system shall dispatch emergency response services for
11 individuals requiring mental or behavioral health care in
12 compliance with the requirements of the Mental Health Emergency
13 Services Response Equity Act.

14 (b) Every 9-1-1 Authority shall maintain records of the
15 numbers of calls received, the type of service the caller
16 requested, and the type of service dispatched in response to
17 each call. For emergency medical and ambulance services, the
18 records shall indicate whether physical, mental, or behavioral
19 health response or transportation was requested and what type
20 of response or transportation was dispatched. Broken down
21 geographically by police district, every 9-1-1 Authority shall
22 create aggregated, non-individualized monthly reports
23 detailing the 9-1-1 Authority's activities as provided in this
24 subsection, including the frequency of dispatch of each type of
25 service. These reports shall be available both to the

1 Administrator and 9-1-1 Authority for the purpose of conducting
2 an annual analysis of service gaps and to the public upon
3 request.

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