

[20 Ill. Comp. Stat. §§ 1705/4 through 1705/4.4.]

§§ 1705/4 through 1705/4.4: Mental Health and Developmental Disabilities
Administrative Act

§ 4. Supervision of facilities and services; quarterly reports.

(a) To exercise executive and administrative supervision over all facilities, divisions, programs and services now existing or hereafter acquired or created under the jurisdiction of the Department, including, but not limited to, the following:

The Alton Mental Health Center, at Alton

The Clyde L. Choate Mental Health and Developmental Center, at Anna The Chester Mental Health Center, at Chester The Chicago-Read Mental Health Center, at Chicago The Elgin Mental Health Center, at Elgin The Metropolitan Children and Adolescents Center, at Chicago The Jacksonville Developmental Center, at Jacksonville The Governor Samuel H. Shapiro Developmental Center, at Kankakee The Tinley Park Mental Health Center, at Tinley Park The Warren G. Murray Developmental Center, at Centralia The Jack Mabley Developmental Center, at Dixon The Lincoln Developmental Center, at Lincoln The H. Douglas Singer Mental Health and Developmental Center, at Rockford The John J. Madden Mental Health Center, at Chicago The George A. Zeller Mental Health Center, at Peoria The Andrew McFarland Mental Health Center, at Springfield The Adolf Meyer Mental Health Center, at Decatur The William W. Fox Developmental Center, at Dwight The Elisabeth Ludeman Developmental Center, at Park Forest The William A. Howe Developmental Center, at Tinley Park The Ann M. Kiley Developmental Center, at Waukegan.

(b) Beginning not later than July 1, 1977, the Department shall cause each of the facilities under its jurisdiction which provide in-patient care to comply with standards, rules and regulations of the Department of Public Health prescribed under Section 6.05 of the Hospital Licensing Act.

(b-5) The Department shall cause each of the facilities under its jurisdiction that provide in-patient care to comply with Section 6.25 of the Hospital Licensing Act.

(c) The Department shall issue quarterly electronic reports to the General Assembly on admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay, and any adverse federal certification or accreditation findings, if any, for each State-operated facility for the mentally ill and for persons with developmental disabilities. The quarterly reports shall be issued by January 1, April 1, July 1, and October 1 of each year. The quarterly reports shall include the following information for each facility reflecting the period ending 15 days prior to the submission of the report:

(1) the number of employees;

(2) the number of workplace violence incidents that occurred, including the number that were a direct assault on employees by residents and the number that resulted from staff intervention in a resident altercation or other form of injurious behavior;

(3) the number of employees impacted in each incident; and

(4) the number of employee injuries resulting, descriptions of the nature of the injuries, the number of employee injuries requiring medical treatment at the facility, the number of employee injuries requiring outside medical treatment, and the number of days off work per injury.

(d) The requirements in subsection (c) do not relieve the Department from the recordkeeping requirements of the Occupational Safety and Health Act.

(e) The Department shall:

(1) establish a reasonable procedure for employees to report work-related assaults and injuries. A procedure is not reasonable if it would deter or discourage a reasonable employee from accurately reporting a workplace assault or injury;

(2) inform each employee:

(A) of the procedure for reporting work-related assaults and injuries;

(B) of the right to report work-related assaults and injuries; and

(C) that the Department is prohibited from discharging or in any manner discriminating against employees for reporting work-related assaults and injuries; and

(3) not discharge, discipline, or in any manner discriminate against any employee for reporting a work-related assault or injury.

§ 4.1. Mission statements.

(a) The mission of State-operated facilities for persons with mental illness is to provide treatment, rehabilitation, and residential care to recipients admitted voluntarily or involuntarily because of their need for intensive services in a protective, secure setting. The Department shall offer services to a recipient within a State-operated facility as long as is necessary to accomplish stabilization of the recipient's psychiatric status and treatment regimen or arrangements for appropriate continued services. Services shall be provided in a safe, humane environment by staff with the appropriate credentials, licensure, and training. Services shall be based on professionally recognized models and shall be monitored for quality. Services shall include, but are not limited to:

(1) Diagnosis;

(2) Medication prescription, adjustment and stabilization;

(3) Counseling and therapy;

- (4) Assessment and psychosocial rehabilitation of social, self-care, community living, and pre-vocational skills;
- (5) Recipient education regarding his or her illness and compliance with required treatment regimen; and
- (6) Discharge planning and linkage with community agencies.

All services shall be rendered with adherence to recipient rights as defined in the Mental Health and Developmental Disabilities Code as now or hereafter amended.

(b) Each State-operated facility shall publish a mission statement which specifically defines its role in the system of services for persons with mental illness or persons with a developmental disability. Mission statements shall be developed with reference to all relevant factors, including but not limited to:

- (1) Geographic area or areas served;
- (2) Characteristics of persons appropriate for admission;
- (3) Bed capacity and facility model of unit organization (e.g., catchment area, service intensity or model, projected length of stay, etc.);
- (4) Specific program, treatment, habilitation and rehabilitation services offered;
- (5) Integration with community agencies and methods of assuring continuity of care;
- (6) Accreditation, certification, and licensure status;
- (7) Staffing levels and qualifications; and
- (8) Identification of recipient groups for which an alteration of service locus is or will be attempted and discussion of this process (e.g., deflection of voluntary psychiatric admissions to crisis programs in the community or movement of persons with moderate developmental disabilities to intermediate care facilities for persons with a developmental disability).

