AN ACT concerning health.

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

Section 5. The Substance Use Disorder Act is amended by changing Sections 1-5, 1-10, 5-5, 5-10, 5-20, 10-10, 10-15, 15-10, 15-20, 20-5, 25-5, 30-5, 35-5, 35-10, 40-10, 50-5, 50-25, 50-30, 50-35, 50-40, 55-30, and 55-40 as follows:

(20 ILCS 301/1-5)

Sec. 1-5. Legislative declaration. Substance use and gambling disorders, as defined in this Act, constitute a serious public health problem. The effects on public safety and the criminal justice system cause serious social and economic losses, as well as great human suffering. It is imperative that a comprehensive and coordinated strategy be developed under the leadership of a State agency. This strategy should be implemented through the facilities of federal and local government and community-based agencies (which may be public or private, volunteer or professional). Through local prevention, early intervention, treatment, and other recovery support services, this strategy should empower those struggling with substance use and gambling disorders (and, when appropriate, the families of those persons) to lead healthy lives.

The human, social, and economic benefits of preventing these ~~substance use~~ disorders are great, and it is imperative that there be interagency cooperation in the planning and delivery of prevention, early intervention, treatment, and other recovery support services in Illinois.

The provisions of this Act shall be liberally construed to enable the Department to carry out these objectives and purposes.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/1-10)

Sec. 1-10. Definitions. As used in this Act, unless the context clearly indicates otherwise, the following words and terms have the following meanings:

"Case management" means a coordinated approach to the delivery of health and medical treatment, substance use and gambling disorder treatment, mental health treatment, and social services, linking patients with appropriate services to address specific needs and achieve stated goals. In general, case management assists patients with other disorders and conditions that require multiple services over extended periods of time and who face difficulty in gaining access to those services.

"Crime of violence" means any of the following crimes: murder, voluntary manslaughter, criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual

assault of a child, armed robbery, robbery, arson, kidnapping, aggravated battery, aggravated arson, or any other felony that involves the use or threat of physical force or violence against another individual.

"Department" means the Department of Human Services.

"DUI" means driving under the influence of alcohol or other drugs.

"Designated program" means a category of service authorized by an intervention license issued by the Department for delivery of all services as described in Article 40 in this Act.

"Early intervention" means services, authorized by a treatment license, that are sub-clinical and pre-diagnostic and that are designed to screen, identify, and address risk factors that may be related to problems associated with substance use and gambling disorders and to assist individuals in recognizing harmful consequences. Early intervention services facilitate emotional and social stability and involve ~~involves~~ referrals for treatment, as needed.

"Facility" means the building or premises are used for the provision of licensable services, including support services, as set forth by rule.

"Gambling" means the activity of betting or wagering on uncertain outcomes, including, but not limited to, betting or wagering activity regulated by the Illinois Gaming Board.

"Gambling disorder" means a condition characterized by a

persistent and recurring pattern of problematic ~~maladaptive~~ gambling behavior, leading to significant psychological distress and impairment in health and mental functioning. Classified under substance use disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), gambling disorder shares similarities with drug abuse, as both activate reward systems in the brain and produce comparable behavioral symptoms ~~that disrupts personal, family, or vocational pursuits~~.

"Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides or intends to provide ~~licensable substance-related disorder intervention or treatment~~ services. Such activities include, but are not limited to, advertisements, notices, statements, or contractual arrangements with managed care organizations, private health insurance, or employee assistance programs to provide services that require a license as specified in Article 15.

"Informed consent" means legally valid written consent, given by a client, patient, or legal guardian, that authorizes intervention or treatment services from a licensed organization and that documents agreement to participate in those services and knowledge of the consequences of withdrawal from such services. Informed consent also acknowledges the client's or patient's right to a conflict-free choice of services from any licensed organization and the potential

risks and benefits of selected services.

"Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the current effects of alcohol or other drugs within the body.

"Medication assisted treatment" means the prescription of medications that are approved by the U.S. Food and Drug Administration and the Center for Substance Abuse Treatment to assist with treatment for a substance use disorder and to support recovery for individuals receiving services in a facility licensed by the Department. Medication assisted treatment includes opioid treatment services as authorized by a Department license.

~~"Off-site services" means licensable services are conducted at a location separate from the licensed location of the provider, and services are operated by an entity licensed under this Act and approved in advance by the Department.~~

"Person" means any individual, firm, group, association, partnership, corporation, trust, government or governmental subdivision or agency.

"Prevention" means an interactive process of individuals, families, schools, religious organizations, communities and regional, state and national organizations whose goals are to reduce the prevalence of substance use and gambling disorders, prevent the use of illegal drugs and the abuse of legal drugs by persons of all ages, prevent the use of alcohol by minors, reduce the severity of harm in gambling by persons of all ages,

build the capacities of individuals and systems, and promote healthy environments, lifestyles, and behaviors.

"Recovery" means a process of change through which individuals improve their health and wellness, live a self-directed life, and reach their full potential.

"Recovery support" means services designed to support individual recovery from a substance use or gambling disorder that may be delivered pre-treatment, during treatment, or post treatment. These services may be delivered in a wide variety of settings for the purpose of supporting the individual in meeting his or her recovery support goals.

"Secretary" means the Secretary of the Department of Human Services or his or her designee.

"Substance use disorder" means a spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; and tobacco; and other unknown substances leading to clinically significant impairment or distress.

"Treatment" means the broad range of emergency, outpatient, and residential care (including assessment, diagnosis, case management, treatment, and recovery support planning) may be extended to individuals with substance use disorders and co-occurring substance use and gambling disorders or to the families of those persons.

"Video gaming" means the action or practice of playing video games.

"Withdrawal management" means services designed to manage intoxication or withdrawal episodes (previously referred to as detoxification), interrupt the momentum of habitual, compulsive substance use and begin the initial engagement in medically necessary substance use disorder treatment. Withdrawal management allows patients to safely withdraw from substances in a controlled medically-structured environment.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/5-5)

Sec. 5-5. Successor department; home rule.

(a) The Department of Human Services, as successor to the Department of Alcoholism and Substance Abuse, shall assume the various rights, powers, duties, and functions provided for in this Act.

(b) It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that the powers and functions set forth in this Act and expressly delegated to the Department are exclusive State powers and functions. Nothing herein prohibits the exercise of any power or the performance of any function, including the power to regulate, for the protection of the public health, safety, morals and welfare, by any unit of local government, other than the powers and

functions set forth in this Act and expressly delegated to the Department to be exclusive State powers and functions.

(c) The Department shall, through accountable and efficient leadership, example and commitment to excellence, strive to reduce the incidence of substance use and gambling disorders by:

(1) Fostering public understanding of substance use and gambling disorders and how they affect individuals, families, and communities.

(2) Promoting healthy lifestyles.

(3) Promoting understanding and support for sound public policies.

(4) Ensuring quality prevention, early intervention, treatment, and other recovery support services that are accessible and responsive to the diverse needs of individuals, families, and communities.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/5-10)

Sec. 5-10. Functions of the Department.

(a) In addition to the powers, duties and functions vested in the Department by this Act, or by other laws of this State, the Department shall carry out the following activities:

(1) Design, coordinate and fund comprehensive community-based and culturally and gender-appropriate services throughout the State. These services must include

prevention, early intervention, treatment, and other recovery support services ~~for substance use disorders~~ that are accessible and address the needs of at-risk individuals and their families.

(2) Act as the exclusive State agency to accept, receive and expend, pursuant to appropriation, any public or private monies, grants or services, including those received from the federal government or from other State agencies, for the purpose of providing prevention, early intervention, treatment, and other recovery support services for substance use and gambling disorders.

