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AN ACT in relation to mentally ill committed persons.

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

- Section 5. The Unified Code of Corrections is amended by
 adding Article 17 to Chapter 3 as follows:
- 6 (730 ILCS 5/ Chapter 3, Article 17 heading new)

7 <u>ARTICLE 17. DANGEROUS MENTALLY ILL COMMITTED PERSONS</u>

8

(730 ILCS 5/3-17-5 new)

9 <u>Sec. 3-17-5.</u> Definitions. In this Article:

10 <u>"County designated mental health professional" means a</u>
11 <u>mental health professional appointed by the county to perform</u>
12 <u>the duties specified in this Article.</u>

13 <u>"Mental disorder" means any organic, mental, or emotional</u>
14 <u>impairment that has substantial adverse effects on an</u>
15 <u>individual's cognitive or volitional functions.</u>

"Mental health professional" means a psychiatrist, 16 clinical psychologist, or clinical social worker as those 17 18 terms are defined in the Mental Health and Developmental 19 Disabilities Code, a registered nurse with a master's degree 20 in psychiatric nursing who has 3 years of clinical training and experience in the evaluation and treatment of mental 21 22 illness that has been acquired subsequent to any training and 23 experience that constituted a part of the degree program, and any other mental health professionals as may be defined by 24 rules adopted by the Director under this Article. 25

26	(730 ILCS 5/3-17-10 new)
27	Sec. 3-17-10. Plan for postrelease treatment and support
28	services; rules.
29	(a) The Director shall identify committed persons who:

1	(1) are reasonably believed to be dangerous to
2	themselves or others; and
3	(2) have a mental disorder.
4	In determining a committed person's dangerousness, the
5	Director shall consider behavior known to the Department and
6	factors, based on research, that are linked to an increased
7	risk for dangerousness of mentally ill committed persons and
8	shall include consideration of a committed person's chemical
9	dependency or abuse.
10	(b) Prior to release of a committed person identified
11	under this Section, a team consisting of representatives of
12	the Department of Corrections, the Department of Human
13	Services specifically including representatives knowledgeable
14	in the treatment of alcoholism and substance abuse and those
15	knowledgeable in the treatment of developmental disabilities,
16	the appropriate community mental health facility, and other
17	mental health service providers, as appropriate, shall
18	develop a plan, as determined necessary by the team, for
19	delivery of treatment and support services to the committed
20	person upon release. The team may include a Department of
21	Corrections School District representative for committed
22	persons under 21 years of age who have not obtained high
23	school diplomas or who have not passed the high school level
24	test of General Educational Development (GED). The team shall
25	consult with the committed person's counsel, if any, and, as
26	appropriate, the committed person's family and community. The
27	team shall notify the crime victims, witnesses, and other
28	concerned citizens required to be notified under the Rights
29	of Crime Victims and Witnesses Act, of the proposed release
30	plan developed by the team. Victims, witnesses, and other
31	concerned citizens notified by the Department may provide
32	information and comments to the Department on potential
33	safety risks to specific individuals or classes of
34	individuals posed by the specific committed person. The team

-2-

LRB9215348LBpc

³⁴ individuals posed by the specific committed person. The team

1 <u>may recommend that the committed person: (i) be evaluated by</u>
2 <u>the county designated mental health professional; (ii)</u>
3 <u>receive Department-supervised community treatment; or (iii)</u>
4 <u>receive voluntary community mental health or chemical</u>
5 <u>dependency or abuse treatment.</u>

(c) Prior to release of a committed person identified 6 under this Section, the team shall determine whether or not 7 8 an evaluation by a county designated mental health 9 professional is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to 10 11 the appropriate county designated mental health professional. The supporting documentation shall include the committed 12 person's criminal history, history of judicially required or 13 administratively ordered involuntary antipsychotic medication 14 15 while in confinement, and any known history of involuntary 16 civil commitment.

17 (d) If an evaluation by a county designated mental 18 health professional is recommended by the team, the 19 evaluation shall occur not more than 10 days, nor less than 5 20 days, prior to release.

(e) A second evaluation by a county designated mental health professional shall occur on the day of release if requested by the team, based upon new information or a change in the committed person's mental condition, and if the initial evaluation did not result in an emergency admission under Article VI of Chapter III of the Mental Health and Developmental Disabilities Code.

(f) If the county designated mental health professional determines that an emergency admission under Article VI of Chapter III of the Mental Health and Developmental Disabilities Code is necessary, the Department shall release the committed person only to a State mental health facility or to a consenting private mental health facility. The Department shall arrange transportation of the committed

-3-

1 person to the facility.

2 (q) If the county designated mental health professional 3 believes that a less restrictive alternative treatment is 4 appropriate, he or she shall request that the Director file a petition with the circuit court under Section 3-8-5, or if 5 6 the person is committed to the Juvenile Division, the county 7 designated mental health professional shall request that the 8 petition be filed by the Assistant Director of the Juvenile 9 Division under Section 3-10-5, to require the committed 10 person to appear at a mental health facility for evaluation 11 and treatment. If the petition is granted by the court, the 12 committed person shall remain within the correctional facility until completion of his or her term of confinement 13 and be transported, by corrections personnel on the day of 14 15 completion, directly to the identified mental health facility 16 for evaluation and treatment.

