



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4187

Introduced 10/20/2021, by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

New Act
305 ILCS 5/5-2.04 new

Creates the Mental Health Inpatient Facility Access Act. Requires the Department of Human Services' Division of Mental Health to develop a written, strategic plan that comprehensively addresses improving access to inpatient psychiatric beds in State-operated mental health facilities for individuals needing a hospital level of care. Provides that the plan shall include annual training requirements for State-operated inpatient mental health facility clinicians, regular and periodic mental health assessments of individuals admitted to State-operated facilities, updated facility policies and procedures aimed at increasing opportunities for home visits and work programs that assist with community reintegration, steps to increase access to community-based mental health services that provide outpatient alternatives and step-down services, certification requirements for mental health clinicians, and other matters. Requires the plan to be made publicly available in one year. Prohibits the Department from making further reductions in State-operated inpatient mental health bed capacity. Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services, in collaboration with the Department of Human Services, to allow for hospital presumptive eligibility for Medicaid enrollment for individuals presenting in hospital emergency rooms who are in a psychiatric crisis and meet the federal criteria for hospital presumptive eligibility. Requires the Department of Healthcare and Family Services to amend its Illinois Continuity of Care and Administrative Simplification 1115 Waiver if necessary to implement hospital presumptive eligibility as permitted under the amendatory Act. Effective immediately.

LRB102 21067 KTG 30021 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning mental 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 Mental
5 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.

17 (5) While most people with even the most serious
18 mental health conditions can be successfully treated in
19 the community or in private hospitals, many will need
20 inpatient care from a State-operated inpatient mental
21 health facility.

22 (6) Given the small number of remaining beds in
23 State-operated inpatient mental health facilities, it is

1 vital that adults who need a hospital-level of care are
2 able to obtain services in such facilities.

3 (7) Due to the lack of available inpatient mental
4 health beds:

5 (A) Many people in need of inpatient psychiatric
6 care wait for days or weeks in emergency departments
7 or non-psychiatric units of general hospitals where it
8 is difficult to provide them with safe and effective
9 mental health treatment.

10 (B) Persons found unfit to stand trial or not
11 guilty by reason of insanity and committed to the
12 custody of the Department of Human Services often wait
13 for weeks or months in county jails where it is
14 difficult to provide them with safe and effective
15 mental health treatment.

16 (C) Adults with a continuing need for mental
17 health services are discharged into the community
18 before their mental health condition makes such a
19 discharge safe and appropriate or before arrangements
20 have been made for needed long-term community mental
21 health services.

22 (D) Adults who need inpatient care are often
23 denied access to such care.

24 Section 10. Strategic plan on improving access to
25 inpatient psychiatric beds. The Department of Human Services'

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

15 (1) Annual training. Required annual training for all
16 State-operated inpatient mental health facility clinicians
17 shall include:

18 (A) Best practices for evaluating whether
19 individuals found not guilty by reason of insanity or
20 unfit to stand trial meet the legal criteria for
21 inpatient treatment.

22 (B) Best practices for determining appropriate
23 treatment for individuals found not guilty by reason
24 of insanity or unfit to stand trial.

25 (C) The requirements of treatment plan reports.

26 (D) The types of mental health services available

1 following discharge, including, but not limited to:
2 assertive community treatment, community support
3 teams, supportive housing, medication management,
4 psychotherapy, peer support services, specialized
5 mental health rehabilitation facilities, and nursing
6 homes.

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

15 (A) The individual continues to meet the standard
16 for inpatient care.

17 (B) The individual may be appropriate for
18 unsupervised on-grounds privileges, off-grounds
19 privileges (with or without escort by personnel of the
20 Department of Human Services), home visits, and
21 participation in work programs.

22 (C) The current treatment plan is reasonably
23 expected to result in the improvement of the
24 individual's clinical condition so that the individual
25 no longer needs inpatient treatment, and, if not, what
26 other treatments or placements are available to meet

1 the individual's needs and safety.

2 (3) Updated policies and procedures.

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

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

19 (C) Develop benchmarks to ensure that:

20 (i) every individual found unfit to stand
21 trial or not guilty by reason of insanity who has
22 been committed by a court to the Department for
23 treatment shall be admitted to a Department
24 facility within 30 days of such commitment order;
25 and

26 (ii) no individual who needs inpatient

1 psychiatric care remains in an emergency
2 department of any hospital or in any other
3 non-psychiatric unit longer than 48 hours.

