



Rep. Deb Conroy

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10200HB1592ham001

LRB102 03635 KTG 37268 a

1 AMENDMENT TO HOUSE BILL 1592

2 AMENDMENT NO. _____. Amend House Bill 1592 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Mental Health Inpatient Facility Access Act.

6 Section 5. Findings. The General Assembly finds that:

7 (1) In 1955, Illinois had more than 30,000 adult
8 State-operated inpatient mental health beds.

9 (2) In 2019, prior to the COVID-19 pandemic, Illinois
10 had fewer than 1,200 adult State-operated inpatient mental
11 health beds.

12 (3) Due to the COVID-19 pandemic, there are now only
13 approximately 1,100 State-operated inpatient mental health
14 beds.

15 (4) More than 500,000 people in Illinois have serious
16 mental health conditions.

1 (5) While most people with even the most serious
2 mental health conditions can be successfully treated in
3 the community or in private hospitals, many will need
4 inpatient care from a State-operated inpatient mental
5 health facility.

6 (6) Given the small number of remaining beds in
7 State-operated inpatient mental health facilities, it is
8 vital that adults who need a hospital-level of care are
9 able to obtain services in such facilities.

10 (7) Due to the lack of available inpatient mental
11 health beds:

12 (A) Many people in need of inpatient psychiatric
13 care wait for days or weeks in emergency departments
14 or non-psychiatric units of general hospitals where it
15 is difficult to provide them with safe and effective
16 mental health treatment.

17 (B) Persons found unfit to stand trial or not
18 guilty by reason of insanity and committed to the
19 custody of the Department of Human Services often wait
20 for weeks or months in county jails where it is
21 difficult to provide them with safe and effective
22 mental health treatment.

23 (C) Adults with a continuing need for mental
24 health services are discharged into the community
25 before their mental health condition makes such a
26 discharge safe and appropriate or before arrangements

1 have been made for needed long-term community mental
2 health services.

3 (D) Adults who need inpatient care are often
4 denied access to such care.

5 Section 10. Strategic plan on improving access to
6 inpatient psychiatric beds. The Department of Human Services'
7 Division of Mental Health shall develop a written, strategic
8 plan that comprehensively addresses improving access to
9 inpatient psychiatric beds in State-operated mental health
10 facilities for individuals needing a hospital level of care.
11 This plan shall address achieving the best use of
12 State-operated psychiatric beds across Illinois, with
13 strategies specifically to mitigate inefficient use of
14 forensic beds and reduce lengths of stays for the forensic
15 population. A comprehensive approach to this plan shall
16 include training and education, ongoing assessment of
17 individuals receiving inpatient services, reviewing and
18 updating policies and procedures, and increasing
19 community-based capacity for individuals in all State-operated
20 forensic beds. The plan shall include:

21 (1) Annual training. Required annual training for all
22 State-operated inpatient mental health facility clinicians
23 shall include:

24 (A) Best practices for evaluating whether
25 individuals found not guilty by reason of insanity or

1 unfit to stand trial meet the legal criteria for
2 inpatient treatment.

3 (B) Best practices for determining appropriate
4 treatment for individuals found not guilty by reason
5 of insanity or unfit to stand trial.

6 (C) The requirements of treatment plan reports.

7 (D) The types of mental health services available
8 following discharge, including, but not limited to:
9 assertive community treatment, community support
10 teams, supportive housing, medication management,
11 psychotherapy, peer support services, specialized
12 mental health rehabilitation facilities, and nursing
13 homes.

14 (2) Regular and periodic assessment of mental health
15 condition and progress. At least once every year following
16 the admission of any individual under Section 5-2-4 of the
17 Unified Code of Corrections or Section 104-17 of the Code
18 of Criminal Procedure of 1963, the Director of the
19 Division of Mental Health, or his or her designee, shall
20 meet with the treatment team assigned to that individual
21 to review whether:

22 (A) The individual continues to meet the standard
23 for inpatient care.

24 (B) The individual may be appropriate for
25 unsupervised on-grounds privileges, off-grounds
26 privileges (with or without escort by personnel of the

1 Department of Human Services), home visits, and
2 participation in work programs.

3 (C) The current treatment plan is reasonably
4 expected to result in the improvement of the
5 individual's clinical condition so that the individual
6 no longer needs inpatient treatment, and, if not, what
7 other treatments or placements are available to meet
8 the individual's needs and safety.

9 (3) Updated policies and procedures.

