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HIGHER EDUCATION

(110 ILCS 58/) Mental Health Early Action on Campus Act.

(110 ILCS 58/1)

Sec. 1. Short title. This Act may be cited as the Mental Health Early Action on Campus Act.
(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/5)

Sec. 5. Intent. This Act is intended to address gaps in mental health services on college campuses across Illinois, including both 2-year and 4-year institutions, through training, peer support, and community-campus partnerships.
(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/10)

Sec. 10. Findings. The General Assembly finds all of the following:

(1) Mental health is a pressing and growing issue on college campuses across this State and the country. A recent national survey found that one in 4 college students are treated for or diagnosed with a mental health condition and one in 5 has considered suicide.

(2) About 75% of all mental health conditions start by age 24, with higher rates of diagnosed disorders in college-aged students. College counseling center directors believe mental health conditions among students on their campuses are increasing, signaling a growing issue that must be addressed.

(3) Students who come from low-income households are more likely to have a mental health condition.

(4) Between 2007 and 2017, the diagnosis rate of college students increased from 22% to 36%, indicating a higher need for services. Treatment rates over the same period increased by 15%.

(5) Young adults are less likely to receive mental health support than any other age group. College campuses can play a big role in addressing this challenge. Over 70% of Illinois high school graduates enroll in a postsecondary program shortly after graduation.

(6) College-aged students are more accepting of mental health services than the general population, but most struggle accessing them. An overwhelming 96% of college students reported they would provide support to peers whom they knew were thinking about suicide.

(7) Many students lack knowledge of mental health signs and symptoms and do not know how to help or where to refer their friends for services.

(8) Services offered by most college campuses are limited in scope and capacity, with 67% of campus counseling center directors saying that their campus psychiatric service capacity is inadequate or does not meet student demand.

(9) Combined with a dearth of available services, the vast majority of students do not seek out services, and many students who complete a suicide never received on-campus services. Paying for community-based services is an issue

for about half of students. Combining insufficient on-campus services with unaffordable community resources leaves students on their own.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/15)

Sec. 15. Purpose. The purpose of this Act is to accomplish all of the following:

(1) Further identify students with mental health needs and connect them to services.

(2) Increase access to support services on college campuses.

(3) Increase access to clinical mental health services on college campuses and in the surrounding communities for college students.

(4) Empower students through peer-to-peer support and training on identifying mental health needs and resources.

(5) Reduce administrative policies that put an undue burden on students seeking leave for their mental health conditions through technical assistance and training.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/20)

Sec. 20. Definitions. As used in this Act:

"Advisor" means a staff member who provides academic, professional, and personal support to students.

"Campus security" means a law enforcement officer who has completed his or her probationary period and is employed as a security officer or campus police officer by a public college or university.

"Linkage agreement" means a formal agreement between a public college or university and an off-campus mental health provider or agency.

"Mental health condition" means a symptom consistent with a mental illness, as defined under Section 1-129 of the Mental Health and Developmental Disabilities Code, or a diagnosed mental illness.

"Public college or university" means any public community college subject to the Public Community College Act, the University of Illinois, Southern Illinois University, Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Western Illinois University, and any other public university, college, or community college now or hereafter established or authorized by the General Assembly.

"Recovery model" means the model developed by the federal Substance Abuse and Mental Health Services Administration that defines the process of recovery and includes the 4 major dimensions that support a life in recovery, which are health, home, purpose, and community.

"Resident assistant" means a student who is responsible for supervising and assisting other, typically younger, students who live in the same student housing facility.

"Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance Code.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/25)

Sec. 25. Awareness. To raise mental health awareness on college campuses, each public college or university must do all

of the following:

(1) Develop and implement an annual student orientation session aimed at raising awareness about mental health conditions.

(2) Assess courses and seminars available to students through their regular academic experiences and implement mental health awareness curricula if opportunities for integration exist.

(3) Create and feature a page on its website or mobile application with information dedicated solely to the mental health resources available to students at the public college or university and in the surrounding community.

(4) Distribute messages related to mental health resources that encourage help-seeking behavior through the online learning platform of the public college or university during high stress periods of the academic year, including, but not limited to, midterm or final examinations. These stigma-reducing strategies must be based on documented best practices.

