



HJ0052

LRB104 19446 ECR 32894 r

1 HOUSE JOINT RESOLUTION

2 WHEREAS, Illinois has a strong track record of bipartisan  
3 support for high-quality, evidence-based behavioral health  
4 care as demonstrated by the codification of innovative  
5 programs and by the State's many meaningful investments in  
6 recovery services and supports; and

7 WHEREAS, According to the National Alliance on Mental  
8 Illness (NAMI), more than one in five adults in the United  
9 States experience mental illness each year, and more than one  
10 in 20 adults experience serious mental illness each year;  
11 according to the Substance Abuse and Mental Health Services  
12 Administration (SAMHSA) data from 2024, nearly 17% of those  
13 over the age of 12 had a substance use disorder in the  
14 preceding year; and

15 WHEREAS, Having a mental illness or substance use disorder  
16 can make it challenging to live everyday life and maintain  
17 recovery, and these challenges extend beyond the individual  
18 and impact families, communities, and the entire State of  
19 Illinois; and

20 WHEREAS, President Trump issued an Executive Order on July  
21 24, 2025, entitled "Ending Crime and Disorder on America's  
22 Streets", that calls for shifting people experiencing

1 homelessness, serious mental illness, and/or substance use  
2 disorder into "long-term institutional settings" via  
3 involuntary commitment; and

4 WHEREAS, The Executive Order also directs the United  
5 States Attorney General and the Secretary of Health and Human  
6 Services to work toward reversing Federal or State judicial  
7 precedents and the determination of consent decrees that  
8 protect the rights of Americans; and

9 WHEREAS, By the mid-20th century, it was widely  
10 acknowledged that the institutional settings developed as the  
11 primary treatment option for serious mental illness throughout  
12 the 1800s had harmed patients and left many people trapped  
13 with no alternatives for care; and

14 WHEREAS, The Community Mental Health Act of 1963  
15 established community mental health centers across the United  
16 States to provide community-based care as an alternative to  
17 institutionalization so that patients could be treated while  
18 working and living at home; and

19 WHEREAS, Illinois is subject to the Williams and Colbert  
20 consent decrees due to violations of the Americans with  
21 Disabilities Act and the Rehabilitation Act, and the State now  
22 operates programs to facilitate the de-institutionalization of

1 individuals from long-term care facilities who are able to  
2 live in the community with the appropriate supports, including  
3 those living with mental illness; and

4 WHEREAS, The Illinois General Assembly recognizes the  
5 history of vulnerable populations being subject to unwarranted  
6 involuntary commitment or other human rights violations and  
7 that this may contribute to apprehension around engaging in  
8 behavioral health services among individuals who have  
9 historically been subjected to these practices; and

10 WHEREAS, Since the 1970s, psychiatric survivors and their  
11 peers have worked tirelessly to empower people with behavioral  
12 health conditions to center their experience in the  
13 development of treatment programs and recovery supports and to  
14 advocate for their rights; and

15 WHEREAS, The Illinois legislature has recognized and  
16 reinforced that no recipient of mental health services shall  
17 be deprived of any rights or privileges guaranteed by law, the  
18 Constitution of the State of Illinois, or the Constitution of  
19 the United States solely based on receiving these services;  
20 such protected rights include recognition that Illinoisans  
21 have a fundamental liberty to remain free from forced or  
22 involuntary mental health treatment, and in cases where  
23 involuntary treatment is applied, Illinoisans must be afforded

1 due process with strict adherence to legal safeguards; and

2 WHEREAS, Individuals living with behavioral health  
3 conditions are disproportionately represented among those  
4 experiencing homelessness due to a persistent lack of  
5 affordable housing and a lack of access to treatment; and

6 WHEREAS, Individuals with behavioral health conditions may  
7 have children; one in 18 children under the age of six has  
8 experienced family homelessness each year in the United  
9 States, and research shows that homelessness has a profound  
10 impact on child health and developmental outcomes given the  
11 unparalleled development that occurs in the early years of  
12 life; and

13 WHEREAS, The General Assembly passed the Housing Is  
14 Recovery Act in 2021, recognizing the foundational importance  
15 of a safe, reliable place to call home to recovery; and

16 WHEREAS, Housing First is a framework that pairs housing  
17 with services, centering the goals of individuals experiencing  
18 homelessness by recognizing that securing a safe, stable place  
19 to live is a basic need and is central to a person's ability to  
20 engage in treatment; and

21 WHEREAS, Harm Reduction is an approach that focuses on the

1 prevention of harm, rather than abstinence, and it is  
2 inclusive of overdose prevention and reversal; this approach  
3 also reduces the spread of communicable diseases while  
4 increasing the speed of education, outreach, and linkage to  
5 treatment; and

6 WHEREAS, Persons experiencing behavioral health conditions  
7 are more likely to be the targets of violence than the  
8 perpetrators due to their lack of shelter and their societal  
9 marginalization; and

10 WHEREAS, Far too many people living with mental health and  
11 substance use conditions become involved with the criminal  
12 justice system due to a lack of access to effective treatment  
13 and support services to address health-related social needs;  
14 and

15 WHEREAS, The General Assembly passed the Community  
16 Emergency Services and Supports Act (CESSA) in 2021, requiring  
17 emergency response centers, such as 911, to refer callers  
18 seeking behavioral health support to teams of mental health  
19 professionals rather than police to provide a meaningful  
20 connection to effective, community-based care for people  
21 experiencing crisis; and

22 WHEREAS, Illinois has embraced the Certified Community

1 Behavioral Health Clinics (CCBHCs) model to expand access to  
2 comprehensive mental health and substance use treatment  
3 throughout the State; and

4 WHEREAS, Illinois established a Chief Behavioral Health  
5 Officer in 2022 to better coordinate State policies, programs,  
6 and investments in our mental health and substance use  
7 treatment system; and

8 WHEREAS, Recent federal executive orders, notices of  
9 funding opportunity, and grant terms and conditions promote  
10 both policies and practices that are inconsistent with  
11 evidence-based approaches that have long been supported on a  
12 bipartisan basis such as Housing First and Harm Reduction;  
13 therefore, be it

14 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE  
15 HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE  
16 SENATE CONCURRING HEREIN, that we reaffirm our steadfast  
17 commitment to promoting a person-centered, community-based  
18 mental health and substance use treatment system that is  
19 evidence-backed and recognizes each person's dignity,  
20 humanity, and autonomy in determining the best course of care  
21 in the least restrictive environment in compliance with the  
22 Constitution and laws of the State of Illinois.