(2.5) In partnership with the Department of Healthcare and Family Services, act as one of the principal State agencies for the sole purpose of calculating the maintenance of effort requirement under Section 1930 of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR 96.134).

(3) Coordinate a statewide strategy for the prevention, early intervention, treatment, and recovery support of substance use and gambling disorders. This strategy shall include the development of a comprehensive plan, submitted annually with the application for federal substance use disorder block grant funding, for the provision of an array of such services. The plan shall be based on local community-based needs and upon data

including, but not limited to, that which defines the prevalence of and costs associated with these ~~substance use~~ disorders. This comprehensive plan shall include identification of problems, needs, priorities, services and other pertinent information, including the needs of marginalized communities ~~minorities~~ and other specific priority populations in the State, and shall describe how the identified problems and needs will be addressed. For purposes of this paragraph, the term "marginalized communities ~~minorities~~ and other specific priority populations" may include, but shall not be limited to, groups such as women, children, persons who use intravenous drugs ~~drug users~~, persons with AIDS or who are HIV infected, veterans, African-Americans, ~~Puerto Ricans,~~ Hispanics, Asian Americans, the elderly, persons in the criminal justice system, persons who are clients of services provided by other State agencies, persons with disabilities and such other specific populations as the Department may from time to time identify. In developing the plan, the Department shall seek input from providers, parent groups, associations and interested citizens.

The plan developed under this Section shall include an explanation of the rationale to be used in ensuring that funding shall be based upon local community needs, including, but not limited to, the incidence and prevalence of, and costs associated with, substance use

and gambling disorders, as well as upon demonstrated program performance.

The plan developed under this Section shall also contain a report detailing the activities of and progress made through services for the care and treatment of substance use and gambling disorders among pregnant women and mothers and their children established under subsection (j) of Section 35-5.

As applicable, the plan developed under this Section shall also include information about funding by other State agencies for prevention, early intervention, treatment, and other recovery support services.

(4) Lead, foster and develop cooperation, coordination and agreements among federal and State governmental agencies and local providers that provide assistance, services, funding or other functions, peripheral or direct, in the prevention, early intervention, treatment, and recovery support for substance use and gambling disorders. This shall include, but shall not be limited to, the following:

(A) Cooperate with and assist other State agencies, as applicable, in establishing and conducting these ~~substance use~~ disorder services among the populations they respectively serve.

(B) Cooperate with and assist the Illinois Department of Public Health in the establishment,

funding and support of programs and services for the promotion of maternal and child health and the prevention and treatment of infectious diseases, including, but not limited to, HIV infection, especially with respect to those persons who are high risk due to intravenous injection of illegal drugs, or who may have been sexual partners of these individuals, or who may have impaired immune systems as a result of a substance use disorder.

(C) Supply to the Department of Public Health and prenatal care providers a list of all providers who are licensed to provide substance use and gambling disorder treatment for pregnant women in this State.

(D) Assist in the placement of child abuse or neglect perpetrators (identified by the Illinois Department of Children and Family Services (DCFS)) who have been determined to be in need of substance use disorder treatment pursuant to Section 8.2 of the Abused and Neglected Child Reporting Act.

(E) Cooperate with and assist DCFS in carrying out its mandates to:

(i) identify substance use disorders among its clients and their families; and

(ii) develop services to deal with such disorders.

These services may include, but shall not be limited

to, programs to prevent or treat substance use and gambling disorders with DCFS clients and their families, identifying child care needs within such treatment, and assistance with other issues as required.

(F) Cooperate with and assist the Illinois Criminal Justice Information Authority with respect to statistical and other information concerning the incidence and prevalence of substance use and gambling disorders.

(G) Cooperate with and assist local ~~the State Superintendent of Education,~~ boards of education, schools, police departments, the Illinois State Police, courts and other public and private agencies and individuals in establishing substance use or gambling disorder prevention programs statewide and preparing instructional resources ~~curriculum materials~~ for use at all levels of education.

(H) Cooperate with and assist the Illinois Department of Healthcare and Family Services in the development and provision of services offered to recipients of public assistance for the treatment and prevention of substance use and gambling disorders.

(H-5) Collaborate with the State Board of Education to the extent the Board develops instructional resources for substance use or gambling

disorder prevention and awareness that may be used by school districts.

(I) (Blank).

(5) From monies appropriated to the Department from the Drunk and Drugged Driving Prevention Fund, reimburse DUI evaluation and risk education programs licensed by the Department for providing indigent persons with free or reduced-cost evaluation and risk education services relating to a charge of driving under the influence of alcohol or other drugs.

(6) Promulgate regulations to identify and disseminate best practice guidelines that can be utilized by publicly and privately funded programs as well as for levels of payment to government funded programs that provide prevention, early intervention, treatment, and other recovery support services for substance use and gambling disorders and those services referenced in Sections 15-10 and 40-5.

(7) In consultation with providers and related trade associations, specify a uniform methodology for use by funded providers and the Department for billing and collection and dissemination of statistical information regarding services related to substance use and gambling disorders.

(8) Receive data and assistance from federal, State and local governmental agencies, and obtain copies of

identification and arrest data from all federal, State and local law enforcement agencies for use in carrying out the purposes and functions of the Department.

(9) Designate and license providers to conduct screening, assessment, referral and tracking of clients identified by the criminal justice system as having indications of substance use disorders and being eligible to make an election for treatment under Section 40-5 of this Act, and assist in the placement of individuals who are under court order to participate in treatment.

(10) Identify and disseminate evidence-based best practice guidelines as maintained in administrative rule that can be utilized to determine a substance use and gambling disorder diagnosis.

(11) (Blank).

(12) Make grants with funds appropriated from the Drug Treatment Fund in accordance with Section 7 of the Controlled Substance and Cannabis Nuisance Act, or in accordance with Section 80 of the Methamphetamine Control and Community Protection Act, or in accordance with subsections (h) and (i) of Section 411.2 of the Illinois Controlled Substances Act, or in accordance with Section 6z-107 of the State Finance ~~50-35 of this~~ Act.

(13) Encourage all health and disability insurance programs to include substance use and gambling disorder treatment as ~~a~~ covered services ~~service~~ and to use

evidence-based best practice criteria as maintained in administrative rule and as required in Public Act 99-0480 in determining the necessity for such services and continued stay.

(14) Award grants and enter into fixed-rate and fee-for-service arrangements with any other department, authority or commission of this State, or any other state or the federal government or with any public or private agency, including the disbursement of funds and furnishing of staff, to effectuate the purposes of this Act.

(15) Conduct a public information campaign to inform the State's Hispanic residents regarding the prevention and treatment of substance use and gambling disorders.

(b) In addition to the powers, duties and functions vested in it by this Act, or by other laws of this State, the Department may undertake, but shall not be limited to, the following activities:

(1) Require all organizations licensed or funded by the Department to include an education component to inform participants regarding the causes and means of transmission and methods of reducing the risk of acquiring or transmitting HIV infection and other infectious diseases, and to include funding for such education component in its support of the program.

(2) Review all State agency applications for federal funds that include provisions relating to the prevention,

early intervention and treatment of substance use and gambling disorders in order to ensure consistency.

(3) Prepare, publish, evaluate, disseminate and serve as a central repository for educational materials dealing with the nature and effects of substance use and gambling disorders. Such materials may deal with the educational needs of the citizens of Illinois, and may include at least pamphlets that describe the causes and effects of fetal alcohol spectrum disorders.

(4) Develop and coordinate, with regional and local agencies, education and training programs for persons engaged in providing services for persons with substance use and gambling disorders, which programs may include specific HIV education and training for program personnel.