(5) Three years after the effective date of this Act, implement an online screening tool to raise awareness and establish a mechanism to link or refer students of the public college or university to services. Screenings and resources must be available year round for students and, at a minimum, must (i) include validated screening tools for depression, an anxiety disorder, an eating disorder, substance use, alcohol-use disorder, post-traumatic stress disorder, and bipolar disorder, (ii) provide resources for immediate connection to services, if indicated, including emergency resources, (iii) provide general information about all mental health-related resources available to students of the public college or university, and (iv) function anonymously.

(6) At least once per term and at times of high academic stress, including midterm or final examinations, provide students information regarding online screenings and resources.

(7) Provide contact information for the National Suicide Prevention Lifeline (988), the Crisis Text Line, a local suicide prevention hotline, and the mental health counseling center or program of the public college or university on the back of each student identification card issued by the public college or university after July 1, 2022 (the effective date of Public Act 102-373) if the public college or university issues student identification cards. If the public college or university does not issue student identification cards to its students, the public college or university must publish the contact information on its website. The contact information shall identify each helpline that may be contacted through text messaging. The contact information shall be included in the public college's or university's student handbook and also the student planner if a student planner is custom printed by the public college or university for distribution to students.

(Source: P.A. 101-251, eff. 7-1-20; 102-373, eff. 7-1-22; 102-416, eff. 7-1-22; 102-813, eff. 5-13-22.)

(110 ILCS 58/30)

Sec. 30. Training.

(a) The board of trustees of each public college or university must designate an expert panel to develop and implement policies and procedures that (i) advise students, faculty, and staff on the proper procedures for identifying and addressing the needs of students exhibiting symptoms of mental health conditions, (ii) promote understanding of the rules of Section 504 of the federal Rehabilitation Act of 1973 and the federal Americans with Disabilities Act of 1990 to increase

knowledge and understanding of student protections under the law, and (iii) provide training if appropriate.

(b) The Technical Assistance Center under Section 45 shall set initial standards for policies and procedures referenced in subsection (a) to ensure statewide consistency.

(c) All resident assistants in a student housing facility, advisors, and campus security of a public college or university must participate in a national Mental Health First Aid training course or a similar program prior to the commencement of their duties. Training must include the policies and procedures developed by the public college or university referenced under subsection (a).

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/35)

Sec. 35. Peer support.

(a) Because peer support programs may be beneficial in improving the emotional well-being of the student population, each public college or university must develop and implement a peer support program utilizing student peers to support individuals living with mental health conditions on campus. Peer support programs may be housed within resident assistant programs, counseling centers, or wellness centers on campus.

(b) Peer support programs must utilize best practices for peer support, including, but not limited to: (i) utilizing the tenets of the recovery model for mental health, (ii) adequate planning and preparation, including standardizing guidance and practices, identifying needs of the target population, and aligning program goals to meet those needs, (iii) clearly articulating policies, especially around role boundaries and confidentiality, (iv) systematic screening with defined selection criteria for peer supporters, such as communication skills, leadership ability, character, previous experience or training, and ability to serve as a positive role model, (v) identifying benefits from peer status, such as experiential learning, social support, leadership, and improved self-confidence, (vi) continuing education for peer supporters to support each other and improve peer support skills, and (vii) flexibility in availability by offering services through drop-in immediate support and the ability to book appointments.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/40)

Sec. 40. Local partnerships.

(a) Each public college or university must form strategic partnerships with local mental health service providers to improve overall campus mental wellness and augment on-campus capacity. The strategic partnerships must include linkage agreements with off-campus mental health service providers that establish a foundation for referrals for students when needs cannot be met on campus due to capacity or preference of the student. The strategic partnerships must also include (i) avenues for on-campus and off-campus mental health service providers to increase visibility to students via marketing and outreach, (ii) opportunities to engage the student body through student outreach initiatives like mindfulness workshops or campus-wide wellness fairs, and (iii) opportunities to support awareness and training requirements under this Act.

