

AN ACT concerning State government.

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

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

Section 5. Findings. The General Assembly finds that:

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

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

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

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

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

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

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

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

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

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

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

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

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

Division of Mental Health shall 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. This plan shall address achieving the best use of State-operated psychiatric beds across Illinois, with strategies specifically to mitigate inefficient use of forensic beds and reduce lengths of stays for the forensic population. A comprehensive approach to this plan shall include training and education, ongoing assessment of individuals receiving inpatient services, reviewing and updating policies and procedures, and increasing community-based capacity for individuals in all State-operated forensic beds. The plan shall include:

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

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

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

(C) The requirements of treatment plan reports.

(D) The types of mental health services available

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

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

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

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

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

the individual's needs and safety.

(3) Updated policies and procedures.

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

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

(C) Develop benchmarks to ensure that:

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

Section 5-2-4 of Unified Code of Corrections; and

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

(4) Building community treatment capacity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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bed capacity. Nothing in this Section shall affect the authority of the Governor to issue emergency executive orders to protect the health or safety of recipients or employees of State-operated inpatient psychiatric facilities.

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