(5) Cooperate with and assist in the development of education, prevention, early intervention, and treatment programs for employees of State and local governments and businesses in the State.

(6) Utilize the support and assistance of interested persons in the community, including recovering persons, to assist individuals and communities in understanding the dynamics of substance use and gambling disorders, and to encourage individuals with these ~~substance use~~ disorders to voluntarily undergo treatment.

(7) Promote, conduct, assist or sponsor basic clinical, epidemiological and statistical research into

substance use and gambling disorders and research into the prevention of those problems either solely or in conjunction with any public or private agency.

(8) Cooperate with public and private agencies, institutions of higher education organizations, and individuals in the development of programs, and to provide technical assistance and consultation services for this purpose.

(9) (Blank).

(10) (Blank).

(11) Fund, promote, or assist entities dealing with substance use and gambling disorders.

(12) With monies appropriated from the Group Home Loan Revolving Fund, make loans, directly or through subcontract, to assist in underwriting the costs of housing in which individuals recovering from substance use or gambling disorders may reside, pursuant to Section 50-40 of this Act.

(13) Promulgate such regulations as may be necessary to carry out the purposes and enforce the provisions of this Act.

(14) Provide funding to help parents be effective in preventing substance use and gambling disorders by building an awareness of the family's role in preventing substance use and gambling problems ~~disorders~~ through adjusting expectations, developing new skills, and setting

positive family goals. The programs shall include, but not be limited to, the following subjects: healthy family communication; establishing rules and limits; how to reduce family conflict; how to build self-esteem, competency, and responsibility in children; how to improve motivation and achievement; effective discipline; problem solving techniques; healthy video gaming and play habits; appropriate financial planning and investment strategies; how to talk about gambling and related activities; and how to talk about substance use or gambling ~~drugs and alcohol~~. The programs shall be open to all parents.

(15) Establish an Opioid Remediation Services Capital Investment Grant Program. The Department may, subject to appropriation and approval through the Opioid Overdose Prevention and Recovery Steering Committee, after recommendation by the Illinois Opioid Remediation Advisory Board, and certification by the Office of the Attorney General, make capital improvement grants to units of local government and substance use prevention, treatment, and recovery service providers addressing opioid remediation in the State for approved abatement uses under the Illinois Opioid Allocation Agreement. The Illinois Opioid Remediation State Trust Fund shall be the source of funding for the program. Eligible grant recipients shall be units of local government and substance use prevention, treatment, and recovery service providers that offer

facilities and services in a manner that supports and meets the approved uses of the opioid settlement funds. Eligible grant recipients have no entitlement to a grant under this Section. The Department of Human Services may consult with the Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority to adopt rules to implement this Section and may create a competitive application procedure for grants to be awarded. The rules may specify the manner of applying for grants; grantee eligibility requirements; project eligibility requirements; restrictions on the use of grant moneys; the manner in which grantees must account for the use of grant moneys; and any other provision that the Department of Human Services determines to be necessary or useful for the administration of this Section. Rules may include a requirement for grantees to provide local matching funds in an amount equal to a specific percentage of the grant. No portion of an opioid remediation services capital investment grant awarded under this Section may be used by a grantee to pay for any ongoing operational costs or outstanding debt. The Department of Human Services may consult with the Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority in the management and disbursement of funds for capital-related projects. The

Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority shall act in a consulting role only for the evaluation of applicants, scoring of applicants, or administration of the grant program.

(c) There is created within the Department of Human Services an Office of Opioid Settlement Administration. The Office shall be responsible for implementing and administering approved abatement programs as described in Exhibit B of the Illinois Opioid Allocation Agreement, effective December 30, 2021. The Office may also implement and administer other opioid-related programs, including, but not limited to, prevention, treatment, and recovery services from other funds made available to the Department of Human Services. The Secretary of Human Services shall appoint or assign staff as necessary to carry out the duties and functions of the Office.

(Source: P.A. 103-8, eff. 6-7-23; 104-2, eff. 6-16-25.)

(20 ILCS 301/5-20)

Sec. 5-20. Gambling disorders.

(a) Subject to appropriation, the Department shall establish a program for public education, research, and training regarding gambling disorders and the treatment and prevention of gambling disorders. Subject to specific appropriation for these stated purposes, the program must include all of the following:

(1) Establishment and maintenance of a toll-free hotline and website ~~"800" telephone number~~ to provide crisis counseling and referral services for ~~to~~ families experiencing difficulty related to ~~as a result of~~ gambling disorders.

(2) Promotion of public awareness regarding the recognition and prevention of gambling disorders. Promotion of public awareness regarding the impact of gambling disorders on individuals, families, and communities and the stigma that surrounds gambling disorders.

(3) Facilitation, through in-service training, promotion of professional staff credentials, and other innovative means, of the availability of effective assistance programs for gambling disorders.

(4) Conducting studies, and other innovative means, to identify adults and juveniles in this State who have, or who are at risk of developing, gambling disorders.

(5) Utilize screening, crisis intervention, treatment, public awareness, prevention, in-service training, and other innovative means, to decrease the incidents of suicide attempts related to a gambling disorder or gambling issues.

(b) Subject to appropriation, the Department shall either establish and maintain the program or contract with a private or public entity for the establishment and maintenance of the

program. Subject to appropriation, either the Department or the private or public entity shall implement the hotline and website ~~toll-free telephone number~~, promote public awareness, conduct research, support treatment and recovery services, and conduct in-service training concerning gambling disorders.

(c) The Department shall determine a statement regarding obtaining assistance with a gambling disorder which each licensed gambling establishment owner shall post and each master sports wagering licensee shall include on the master sports wagering licensee's portal, Internet website, or computer or mobile application. Subject to appropriation, the Department shall produce and supply the signs with the statement as specified in Section 10.7 of the Illinois Lottery Law, Section 34.1 of the Illinois Horse Racing Act of 1975, Section 4.3 of the Bingo License and Tax Act, Section 8.1 of the Charitable Games Act, Section 25.95 of the Sports Wagering Act, ~~and~~ Section 13.1 of the Illinois Gambling Act, and the Video Gaming Act.

(d) Programs; gambling disorder prevention.

(1) The Department may establish a program to provide for the production and publication, in electronic and other formats, of gambling prevention, recognition, treatment, and recovery literature and other public education methods. The Department may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in

the prevention of gambling disorders.

(2) The Department may provide advice to State and local officials on gambling disorders, including the prevalence of gambling disorders, programs treating or promoting the prevention of gambling disorders, trends in gambling disorder prevalence, and the relationship between gaming and gambling disorders.

(3) The Department may support gambling disorder prevention, recognition, treatment, and recovery projects by facilitating the acquisition of gambling prevention curriculums, providing trainings in gambling disorder prevention best practices, connecting programs to health care resources, establishing learning collaboratives between localities and programs, and assisting programs in navigating any regulatory requirements for establishing or expanding such programs.

(4) In supporting best practices in gambling disorder prevention programming, the Department may promote the following programmatic elements:

(A) Providing funding for community-based organizations to employ community health workers or peer recovery specialists who are familiar with the communities served and can provide culturally competent services.

(B) Collaborating with other community-based organizations, gambling treatment centers, or other

health care providers engaged in treating individuals who are experiencing gambling disorder.

(C) Providing linkages for individuals to obtain evidence-based gambling disorder treatment.

(D) Engaging individuals exiting jails or prisons who are at a high risk of developing a gambling disorder.

(E) Providing education and training to community-based organizations who work directly with individuals who are experiencing gambling disorders and those individuals' families and communities.