10 (A) Revise facility policies and procedures to
11 increase opportunities for home visits and work
12 programs that assist with community reintegration.
13 This shall include a review of unsupervised on-grounds
14 privileges, off-grounds privileges (with or without
15 escort by personnel of the Department of Human
16 Services), home visits, and participation in work or
17 educational programs to ensure that policies do not
18 limit the ability to approve these activities. The
19 plan shall also address the frequency for which
20 individuals are assessed to be eligible for these
21 activities.

22 (B) Ensure all individuals found unfit to stand
23 trial or not guilty by reason of insanity, who can be
24 treated on an outpatient basis are recommended for
25 outpatient services.

26 (C) Develop benchmarks to ensure that:

1 (i) every individual found unfit to stand
2 trial or not guilty by reason of insanity who has
3 been committed by a court to the Department for
4 treatment shall be admitted to a Department
5 facility within the time periods set forth in
6 subsection (b) of Section 104-17 of the Code of
7 Criminal Procedure of 1963 and subsection (a) of
8 Section 5-2-4 of Unified Code of Corrections; and

9 (ii) no individual who needs inpatient
10 psychiatric care remains in an emergency
11 department of any hospital or in any other
12 non-psychiatric unit longer than 48 hours.

13 (4) Building community treatment capacity.

14 (A) Specific steps to increase access to
15 community-based mental health services that provide
16 (i) outpatient alternatives to those being assessed
17 for inpatient stays at State-operated inpatient mental
18 health facilities and (ii) step-down services for
19 those no longer meeting inpatient stay criteria,
20 specifically the population of individuals found not
21 guilty by reason of insanity. Such steps must
22 specifically identify community-based treatment
23 alternatives and how these services will be funded.

24 (B) Specific steps to ensure each State-operated
25 inpatient mental health facility has sufficient
26 qualified psychiatrists, psychologists, social

1 workers, peer support professionals, and other staff
2 so that the Department may provide adequate and humane
3 care and services for all patients. That plan shall
4 include:

5 (i) an assessment of whether the salary and
6 other benefits provided to professional staff are
7 sufficient to attract and retain staff;

8 (ii) an assessment of the annual budget needed
9 to attract and retain staff;

10 (iii) an assessment of any other impediments
11 to attracting and retaining staff, and a
12 mitigation plan for those impediments; and

13 (iv) a detailed plan for recruiting
14 psychiatrists, psychologists, social workers, peer
15 support professionals, and other mental health
16 staff.

17 (5) Certification of mental health clinicians. The
18 Division of Mental Health shall outline in the strategic
19 plan a plan for training, implementing standard
20 qualifications, and credentialing all psychiatrists,
21 clinical social workers, clinical psychologists, and
22 qualified examiners who conduct any evaluations, as
23 employees, agents, or vendors of the Division concerning:

24 (A) findings of unfitness to stand trial and all
25 other evaluations of individuals receiving treatment
26 in accordance with Section 104-10 of the Code of

1 Criminal Procedure of 1963:

2 (B) individuals receiving treatment in accordance
3 with Section 5-2-4 of the Unified Code of Corrections;

4 (C) whether individuals are subject to involuntary
5 admission on an inpatient or outpatient basis in
6 accordance with the Mental Health and Developmental
7 Disabilities Code; and

8 (D) whether individuals are subject to
9 court-ordered treatment in accordance with Section
10 2-107.1 of the Mental Health and Developmental
11 Disabilities Code.

12 Such evaluations shall include any treatment reports
13 required under the Code of Criminal Procedure of 1963 or
14 the Mental Health and Developmental Disabilities Code.

15 (6) There shall be stakeholder input during the
16 planning process from the Division of Mental Health's
17 forensic workgroup.

18 Section 15. Implementation. The strategic plan developed
19 by the Division of Mental Health shall be finalized and made
20 publicly available one year after the effective date of this
21 Act. The plan shall include:

22 (1) Benchmarks and timelines for implementing each
23 provision of the plan.

24 (2) Strategy for obtaining resources needed to
25 implement each provision of the plan.

1 (3) Ongoing stakeholder engagement during the
2 implementation of the plan through the Division of Mental
3 Health's forensic workgroup.

4 Section 20. Prohibition on reduction of State-operated
5 psychiatric inpatient beds. The Department shall make no
6 further reductions in State-operated inpatient mental health
7 bed capacity. Nothing in this Section shall affect the
8 authority of the Governor to issue emergency executive orders
9 to protect the health or safety of recipients or employees of
10 State-operated inpatient psychiatric facilities.

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