17 (h) The Director shall adopt rules to implement this 18 Section.

(i) This Section does not create a presumption that any 19 20 person subject to the provisions of this Section is dangerous 21 as a result of a mental disorder or chemical dependency or 22 abuse. Every person subject to the provisions of this Section retains the amount of liberty consistent with his or her 23 condition, behavior, and legal status, and any restraint of 24 25 liberty must be done solely on the basis of forensic and clinical practices and standards. 26

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(730 ILCS 5/3-17-15 new)

28 <u>Sec. 3-17-15. Rule making; Medicaid; Director of</u> 29 <u>Corrections; Secretary of Human Services. The Director of</u> 30 <u>Corrections and the Secretary of Human Services shall each</u> 31 <u>adopt rules and develop working agreements that will ensure</u> 32 <u>that committed persons identified under subsection (a) of</u> 33 <u>Section 3-17-10 will be assisted in making application for</u>

LRB9215348LBpc

1	Medicaid under Article V of the Illinois Public Aid Code to
2	facilitate a decision regarding the committed person's
3	eligibility for those entitlements prior to the end of his or
4	her term of confinement in a correctional facility.

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(730 ILCS 5/3-17-20 new)

6 <u>Sec. 3-17-20. Less restrictive alternative treatment;</u>
7 <u>consideration by court.</u>

8 (a) When making a decision under this Article whether to 9 require a less restrictive alternative treatment, the court 10 shall consider whether it is appropriate to include or 11 exclude time spent in confinement when determining whether 12 the person has committed a recent overt act.

13 (b) When determining whether a committed person is a 14 danger to himself or herself or others under this Article, a 15 court shall give great weight to any evidence submitted to 16 the court regarding the committed person's recent history of 17 judicially required or administratively ordered involuntary 18 antipsychotic medication while in confinement.

19

(730 ILCS 5/3-17-25 new)

20 <u>Sec. 3-17-25. Dangerous mentally ill committed persons;</u>
21 <u>contract for case management.</u>

(a) The Director shall contract, to the extent that funds are appropriated for this purpose, for case management services and any other services that the Director deems necessary to assist committed persons identified under Section 3-17-10. The contracts may be with community mental health facilities or any other qualified and appropriate entities.

29 (b) The case manager has the authority to assist these
30 committed persons in obtaining the services, as set forth in
31 the plan created under subsection (b) of Section 3-17-10, for
32 up to 5 years. The services may include coordination of

-5-

1 mental health services, assistance with unfunded medical 2 expenses, obtaining chemical dependency treatment, housing, 3 employment services, educational or vocational training, 4 independent living skills, parenting education, anger 5 management services, and such other services as the case 6 manager deems necessary.

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(730 ILCS 5/3-17-30 new)

8 <u>Sec. 3-17-30. Evaluation of amendatory Act. The</u> 9 <u>Department of Corrections, in conjunction with the Department</u> 10 <u>of Human Services, shall conduct an evaluation of this</u> 11 <u>amendatory Act of the 92nd General Assembly to determine:</u>

12 (1) whether there is a reduction in criminal recidivism
13 as a result of the enactment of this amendatory Act of the
14 92nd General Assembly;

(2) whether the enactment of this amendatory Act of the 15 16 92nd General Assembly has resulted in: (A) increased treatment of, and services to, dangerous mentally ill 17 committed persons, including services at a Department of 18 Corrections facility, and through other publicly funded 19 20 services; (B) a reduction in repeated inpatient mental health 21 treatment of the same committed person; and (C) reduced length of stays at State mental health facilities; 22

23 (3) whether the enactment of this amendatory Act of the 24 92nd General Assembly improves delivery and effectiveness of 25 the treatment and services, including mental health, drug or 26 alcohol, case management, housing assistance, and other 27 provided services;

28 (4) whether services under this amendatory Act of the 29 92nd General Assembly should be expanded to include other 30 classifications of committed persons, such as: juvenile 31 offenders; felons not sentenced to a term of imprisonment; 32 and misdemeanants. Cost estimates for expansion of each 33 classification shall be included;

-6-

1	(5) the validity of the risk assessment tool utilized by
2	the Department of Corrections to assess dangerousness of
3	committed persons;
4	(6) increases in early Medicaid enrollment and
5	associated cost savings; and
б	(7) any savings in bed spaces in the Department of
7	Corrections facilities as a result of the enactment of this
8	amendatory Act of the 92nd General Assembly.
9	The evaluation shall be submitted to the Governor and the
10	General Assembly by December 1, 2005.
11	(730 ILCS 5/ 3-17-35 new)
12	Sec. 3-17-35. Rules. The Director of Corrections and
13	the Secretary of Human Services shall, in consultation with

15 representatives, each adopt rules as necessary to implement 16 this amendatory Act of the 92nd General Assembly.

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the community mental health facilities and provider

-7-