(F) Providing education and training on gambling disorder prevention and response to the judicial system.

(G) Informing communities of the impact gambling disorder has on suicidal ideation and suicide attempts and the role health care professionals can have in identifying appropriate treatment.

(H) Producing and distributing targeted mass media materials on gambling disorder prevention and response, and the potential dangers of gambling related stigma.

(e) Grants.

(1) The Department may award grants, in accordance with this subsection, to create or support local gambling prevention, recognition, and response projects. Local

health departments, correctional institutions, hospitals, universities, community-based organizations, and faith-based organizations may apply to the Department for a grant under this subsection at the time and in the manner the Department prescribes.

(2) In awarding grants, the Department shall consider the necessity for gambling disorder prevention projects in various settings and shall encourage all grant applicants to develop interventions that will be effective and viable in their local areas.

(3) In addition to moneys appropriated by the General Assembly, the Department may seek grants from private foundations, the federal government, and other sources to fund the grants under this Section and to fund an evaluation of the programs supported by the grants.

(4) The Department may award grants to create or support local gambling treatment programs. Such programs may include prevention, early intervention, residential and outpatient treatment, and recovery support services for gambling disorders. Local health departments, hospitals, universities, community-based organizations, and faith-based organizations may apply to the Department for a grant under this subsection at the time and in the manner the Department prescribes.

(Source: P.A. 100-759, eff. 1-1-19; 101-31, eff. 6-28-19.)

(20 ILCS 301/10-10)

Sec. 10-10. Powers and duties of the Council. The Council shall:

(a) Advise the Department on ways to encourage public understanding and support of the Department's programs.

(b) Advise the Department on regulations and licensure proposed by the Department.

(c) Advise the Department in the formulation, preparation, and implementation of the annual plan submitted with the federal Substance Use Disorder Block Grant application for prevention, early intervention, treatment, and other recovery support services for substance use and gambling disorders.

(d) Advise the Department on implementation of substance use and gambling disorder education and prevention programs throughout the State.

(e) Assist with incorporating into the annual plan submitted with the federal Substance Use Disorder Block Grant application, planning information specific to Illinois' female population. The information shall contain, but need not be limited to, the types of services funded, the population served, the support services available, and the goals, objectives, proposed methods of achievement, service projections and cost estimate for the upcoming year.

(f) Perform other duties as requested by the

Secretary.

(g) Advise the Department in the planning, development, and coordination of programs among all agencies and departments of State government, including programs to reduce substance use and gambling disorders, prevent the misuse of illegal and legal drugs by persons of all ages, prevent gambling and gaming by minors and prevent the use of alcohol by minors.

(h) Promote and encourage participation by the private sector, including business, industry, labor, and the media, in programs to prevent substance use and gambling disorders.

(i) Encourage the implementation of programs to prevent substance use and gambling disorders in the public and private schools and educational institutions.

(j) Gather information, conduct hearings, and make recommendations to the Secretary concerning additions, deletions, or rescheduling of substances under the Illinois Controlled Substances Act.

(k) Report as requested to the General Assembly regarding the activities and recommendations made by the Council.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/10-15)

Sec. 10-15. Qualification and appointment of members. The

membership of the Illinois Advisory Council may, as needed, consist of:

(a) A State's Attorney designated by the President of the Illinois State's Attorneys Association.

(b) A judge designated by the Chief Justice of the Illinois Supreme Court.

(c) A Public Defender appointed by the President of the Illinois Public Defender Association.

(d) A local law enforcement officer appointed by the Governor.

(e) A labor representative appointed by the Governor.

(f) An educator appointed by the Governor.

(g) A physician licensed to practice medicine in all its branches appointed by the Governor with due regard for the appointee's knowledge of the field of substance use disorders.

(h) 4 members of the Illinois House of Representatives, 2 each appointed by the Speaker and Minority Leader.

(i) 4 members of the Illinois Senate, 2 each appointed by the President and Minority Leader.

(j) The Chief Executive Officer of the Illinois Association for Behavioral Health or his or her designee.

(k) An advocate for the needs of youth appointed by the Governor.

(l) The President of the Illinois State Medical

Society or his or her designee.

(m) The President of the Illinois Hospital Association or his or her designee.

(n) The President of the Illinois Nurses Association or a registered nurse designated by the President.

(o) The President of the Illinois Pharmacists Association or a licensed pharmacist designated by the President.

(p) The President of the Illinois Chapter of the Association of Labor-Management Administrators and Consultants on Alcoholism.

(p-1) The Chief Executive Officer of the Community Behavioral Healthcare Association of Illinois or his or her designee.

(q) The Attorney General or his or her designee.

(r) The State Comptroller or his or her designee.

(s) 20 public members, 8 appointed by the Governor, 3 of whom shall be representatives of substance use and gambling disorder treatment programs and one of whom shall be a representative of a manufacturer or importing distributor of alcoholic liquor licensed by the State of Illinois, and 3 public members appointed by each of the President and Minority Leader of the Senate and the Speaker and Minority Leader of the House.

(t) The Director, Secretary, or other chief administrative officer, ex officio, or his or her

designee, of each of the following: the Department on Aging, the Department of Children and Family Services, the Department of Corrections, the Department of Juvenile Justice, the Department of Healthcare and Family Services, the Department of Revenue, the Department of Public Health, the Department of Financial and Professional Regulation, the Illinois State Police, the Administrative Office of the Illinois Courts, the Criminal Justice Information Authority, and the Department of Transportation.

(u) Each of the following, ex officio, or his or her designee: the Secretary of State, the State Superintendent of Education, and the Chairman of the Board of Higher Education.

The public members may not be officers or employees of the executive branch of State government; however, the public members may be officers or employees of a State college or university or of any law enforcement agency. In appointing members, due consideration shall be given to the experience of appointees in the fields of medicine, law, prevention, correctional activities, and social welfare. Vacancies in the public membership shall be filled for the unexpired term by appointment in like manner as for original appointments, and the appointive members shall serve until their successors are appointed and have qualified. Vacancies among the public members appointed by the legislative leaders shall be filled

by the leader of the same house and of the same political party as the leader who originally appointed the member.

Each non-appointive member may designate a representative to serve in his place by written notice to the Department. All General Assembly members shall serve until their respective successors are appointed or until termination of their legislative service, whichever occurs first. The terms of office for each of the members appointed by the Governor shall be for 3 years, except that of the members first appointed, 3 shall be appointed for a term of one year, and 4 shall be appointed for a term of 2 years. The terms of office of each of the public members appointed by the legislative leaders shall be for 2 years.

(Source: P.A. 102-538, eff. 8-20-21.)

(20 ILCS 301/15-10)

Sec. 15-10. Licensure categories and services. No person or program may provide the services or conduct the activities described in this Section without first obtaining a license therefor from the Department, unless otherwise exempted under this Act. The Department shall, by rule, provide requirements for each of the following types of licenses and categories of service:

(a) Treatment: Categories of service authorized by a treatment license are Early Intervention, Outpatient, Intensive Outpatient/Partial Hospitalization, Subacute

Residential/Inpatient, and Withdrawal Management. Medication assisted treatment that includes methadone used for an opioid use disorder can be licensed as an adjunct to any of the treatment levels of care specified in this Section. Treatment for a gambling disorder, as defined in Section 1-10 and in accordance with standards developed by the Department may also be added as an adjunct to any of the treatment levels of care as defined in this Section.

