## **101ST GENERAL ASSEMBLY**

## State of Illinois

## 2019 and 2020

#### SB3760

Introduced 2/14/2020, by Sen. Ram Villivalam

## SYNOPSIS AS INTRODUCED:

New Act

Creates the Improving Access to State-operated Mental Health Facilities Act. Provides that the Department of Human Services, Division of Mental Health, shall provide education and training on an annual basis for all psychiatrists and clinical psychologists who provide care to forensic patients in State-operated mental health facilities utilizing nationally recognized best practices for determining when forensic patients are no longer, due to mental illness, reasonably expected to inflict serious physical harm upon themselves or others or when they may be safely restored to fitness to stand trial and subject to treatment on an outpatient basis under the Code of Criminal Procedure of 1963. Provides that the Division shall also provide training to psychiatrists and clinical psychologists concerning how to provide expert testimony in court hearings to determine whether forensic patients should be released. Provides that the Division shall provide education and training on an annual basis for all clinical social workers who provide care to forensic patient in State-operated mental health facilities concerning the types of community mental health services available in the community. Defines "forensic patient" as a person in an Illinois State-operated mental health facility who has been committed to the facility after having been found not guilty by reason of insanity or unfit to stand trial. Defines other terms. Effective immediately.

LRB101 17373 RLC 66778 b

FISCAL NOTE ACT MAY APPLY

A BILL FOR

1 AN ACT concerning health.

# 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
Improving Access to State-operated Mental Health Facilities
Act.

7 Section 5. Definitions. In this Act:

8 "Clinical psychologist" has the meaning ascribed to it in 9 Section 1-103 of the Mental Health and Developmental 10 Disabilities Code.

"Clinical social worker" has the meaning ascribed to it in Section 1-122.1 of the Mental Health and Developmental Disabilities Code.

14 "Division" means the Department of Human Services,15 Division of Mental Health.

16 "Forensic patient" means a person in an Illinois 17 State-operated mental health facility who has been committed to 18 the facility under Section 5-2-4 of the Unified Code of 19 Corrections or paragraph (2) of subsection (g) of Section 20 104-25 of the Code of Criminal Procedure of 1963.

21 "Patient" means a recipient of services under the Mental22 Health and Developmental Disabilities Code.

"Psychiatrist" has the meaning ascribed to it in Section

23

SB3760

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#### 1-121 of the Mental Health and Developmental Disabilities Code.

inpatient 2 Section 10. Improving access to beds in 3 State-operated mental health facilities. In order to improve 4 the availability of inpatient beds for those who need inpatient 5 care in State-operated mental health facilities, the Division 6 shall adopt and implement medically appropriate policies, 7 procedures, and practices at each of the State-operated mental 8 health facilities to recommend and facilitate the diversion or 9 the conditional release of forensic patients to 10 community-based treatment when those patients are no longer, 11 due to mental illness, reasonably expected to inflict serious 12 physical harm upon themselves or others, or when they may be safely restored to fitness to stand trial and subject to 13 14 treatment on an outpatient basis under Section 104-17 of the Code of Criminal Procedure of 1963. Nothing in this Act shall 15 16 circumvent the judicial process that is required by law for a forensic patient to be diverted or discharged from 17 a 18 State-operated mental health facility to community-based 19 treatment.

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Section 15. Education and training.

(a) The Division shall provide education and training on an
annual basis for all psychiatrists and clinical psychologists
who provide care to forensic patients in State-operated mental
health facilities utilizing nationally recognized best

practices for determining when forensic patients are no longer, 1 2 due to mental illness, reasonably expected to inflict serious 3 physical harm upon themselves or others or when they may be safely restored to fitness on an outpatient basis pursuant to 4 5 Section 104-17 of the Code of Criminal Procedure of 1963. The Division shall also provide training to psychiatrists and 6 7 clinical psychologists concerning how to provide expert 8 testimony in court hearings to determine whether forensic 9 patients should be released.

10 (b) The Division shall provide education and training on an 11 annual basis for all clinical social workers who provide care 12 to forensic patient in State-operated mental health facilities 13 concerning the types of community mental health services 14 available in the community.

15 (c) The education and training shall include regular 16 on-site presentations at State-operated mental health 17 facilities, webinars, and written materials. All training 18 materials shall be available to the public upon request.