(b) Through a combination of on-campus capacity, off-campus linkage agreements with mental health service providers, and contracted telehealth therapy services, each public college or university shall attempt to meet a benchmark ratio of one clinical, non-student staff member to 1,250 students. If linkage agreements are used, the agreements must include the capacity of students providers are expected to serve within the agency. Two years after the effective date of this Act, and once every 5 years thereafter, the Technical Assistance Center developed under Section 45 must propose to the General Assembly an updated

ratio based on actual ratios in this State and any new information related to appropriate benchmarks for clinician-to-student ratios. The updated benchmark must represent a ratio of no less than one clinical, non-student staff member to 1,250 students.

(c) Each public college or university must work with local resources, such as on-campus mental health counseling centers or wellness centers, local mental health service providers, or non-providers, such as affiliates of the National Alliance on Mental Illness, and any other resources to meet the awareness and training requirements under Sections 25 and 30 of this Act.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/45)

Sec. 45. Technical Assistance Center. The Board of Higher Education must develop a Technical Assistance Center that is responsible for all of the following:

(1) Developing standardized policies for medical leave related to mental health conditions for students of a public college or university, which may be adopted by the public college or university.

(2) Providing tailored support to public colleges or universities in reviewing policies related to students living with mental health conditions and their academic standing.

(3) Establishing initial standards for policies and procedures under subsection (a) of Section 30.

(4) Disseminating best practices around peer support programs, including widely accepted selection criteria for individuals serving in a peer support role.

(5) Developing statewide standards and best practices for partnerships between local mental health agencies and college campuses across this State.

(6) Collecting, analyzing, and disseminating data related to mental health needs and academic engagement across this State.

(7) Housing data collected by each public college or university related to Section 50 and analyzing and disseminating best practices to each public college or university and the public based on that data.

(8) Monitoring and evaluating linkage agreements under Section 40 to ensure capacity is met by each public college or university.

(9) Facilitating a learning community across all public colleges or universities to support capacity building and learning across those institutions.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/50)

Sec. 50. Evaluation. Each public college or university must evaluate the following programs under this Act in the following manner:

(1) Awareness and training programs under Sections 25 and 30 must be monitored for effectiveness and quality by the public college or university. Monitoring measures shall include, but are not limited to: (i) increased understanding of mental health conditions, (ii) reduced stigma toward mental health conditions, (iii) increased understanding of mental health resources available to students, (iv) increased understanding of resources for mental health emergencies available to students, and (v) viewing each mental health resource website or mobile application of the public college or university.

(2) Peer support programs under Section 35 must be monitored for effectiveness and quality by the public college or university. Monitoring measures shall include, but are not limited to: (i) improved symptomatology, (ii) if

needed, connection to additional services, (iii) student satisfaction, (iv) wait time for drop-in appointments, (v) wait time for scheduled appointments, and (vi) satisfaction with the training curriculum for peer supporters.

(3) Local partnership programs under Section 40 must be monitored for effectiveness and quality by the public college or university. Monitoring measures shall include, but are not limited to: (i) wait time for drop-in appointments for on-campus or off-campus telehealth therapy providers, (ii) wait time for scheduled appointments for on-campus or off-campus telehealth therapy providers, (iii) the ratio of clinical, non-student staff to student population and the number of linkage agreements and contracts in place based on student population, (iv) student satisfaction with on-campus or off-campus telehealth therapy providers, (v) range of treatment models offered to students, (vi) average length of stay in treatment, (vii) number and range of student outreach initiatives, such as telehealth mindfulness workshops or campus-wide wellness fairs, and (viii) number of students being served annually.

(Source: P.A. 101-251, eff. 7-1-20.)

(110 ILCS 58/55)

Sec. 55. Funding. This Act is subject to appropriation. The Commission on Government Forecasting and Accountability, in conjunction with the Illinois Community College Board and the Board of Higher Education, must make recommendations to the General Assembly on the amounts necessary to implement this Act. The initial recommendation must be provided by the Commission no later than December 31, 2019. Any appropriation provided in advance of this initial recommendation may be used for planning purposes. No Section of this Act may be funded by student fees created on or after July 1, 2020. Public colleges or universities may seek federal funding or private grants, if available, to support the provisions of this Act.

(Source: P.A. 101-251, eff. 8-9-19.)

(110 ILCS 58/99)

Sec. 99. Effective date. This Act takes effect July 1, 2020, except that Section 55 and this Section take effect upon becoming law.

(Source: P.A. 101-251, eff. 8-9-19.)