(b) Intervention: Categories of service authorized by an intervention license are DUI Evaluation, DUI Risk Education, Designated Program, and Recovery Homes for persons in any stage of recovery from a substance use disorder. Gambling disorder, as defined in Section 1-10 and in accordance with standards developed by the Department, may also be added as an adjunct to a recovery home intervention license. Harm reduction is another service authorized by an intervention licensure that can be issued if and when legal authorization is adopted to allow for this service and upon adoption of administrative or funding rules that govern the delivery of the service.

The Department may, under procedures established by rule and upon a showing of good cause for such, exempt off-site services from having to obtain a separate license for services conducted away from the provider's licensed location.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/15-20)

Sec. 15-20. Fees. The Department shall charge a reasonable fee, ~~as~~ determined by rule, for each licensure category at each site at which activities requiring licensure are to be conducted. No fee shall be required for off-site services, or for services provided by a unit of government. The Department may, under procedures developed by rule, waive all or part of the licensure fee which would otherwise be due from providers funded by the Department. All license fees collected under this Act shall be deposited into the General Revenue Fund.
(Source: P.A. 88-80.)

(20 ILCS 301/20-5)

Sec. 20-5. Development of statewide prevention system.

(a) The Department shall develop and implement a comprehensive, statewide, community-based strategy to reduce substance use <u>and gambling</u> disorders and prevent the misuse of illegal and legal drugs by persons of all ages, and to prevent the use of alcohol by minors. The system created to implement this strategy shall be based on the premise that coordination among and integration between all community and governmental systems will facilitate effective and efficient program implementation and utilization of existing resources.

(b) The statewide system developed under this Section may be adopted by administrative rule or funded as a grant award condition and shall be responsible for:

(1) Providing programs and technical assistance to improve the ability of Illinois communities and schools to develop, implement and evaluate prevention programs.

(2) Initiating and fostering continuing cooperation among the Department, Department-funded prevention programs, other community-based prevention providers and other State, regional, or local systems or agencies that have an interest in substance use disorder prevention.

(c) In developing, implementing, and advocating for this statewide strategy and system, the Department may engage in, but shall not be limited to, the following activities:

(1) Establishing and conducting programs to provide awareness and knowledge of the nature and extent of substance use and gambling disorders and their effect on individuals, families, and communities.

(2) Conducting or providing prevention skill building or education through the use of structured experiences.

(3) Developing, supporting, and advocating with new and existing local community coalitions or neighborhood-based grassroots networks using action planning and collaborative systems to initiate change regarding substance use and gambling disorders in their communities.

(4) Encouraging, supporting, and advocating for programs and activities that emphasize alcohol-free and other drug-free lifestyles.

(5) Drafting and implementing efficient plans for the use of available resources to address issues of substance use and gambling disorder prevention.

(6) Coordinating local programs of alcoholism and other drug abuse education and prevention.

(7) Encouraging the development of local advisory councils.

(d) In providing leadership to this system, the Department shall take into account, wherever possible, the needs and requirements of local communities. The Department shall also involve, wherever possible, local communities in its statewide planning efforts. These planning efforts shall include, but shall not be limited to, in cooperation with local community representatives and Department-funded agencies, the analysis and application of results of local needs assessments, as well as a process for the integration of an evaluation component into the system. The results of this collaborative planning effort shall be taken into account by the Department in making decisions regarding the allocation of prevention resources.

(e) Prevention programs funded in whole or in part by the Department shall maintain staff whose skills, training, experiences and cultural awareness demonstrably match the needs of the people they are serving.

(f) The Department may delegate the functions and activities described in subsection (c) of this Section to local, community-based providers.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/25-5)

Sec. 25-5. Establishment of comprehensive treatment system. The Department shall develop, fund and implement a comprehensive, statewide, community-based system for the provision of early intervention, treatment, and recovery support services for persons suffering from substance use and gambling disorders. The system created under this Section shall be based on the premise that coordination among and integration between all community and governmental systems will facilitate effective and efficient program implementation and utilization of existing resources.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/30-5)

Sec. 30-5. Patients' rights established.

(a) For purposes of this Section, "patient" means any person who is receiving or has received early intervention, treatment, or other recovery support services under this Act or any category of service licensed as "intervention" under this Act.

(b) No patient shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the United States of America, or the Constitution of the State of Illinois solely because of his or her status as a patient.

(c) Persons who have substance use and gambling disorders who are also suffering from medical conditions shall not be discriminated against in admission or treatment by any hospital that receives support in any form supported in whole or in part by funds appropriated to any State department or agency.

(d) Every patient shall have impartial access to services without regard to race, religion, sex, ethnicity, age, sexual orientation, gender identity, marital status, or other disability.

(e) Patients shall be permitted the free exercise of religion.

(f) Every patient's personal dignity shall be recognized in the provision of services, and a patient's personal privacy shall be assured and protected within the constraints of his or her individual treatment.

(g) Treatment services shall be provided in the least restrictive environment possible.

(h) Each patient receiving treatment services shall be provided an individual treatment plan, which shall be periodically reviewed and updated as mandated by administrative rule.

(i) Treatment shall be person-centered, meaning that every patient shall be permitted to participate in the planning of his or her total care and medical treatment to the extent that his or her condition permits.

(j) A person shall not be denied treatment solely because he or she has withdrawn from treatment against medical advice on a prior occasion or had prior treatment episodes.

(k) The patient in residential treatment shall be permitted visits by family and significant others, unless such visits are clinically contraindicated.

(l) A patient in residential treatment shall be allowed to conduct private telephone conversations with family and friends unless clinically contraindicated.

(m) A patient in residential treatment shall be permitted to send and receive mail without hindrance, unless clinically contraindicated.

(n) A patient shall be permitted to manage his or her own financial affairs unless the patient or the patient's guardian, or if the patient is a minor, the patient's parent, authorizes another competent person to do so.

(o) A patient shall be permitted to request the opinion of a consultant at his or her own expense, or to request an in-house review of a treatment plan, as provided in the specific procedures of the provider. A treatment provider is not liable for the negligence of any consultant.

(p) Unless otherwise prohibited by State or federal law, every patient shall be permitted to obtain from his or her own physician, the treatment provider, or the treatment provider's consulting physician complete and current information concerning the nature of care, procedures, and treatment that

he or she will receive.

(q) A patient shall be permitted to refuse to participate in any experimental research or medical procedure without compromising his or her access to other, non-experimental services. Before a patient is placed in an experimental research or medical procedure, the provider must first obtain his or her informed written consent or otherwise comply with the federal requirements regarding the protection of human subjects contained in 45 CFR Part 46.

(r) All medical treatment and procedures shall be administered as ordered by a physician and in accordance with all Department rules.

(s) Every patient in treatment shall be permitted to refuse medical treatment and to know the consequences of such action. Such refusal by a patient shall free the treatment licensee from the obligation to provide the treatment.

(t) Unless otherwise prohibited by State or federal law, every patient, patient's guardian, or parent, if the patient is a minor, shall be permitted to inspect and copy all clinical and other records kept by the intervention or treatment licensee or by his or her physician concerning his or her care and maintenance. The licensee or physician may charge a reasonable fee for the duplication of a record.

(u) No owner, licensee, administrator, employee, or agent of a licensed intervention or treatment program shall abuse or neglect a patient. It is the duty of any individual who becomes

aware of such abuse or neglect to report it to the Department immediately.

(v) The licensee may refuse access to any person if the actions of that person are or could be injurious to the health and safety of a patient or the licensee, or if the person seeks access for commercial purposes.

(w) All patients admitted to community-based treatment facilities shall be considered voluntary treatment patients and such patients shall not be contained within a locked setting.