19 Section 20. Supporting the transition of forensic patients 20 to community-based care. To incentivize community-based mental 21 health providers to accept forensic patients who are being 22 discharged from the State-operated mental health facilities or 23 the forensic population that is initially determined to be 24 appropriately served in community-based treatment, the 25 Division in consultation with the Department of Healthcare and

SB3760

SB3760 - 4 - LRB101 17373 RLC 66778 b

Family Services, shall develop a reimbursement mechanism such 1 2 as a supplemental or rate add-on payment, or other funding source or mechanism for both Medicaid and non-Medicaid forensic 3 patients being diverted or discharged from State-operated 4 5 mental health facilities, to cover the additional provider 6 costs associated with court-mandated appearances, filings and 7 documentation for the forensic population. The payment 8 mechanism shall be established and implemented within one year 9 after the effective date of this Act. If federal approval is implement this Section, the 10 required to Department of 11 Healthcare and Family Services shall apply for federal approval 12 in sufficient time to meet the implementation timeline established in this Section. 13

14 Section 25. Removing obstacles to inpatient care. The 15 Division shall develop policies and practices across all 16 State-operated mental health facilities to enable the admission and treatment of individuals that have low-to 17 moderate-level medical conditions such as diabetes and other 18 medical conditions in addition to their mental illness, 19 20 consistent with the generally accepted standards within other 21 psychiatric hospital units across the State. These policies and 22 practices shall be put in place in each of the State-operated 23 mental health facilities within one year after the effective 24 date of this Act.

SB3760

Implementing 1 Section 30. the hospital presumptive 2 eligibility process. The Department of healthcare and Family Services shall allow for hospital presumptive eligibility for 3 Medicaid enrollment for individuals presenting in hospital 4 5 emergency rooms who are in psychiatric crisis who meet the 6 federal criteria for such eligibility. If Illinois' 1115 7 Medicaid waiver that includes waiving the federal requirement 8 of hospital presumptive eligibility for Medicaid enrollment is 9 required to be amended to implement this Section, the 10 Department of Healthcare and Family Services shall amend the 11 waiver within 60 days after the effective date of this Act. The 12 Division and the Department of healthcare and Family Services, 13 with meaningful stakeholder input, shall develop a process by which those individuals are linked to a community-based mental 14 15 health provider or other appropriate organization, to 16 facilitate enrollment in Medicaid immediately following 17 emergency room discharge hospital or and linkage to community-based treatment. 18

19 Section 35. Annual reporting. The Division shall submit a written report to the General Assembly on or before January 1, 20 21 2021 that includes a summary of the new policies, procedures 22 and practices required by Section 15 that will be put in place each facility by June 30, 2021 and its plan 23 for at 24 implementation, including the education of psychiatrists and 25 other hospital clinical staff that play a role in inpatient

SB3760

care and the determination of when placement in the community 1 2 rather than a State-operated mental health facility is appropriate under Article 104 of the Code of Criminal Procedure 3 of 1963 and Section 5-2-4 of the Unified Code of Corrections. 4 5 The Division shall submit an annual report to the General Assembly every year thereafter, due on December 31st, outlining 6 7 the progress of the new policies and practices in reducing the length of stay of forensic patients consistent with Article 104 8 9 of the Code of Criminal Procedure of 1963 and Section 5-2-4 of 10 the Unified Code of Corrections and the average number of beds 11 available annually in each of the State-operated mental health 12 facilities annually for non-forensic patients. Included in 13 each annual report shall be a progress report on the number of 14 clinicians that participated in the education and training 15 required by Section 15, the number of clinicians who have not 16 received the education and training, and the Division's ongoing 17 implementation of the education and training plan for requirements under Section 15. The Division shall include an 18 19 evaluation of the impact the education and training for 20 clinicians has had on improving access to inpatient beds in the State-operated mental health facilities in each annual report. 21 22 The Division shall submit a written report to the General 23 Assembly on or before January 1, 2021 with a summary of the new 24 policies and practices required under Section 25 to enable the 25 admission and treatment of individuals in State-operated 26 mental health facilities with psychiatric needs who also have

SB3760 - 7 - LRB101 17373 RLC 66778 b

1 low-to moderate medical conditions.

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