4 (4) Building community treatment capacity.

5 (A) Specific steps to increase access to
6 community-based mental health services that provide
7 (i) outpatient alternatives to those being assessed
8 for inpatient stays at State-operated inpatient mental
9 health facilities and (ii) step-down services for
10 those no longer meeting inpatient stay criteria,
11 specifically the population of individuals found not
12 guilty by reason of insanity. Such steps must
13 specifically identify community-based treatment
14 alternatives and how these services will be funded.

15 (B) Specific steps to ensure each State-operated
16 inpatient mental health facility has sufficient
17 qualified psychiatrists, psychologists, social
18 workers, peer support professionals, and other staff
19 so that the Department may provide adequate and humane
20 care and services for all patients. That plan shall
21 include:

22 (i) an assessment of whether the salary and
23 other benefits provided to professional staff are
24 sufficient to attract and retain staff.

25 (ii) an assessment of the annual budget needed
26 to attract and retain staff.

1 (iii) an assessment of any other impediments
2 to attracting and retaining staff, and a
3 mitigation plan for those impediments; and

4 (iv) a detailed plan for recruiting
5 psychiatrists, psychologists, social workers, peer
6 support professionals, and other mental health
7 staff.

8 (5) Certification of mental health clinicians. The
9 Division of Mental Health shall create a system of
10 training, qualification, and credentialing for all
11 psychiatrists, clinical social workers, clinical
12 psychologists, and qualified examiners who conduct any
13 evaluations, as employees, agents, or vendors of the
14 Division concerning:

15 (A) findings of unfitness to stand trial and all
16 other evaluations of individuals receiving treatment
17 in accordance with Section 104-10 of the Code of
18 Criminal Procedure of 1963:

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

21 (C) whether individuals are subject to involuntary
22 admission on an inpatient or outpatient basis in
23 accordance with the Mental Health and Developmental
24 Disabilities Code; and

25 (D) whether individuals are subject to
26 court-ordered treatment in accordance with Section

1 2-107.1 of the Mental Health and Developmental
2 Disabilities Code.

3 Such evaluations shall include any treatment reports
4 required under the Code of Criminal Procedure of 1963 or
5 the Mental Health and Developmental Disabilities Code.

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

9 Section 15. Implementation. The strategic plan developed
10 by the Division of Mental Health shall be finalized and made
11 publicly available one year after the effective date of this
12 Act. The plan shall include:

13 (1) Benchmarks and timelines for implementing each
14 provision of the plan.

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

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

20 Section 20. Prohibition on reduction of State-operated
21 psychiatric inpatient beds. The Department shall make no
22 further reductions in State-operated inpatient mental health
23 bed capacity.

1 Section 25. The Illinois Public Aid Code is amended by
2 adding Section 5-2.04 as follows:

3 (305 ILCS 5/5-2.04 new)

4 Sec. 5-2.04. Hospital presumptive eligibility; behavioral
5 health hospitalizations. The Department of Healthcare and
6 Family Services, in collaboration with the Department of Human
7 Services' Division of Mental Health, shall allow for hospital
8 presumptive eligibility for Medicaid enrollment for
9 individuals presenting in hospital emergency rooms who are in
10 a psychiatric crisis and meet the federal criteria for
11 hospital presumptive eligibility. The Department and the
12 Division of Mental Health, with meaningful stakeholder input,
13 shall develop a process by which those individuals are linked
14 to a community-based mental health provider or any other
15 appropriate organization to facilitate enrollment in Medicaid
16 immediately following hospital or emergency room discharge and
17 linkage to community-based treatment. If the Department's
18 Illinois Continuity of Care and Administrative Simplification
19 1115 Waiver, which includes waiving the federal requirement of
20 hospital presumptive eligibility for Medicaid enrollment, is
21 required to be amended to implement this Section, then the
22 Department shall amend the 1115 Waiver within 60 days after
23 the effective date of this amendatory Act of the 102nd General
24 Assembly.

25 Section 99. Effective date. This Act takes effect upon

1 becoming law.