(x) Patients and their families or legal guardians shall have the right to present complaints to the provider or the Department concerning the quality of care provided to the patient, without threat of discharge or reprisal in any form or manner whatsoever. The complaint process and procedure shall be adopted by the Department by rule. The treatment provider shall have in place a mechanism for receiving and responding to such complaints, and shall inform the patient and the patient's family or legal guardian of this mechanism and how to use it. The provider shall analyze any complaint received and, when indicated, take appropriate corrective action. Every patient and his or her family member or legal guardian who makes a complaint shall receive a timely response from the provider that substantively addresses the complaint. The provider shall inform the patient and the patient's family or legal guardian about other sources of assistance if the

provider has not resolved the complaint to the satisfaction of the patient or the patient's family or legal guardian.

(y) A patient may refuse to perform labor at a program unless such labor is a part of the patient's individual treatment plan as documented in the patient's clinical record.

(z) A person who is in need of services may apply for voluntary admission in the manner and with the rights provided for under regulations promulgated by the Department. If a person is refused admission, then staff, subject to rules promulgated by the Department, shall refer the person to another facility or to other appropriate services.

(aa) No patient shall be denied services based solely on HIV status. Further, records and information governed by the AIDS Confidentiality Act and the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697) shall be maintained in accordance therewith.

(bb) Records of the identity, diagnosis, prognosis or treatment of any patient maintained in connection with the performance of any service or activity relating to substance use and gambling disorder education, early intervention, intervention, training, or treatment that is regulated, authorized, or directly or indirectly assisted by any Department or agency of this State or under any provision of this Act shall be confidential and may be disclosed only in accordance with the provisions of federal law and regulations concerning the confidentiality of substance use and gambling

disorder patient records as contained in 42 U.S.C. Sections 290dd-2 and 42 CFR Part 2, or any successor federal statute or regulation.

(1) The following are exempt from the confidentiality protections set forth in 42 CFR Section 2.12(c):

(A) Veteran's Administration records.

(B) Information obtained by the Armed Forces.

(C) Information given to qualified service organizations.

(D) Communications within a program or between a program and an entity having direct administrative control over that program.

(E) Information given to law enforcement personnel investigating a patient's commission of a crime on the program premises or against program personnel.

(F) Reports under State law of incidents of suspected child abuse and neglect; however, confidentiality restrictions continue to apply to the records and any follow-up information for disclosure and use in civil or criminal proceedings arising from the report of suspected abuse or neglect.

(2) If the information is not exempt, a disclosure can be made only under the following circumstances:

(A) With patient consent as set forth in 42 CFR Sections 2.1(b)(1) and 2.31, and as consistent with pertinent State law.

(B) For medical emergencies as set forth in 42 CFR Sections 2.1(b)(2) and 2.51.

(C) For research activities as set forth in 42 CFR Sections 2.1(b)(2) and 2.52.

(D) For audit evaluation activities as set forth in 42 CFR Section 2.53.

(E) With a court order as set forth in 42 CFR Sections 2.61 through 2.67.

(3) The restrictions on disclosure and use of patient information apply whether the holder of the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use that is not permitted by 42 CFR Part 2. Any court orders authorizing disclosure of patient records under this Act must comply with the procedures and criteria set forth in 42 CFR Sections 2.64 and 2.65. Except as authorized by a court order granted under this Section, no record referred to in this Section may be used to initiate or substantiate any charges against a patient or to conduct any investigation of a patient.

(4) The prohibitions of this subsection shall apply to records concerning any person who has been a patient, regardless of whether or when the person ceases to be a patient.

(5) Any person who discloses the content of any record

referred to in this Section except as authorized shall, upon conviction, be guilty of a Class A misdemeanor.

(6) The Department shall prescribe regulations to carry out the purposes of this subsection. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of court orders, as in the judgment of the Department are necessary or proper to effectuate the purposes of this Section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(cc) Each patient shall be given a written explanation of all the rights enumerated in this Section and a copy, signed by the patient, shall be kept in every patient record. If a patient is unable to read such written explanation, it shall be read to the patient in a language that the patient understands. A copy of all the rights enumerated in this Section shall be posted in a conspicuous place within the program where it may readily be seen and read by program patients and visitors.

(dd) The program shall ensure that its staff is familiar with and observes the rights and responsibilities enumerated in this Section.

(ee) Licensed organizations shall comply with the right of any adolescent to consent to treatment without approval of the parent or legal guardian in accordance with the Consent by

Minors to Health Care Services Act.

(ff) At the point of admission for services, licensed organizations must obtain written informed consent, as defined in Section 1-10 and in administrative rule, from each client, patient, or legal guardian.

(Source: P.A. 102-813, eff. 5-13-22.)

(20 ILCS 301/35-5)

Sec. 35-5. Services for pregnant women and mothers.

(a) In order to promote a comprehensive, statewide and multidisciplinary approach to serving pregnant women and mothers, including those who are minors, and their children who are affected by substance use and gambling disorders, the Department shall have responsibility for an ongoing exchange of referral information among the following:

(1) those who provide medical and social services to pregnant women, mothers and their children, whether or not there exists evidence of a substance use and gambling disorder. These include any other State-funded medical or social services to pregnant women.

(2) providers of treatment services to women affected by substance use and gambling disorders.

(b) (Blank).

(c) (Blank).

(d) (Blank).

(e) (Blank).

(f) The Department shall develop and maintain an updated and comprehensive directory of licensed providers that deliver treatment and intervention services. The Department shall post on its website a licensed provider directory updated at least quarterly.

(g) As a condition of any State grant or contract, the Department shall require that any treatment program for women with substance use disorders provide services, either by its own staff or by agreement with other agencies or individuals, which include but need not be limited to the following:

(1) coordination with any program providing case management services to ensure ongoing monitoring and coordination of services after the addicted woman has returned home.

(2) coordination with medical services for individual medical care of pregnant women, including prenatal care under the supervision of a physician.

(3) coordination with child care services.

(h) As a condition of any State grant or contract, the Department shall require that any nonresidential program receiving any funding for treatment services accept women who are pregnant, provided that such services are clinically appropriate. Failure to comply with this subsection shall result in termination of the grant or contract and loss of State funding.

(i)(1) From funds appropriated expressly for the purposes

of this Section, the Department shall create or contract with licensed, certified agencies to develop a program for the care and treatment of pregnant women, mothers and their children. The program shall be in Cook County in an area of high density population having a disproportionate number of women with substance use, gambling, and other disorders and a high infant mortality rate.

(2) From funds appropriated expressly for the purposes of this Section, the Department shall create or contract with licensed, certified agencies to develop a program for the care and treatment of low income pregnant women. The program shall be located anywhere in the State outside of Cook County in an area of high density population having a disproportionate number of low income pregnant women.

(3) In implementing the programs established under this subsection, the Department shall contract with existing residential treatment or recovery homes in areas having a disproportionate number of women with substance use, gambling, and other disorders who need residential treatment. Priority shall be given to women who:

(A) are pregnant, especially if they are intravenous drug users,

(B) have minor children,

(C) are both pregnant and have minor children, or

(D) are referred by medical personnel because they either have given birth to a baby with a substance use

disorder, or will give birth to a baby with a substance use disorder.

(4) The services provided by the programs shall include but not be limited to:

(A) individual medical care, including prenatal care, under the supervision of a physician.

(B) temporary, residential shelter for pregnant women, mothers and children when necessary.

(C) a range of educational or counseling services.

(D) comprehensive and coordinated social services, including therapy groups for the treatment of substance use disorders; family therapy groups; programs to develop positive self-awareness; parent-child therapy; and residential support groups.

(5) (Blank).

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/35-10)

Sec. 35-10. Adolescent Family Life Program.

(a) The General Assembly finds and declares the following:

(1) In Illinois, a substantial number of babies are born each year to adolescent mothers between 12 and 19 years of age.