Because the division of tasks between State-operated facilities and other service providers can change over time, mission statements shall be reviewed and revised every 3 years. Allowance for professional and public input shall be made and each facility shall prepare a summary of concerns regarding its operations, community linkage, inappropriately served or unserved populations, or other problems. Final publication of each mission statement shall include proposed actions to address major concerns to be undertaken by the facility and other providers in the system.

§ 4.2. Facility staff.

(a) The Department shall describe and delineate guidelines for each of the facilities it operates regarding the number and qualifications of the staff required to carry out prescribed duties. The guidelines shall be based on consideration of recipient needs as well as professional and programmatic requirements, including those established for purposes of national accreditation and for certification under Titles XVIII and XIX of the federal Social Security Act.

(b) As used in this Section, "direct care position" means any position with the Department in which the job titles which will regularly or temporarily entail contact with recipients in the Department's facilities for persons with a mental illness or a developmental disability.

(c) The Department shall require that each candidate for employment in a direct care position, as a condition of employment, shall submit to a fingerprint-based criminal background investigation to determine whether the candidate for employment in a direct care position has ever been charged with a crime and, if so, the disposition of those charges. This authorization shall indicate the scope of the inquiry and the agencies which may be contacted. Upon this authorization, the Director (or, on or after July 1, 1997, the Secretary) shall request and receive information and assistance from any federal, State or local governmental agency as part of the authorized investigation. The Department of State Police shall provide information concerning any criminal charges, and their disposition, now or hereafter filed against a candidate for employment in a direct care position upon request of the Department when the request is made in the form and manner required by the Department of State Police.

Information concerning convictions of a candidate for employment in a direct care position investigated under this Section, including the source of the information and any conclusions or recommendations derived from the information, shall be provided, upon request, to the candidate for employment in a direct care position before final action by the Department on the application. Information on convictions of a candidate for employment in a direct care position under this Act shall be provided to the director of the employing unit, and, upon request, to the candidate for employment in a direct care position. Any information concerning criminal charges and the disposition of those charges obtained by the Department shall be confidential and may not be transmitted outside the Department, except as required in this Act, and may not be transmitted to anyone within the Department except as needed for the purpose of evaluating an application of a candidate for employment in a direct care position. Only information and standards which bear a reasonable and rational relation to the performance of a direct care position shall be used by the Department. Any employee of the Department or the Department of State Police receiving confidential information under this Section who gives or causes to be given any confidential information concerning any criminal convictions of a candidate for employment in a direct care position shall be guilty of a Class A misdemeanor unless release of the information is authorized by this Section.

A Department employing unit may hire, on a probationary basis, any candidate for employment in a direct care position, authorizing a criminal background investigation under this Section, pending the result of the investigation. A candidate for employment in a direct care position shall be notified before he or she is hired that his or her employment may be terminated on the basis of criminal background information obtained by the employing unit.

No person may be employed in a direct care position who refuses to authorize an investigation as required by this subsection (c).

§ 4.3. Site visits and inspections.

(a) (Blank).

(b) The Department shall establish a system of regular and ongoing on-site inspections that shall occur at least annually of each facility under its jurisdiction. The inspections shall be conducted by the Department's central office to:

- (1) Determine facility compliance with Department policies and procedures;
- (2) Determine facility compliance with audit recommendations;
- (3) Evaluate facility compliance with applicable federal standards;
- (4) Review and follow up on complaints made by community mental health agencies and advocates, and on findings of the Human Rights Authority division of the Guardianship and Advocacy Commission;
- (5) Review administrative and management problems identified by other sources; and
- (6) Identify and prevent abuse and neglect.

§ 4.4. Direct support person credential pilot program.

(a) In this Section, "direct support person credential" means a document issued to an individual by a recognized accrediting body attesting that the individual has met the professional requirements of the credentialing program by the Division of Developmental Disabilities of the Department of Human Services.

(b) The Division shall initiate a program to continue to gain the expertise and knowledge of the developmental disabilities workforce and of the developmental disabilities workforce recruitment and retention needs throughout the developmental disabilities field. The Division shall implement a direct support person credential pilot program to assist and attract persons into the field of direct support, advance direct support as a career, and professionalize the field to promote workforce recruitment and retention efforts, advanced skills and competencies, and further ensure the health, safety, and well-being of persons being served.

(c) The direct support person credential pilot program is created within the Division to assist persons in the field of developmental disabilities in obtaining a credential in their fields of expertise.

(d) The pilot program shall be administered by the Division for 3 years. The pilot program shall include providers licensed and certified by the Division or by the Department of Public Health. The purpose of the pilot program is to assess how the establishment of a State-accredited direct support person credential:

- (1) promotes recruitment and retention efforts in the developmental disabilities field, notably the direct support person position;
- (2) enhances competence in the developmental disabilities field;
- (3) yields quality supports and services to persons with developmental disabilities; and
- (4) advances the health and safety requirements set forth by the State.

(e) The Division, in administering the pilot program, shall consider, but not be limited to, the following:

- (1) best practices learning initiatives, including the University of Minnesota's college of direct support and all Illinois Department of Human Services-approved direct support person competencies;
 - (2) national direct support professional and person competencies or credentialing-based standards and trainings;
 - (3) facilitating direct support person's portfolio development;
 - (4) the role and value of skill mentors; and
 - (5) creating a career ladder.
- (f) The Division shall produce a report detailing the progress of the pilot program, including, but not limited to:
- (1) the rate of recruitment and retention for direct support persons of providers participating in the pilot program compared to the rate for non-participating providers;
 - (2) the number of direct support persons credentialed; and
 - (3) the enhancement of quality supports and services to persons with developmental disabilities.