(2) A substantial percentage of pregnant adolescents have substance use disorders or live in environments in which substance use disorders occur and thus are at risk

of exposing their infants to dangerous and harmful circumstances.

(3) It is difficult to provide substance use disorder counseling for adolescents in settings designed to serve adults.

(b) To address the findings set forth in subsection (a), and subject to appropriation, the Department may establish and fund treatment strategies to meet the developmental, social, and educational needs of high-risk pregnant adolescents and shall do the following:

(1) To the maximum extent feasible and appropriate, utilize existing services and funding rather than create new, duplicative services.

(2) Include plans for coordination and collaboration with existing perinatal substance use<u>, gambling, and other</u> disorder services.

(3) Include goals and objectives for reducing the incidence of high-risk pregnant adolescents.

(4) Be culturally and linguistically appropriate to the population being served.

(5) Include staff development training by substance use<u>, gambling, and other</u> disorder counselors.

As used in this Section, "high-risk pregnant adolescent" means a person at least 12 but not more than 18 years of age with a substance use <u>and gambling</u> disorder who is pregnant.

(c) (Blank).

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/40-10)

Sec. 40-10. Treatment as a condition of probation.

(a) If a court has reason to believe that an individual who is charged with or convicted of a crime suffers from a substance use or gambling disorder and the court finds that he or she is eligible to make the election provided for under Section 40-5, the court shall advise the individual that he or she may be sentenced to probation and shall be subject to terms and conditions of probation under Section 5-6-3 of the Unified Code of Corrections if he or she elects to participate in treatment and is accepted for services by a designated program. The court shall further advise the individual that:

(1) If he or she elects to participate in treatment and is accepted he or she shall be sentenced to probation and placed under the supervision of the designated program for a period not to exceed the maximum sentence that could be imposed for his or her conviction or 5 years, whichever is less.

(2) During probation he or she may be treated at the discretion of the designated program.

(3) If he or she adheres to the requirements of the designated program and fulfills the other conditions of probation ordered by the court, he or she will be discharged, but any failure to adhere to the requirements

of the designated program is a breach of probation.

The court may require an individual to obtain treatment while on probation under the supervision of a designated program and probation authorities regardless of the election of the individual if the assessment, as specified in subsection (b), indicates that such treatment is medically necessary.

(b) If the individual elects to undergo treatment or is required to obtain treatment, the court shall order an assessment by a designated program to determine whether he or she suffers from a substance use or gambling disorder and is likely to be rehabilitated through treatment. The designated program shall report to the court the results of the assessment and, if treatment is determined medically necessary, indicate the diagnosis and the recommended initial level of care. If the court, on the basis of the report and other information, finds that such an individual suffers from a substance use disorder and is likely to be rehabilitated through treatment, the individual shall be placed on probation and under the supervision of a designated program for treatment and under the supervision of the proper probation authorities for probation supervision unless, giving consideration to the nature and circumstances of the offense and to the history, character, and condition of the individual, the court is of the opinion that no significant relationship exists between the substance use disorder of the

individual and the crime committed, or that his or her imprisonment or periodic imprisonment is necessary for the protection of the public, and the court specifies on the record the particular evidence, information, or other reasons that form the basis of such opinion. However, under no circumstances shall the individual be placed under the supervision of a designated program for treatment before the entry of a judgment of conviction.

(c) If the court, on the basis of the report or other information, finds that the individual suffering from a substance use disorder is not likely to be rehabilitated through treatment, or that his or her substance use disorder and the crime committed are not significantly related, or that his or her imprisonment or periodic imprisonment is necessary for the protection of the public, the court shall impose sentence as in other cases. The court may require such progress reports on the individual from the probation officer and designated program as the court finds necessary. Case management services, as defined in this Act and as further described by rule, shall also be delivered by the designated program. No individual may be placed under treatment supervision unless a designated program accepts him or her for treatment.

(d) Failure of an individual placed on probation and under the supervision of a designated program to observe the requirements set down by the designated program shall be

considered a probation violation. Such failure shall be reported by the designated program to the probation officer in charge of the individual and treated in accordance with probation regulations.

(e) Upon successful fulfillment of the terms and conditions of probation the court shall discharge the person from probation. If the person has not previously been convicted of any felony offense and has not previously been granted a vacation of judgment under this Section, upon motion, the court shall vacate the judgment of conviction and dismiss the criminal proceedings against him or her unless, having considered the nature and circumstances of the offense and the history, character and condition of the individual, the court finds that the motion should not be granted. Unless good cause is shown, such motion to vacate must be filed at any time from the date of the entry of the judgment to a date that is not more than 60 days after the discharge of the probation.
(Source: P.A. 99-574, eff. 1-1-17; 100-759, eff. 1-1-19.)

(20 ILCS 301/50-5)

Sec. 50-5. Prevention and Treatment of Alcoholism and Substance Abuse Block Grant Fund. Monies received from the federal government under the Block Grant for the Prevention and Treatment of Alcoholism and Substance Abuse shall be deposited into the Prevention and Treatment of Alcoholism and Substance Abuse Block Grant Fund which is hereby created as a

special ~~federal trust~~ fund in the State treasury. Monies in this fund shall be appropriated to the Department and expended for the purposes and activities specified by federal law or regulation.

(Source: P.A. 104-2, eff. 6-16-25.)

(20 ILCS 301/50-25)

(Section scheduled to be repealed on January 1, 2027)

Sec. 50-25. Youth Alcoholism and Substance Abuse Prevention Fund. There is hereby created in the State treasury a special Fund to be known as the Youth Alcoholism and Substance Abuse Prevention Fund. Monies in this Fund shall be appropriated to the Department and expended for the purpose of helping support and establish community-based alcohol and other drug abuse prevention programs. ~~On June 30, 2026, or as soon thereafter as practical, the State Comptroller shall direct and the State Treasurer shall transfer the remaining balance from the Youth Alcoholism and Substance Abuse Prevention Fund into the General Revenue Fund. Upon completion of the transfer, the Youth Alcoholism and Substance Abuse Prevention Fund is dissolved, and any future deposits due to that Fund and any outstanding obligations or liabilities of that Fund shall pass to the General Revenue Fund. This Section is repealed on January 1, 2027.~~

(Source: P.A. 104-2, eff. 6-16-25.)

(20 ILCS 301/50-30)

(Section scheduled to be repealed on January 1, 2027)

Sec. 50-30. Youth Drug Abuse Prevention Fund.

(a) There is hereby established the Youth Drug Abuse Prevention Fund, to be held as a separate fund in the State treasury. Monies in this fund shall be appropriated to the Department and expended for grants to community-based agencies or non-profit organizations providing residential or nonresidential treatment or prevention programs or any combination thereof.

(b) (Blank).

(b-5) There shall be deposited into the Youth Drug Abuse Prevention Fund such monies as may be received under the income tax checkoff provided for in subsection (b) of this Section. There shall also be deposited into this fund such monies as may be received under:

(1) subsection (a) of Section 10.2 of the Cannabis Control Act;

(2) subsection (a) of Section 413 of the Illinois Controlled Substances Act;

(3) subsection (a) of Section 5.2 of the Narcotics Profit Forfeiture Act; or

(4) Section 5-9-1.2 of the Unified Code of Corrections.

(c) (Blank). ~~On June 30, 2026, or as soon thereafter as practical, the State Comptroller shall direct and the State~~

~~Treasurer shall transfer the remaining balance from the Youth Drug Abuse Prevention Fund into the Drug Treatment Fund. Upon completion of the transfer, the Youth Drug Abuse Prevention Fund is dissolved, and any future deposits due to that Fund and any outstanding obligations or liabilities of that Fund shall pass to the Drug Treatment Fund.~~

(d) (Blank). ~~This Section is repealed on January 1, 2027.~~

(Source: P.A. 104-2, eff. 6-16-25.)

(20 ILCS 301/50-35)

Sec. 50-35. Drug Treatment Fund.

(a) There is hereby established the Drug Treatment Fund, to be held as a separate fund in the State treasury. There shall be deposited into this fund such amounts as may be received under subsections (h) and (i) of Section 411.2 of the Illinois Controlled Substances Act, under Section 80 of the Methamphetamine Control and Community Protection Act, and under Section 7 of the Controlled Substance and Cannabis Nuisance Act, or under Section 6z-107 of the State Finance Act. ~~The Drug Treatment Fund is hereby established as a special fund within the State treasury. There shall be deposited into this fund such amounts as may be provided by law.~~

(b) Monies in this fund shall be appropriated to the Department for the purposes and activities set forth in subsections (h) and (i) of Section 411.2 of the Illinois

Controlled Substances Act, or in Section 7 of the Controlled Substance and Cannabis Nuisance Act, or in Section 6z-107 of the State Finance Act. ~~Moneys in this fund shall be appropriated to the Department for grants to community-based agencies or nonprofit organizations providing residential or nonresidential treatment or prevention programs or any combination of those programs or as otherwise provided by law.~~

(Source: P.A. 104-2, eff. 6-16-25.)

(20 ILCS 301/50-40)

Sec. 50-40. Group Home Loan Revolving Fund.

(a) There is hereby established the Group Home Loan Revolving Fund, referred to in this Section as the "fund", to be held as a separate fund within the State Treasury. Monies in this fund shall be appropriated to the Department on a continuing annual basis. With these funds, the Department shall, directly or through subcontract, make loans to assist in underwriting the costs of housing in which there may reside individuals who are recovering from substance use or gambling disorders, and who are seeking an alcohol-free or drug-free or gambling free environment in which to live. Consistent with federal law and regulation, the Department may establish guidelines for approving the use and management of monies loaned from the fund, the operation of group homes receiving loans under this Section and the repayment of monies loaned.

(b) There shall be deposited into the fund such amounts

including, but not limited to:

(1) All receipts, including principal and interest payments and royalties, from any applicable loan agreement made from the fund.

(2) All proceeds of assets of whatever nature received by the Department as a result of default or delinquency with respect to loan agreements made from the fund, including proceeds from the sale, disposal, lease or rental of real or personal property that the Department may receive as a result thereof.

(3) Any direct appropriations made by the General Assembly, or any gifts or grants made by any person to the fund.

(4) Any income received from interest on investments of monies in the fund.

(c) The Treasurer may invest monies in the fund in securities constituting obligations of the United States government, or in obligations the principal of and interest on which are guaranteed by the United States government, or in certificates of deposit of any State or national bank which are fully secured by obligations guaranteed as to principal and interest by the United States government.

(Source: P.A. 100-759, eff. 1-1-19.)

(20 ILCS 301/55-30)

Sec. 55-30. Rate increase.

(a) The Department shall by rule develop the increased rate methodology and annualize the increased rate beginning with State fiscal year 2018 contracts to licensed providers of community-based substance use disorder intervention or treatment, based on the additional amounts appropriated for the purpose of providing a rate increase to licensed providers. The Department shall adopt rules, including emergency rules under subsection (y) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section.

(b) (Blank).

(c) Beginning on July 1, 2022, the Division of Substance Use Prevention and Recovery shall increase reimbursement rates for all community-based substance use disorder treatment and intervention services by 47%, including, but not limited to, all of the following:

(1) Admission and Discharge Assessment.

(2) Level 1 (Individual).

(3) Level 1 (Group).

(4) Level 2 (Individual).

(5) Level 2 (Group).

(6) Case Management.

(7) Psychiatric Evaluation.

(8) Medication Assisted Recovery.

(9) Community Intervention.

(10) Early Intervention (Individual).

(11) Early Intervention (Group).

Beginning in State Fiscal Year 2023, and every State fiscal year thereafter, reimbursement rates for those community-based substance use disorder treatment and intervention services shall be adjusted upward by an amount equal to the Consumer Price Index-U from the previous year, not to exceed 2% in any State fiscal year. If there is a decrease in the Consumer Price Index-U, rates shall remain unchanged for that State fiscal year. The Department shall adopt rules, including emergency rules in accordance with the Illinois Administrative Procedure Act, to implement the provisions of this Section.

As used in this Section, "Consumer Price Index-U" means the index published by the Bureau of Labor Statistics of the United States Department of Labor that measures the average change in prices of goods and services purchased by all urban consumers, United States city average, all items, 1982-84 = 100.

(d) Beginning on January 1, 2024, subject to federal approval, the Division of Substance Use Prevention and Recovery shall increase reimbursement rates for all ASAM level 3 residential/inpatient substance use disorder treatment and intervention services by 30%, including, but not limited to, the following services:

(1) ASAM level 3.5 Clinically Managed High-Intensity Residential Services for adults;

(2) ASAM level 3.5 Clinically Managed Medium-Intensity Residential Services for adolescents;

(3) ASAM level 3.2 Clinically Managed Residential Withdrawal Management;

(4) ASAM level 3.7 Medically Monitored Intensive Inpatient Services for adults and Medically Monitored High-Intensity Inpatient Services for adolescents; and

(5) ASAM level 3.1 Clinically Managed Low-Intensity Residential Services for adults and adolescents.

(e) Beginning in State fiscal year 2025, and every State fiscal year thereafter, reimbursement rates for licensed or certified substance use disorder treatment providers of ASAM Level 3 residential/inpatient services for persons with substance use disorders shall be adjusted upward by an amount equal to the Consumer Price Index-U from the previous year, not to exceed 2% in any State fiscal year. If there is a decrease in the Consumer Price Index-U, rates shall remain unchanged for that State fiscal year. The Department shall adopt rules, including emergency rules, in accordance with the Illinois Administrative Procedure Act, to implement the provisions of this Section.

(Source: P.A. 102-699, eff. 4-19-22; 103-102, eff. 6-16-23; 103-588, eff. 6-5-24.)

(20 ILCS 301/55-40)

Sec. 55-40. Recovery residences.

(a) As used in this Section, "recovery residence" means a recovery-oriented, gambling free ~~sober~~, safe, and healthy living environment that promotes recovery from alcohol and other drug use, gambling disorder, and associated problems. These residences are not subject to Department licensure as they are viewed as independent living residences that only provide peer support and a lengthened exposure to the culture of recovery.

(b) The Department shall develop and maintain an online registry for recovery residences that operate in Illinois to serve as a resource for individuals seeking continued recovery assistance.

(c) Non-licensable recovery residences are encouraged to register with the Department and the registry shall be publicly available through online posting.

(d) The registry shall indicate any accreditation, certification, or licensure that each recovery residence has received from an entity that has developed uniform national standards. The registry shall also indicate each recovery residence's location in order to assist providers and individuals in finding ~~alcohol and drug free housing options with~~ like-minded residents who are committed to a recovery-oriented life ~~alcohol and drug free living~~.

(e) Registrants are encouraged to seek national accreditation from any entity that has developed uniform State or national standards for recovery residences.

(f) The Department shall include a disclaimer on the registry that states that the recovery residences are not regulated by the Department and their listing is provided as a resource but not as an endorsement by the State.

(Source: P.A. 100-1062, eff. 1-1-19; 101-81, eff. 7-12-19.)

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