

1 AN ACT concerning education.

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

4 Section 5. The Critical Health Problems and Comprehensive
5 Health Education Act is amended by changing Section 3 as
6 follows:

7 (105 ILCS 110/3)

8 Sec. 3. Comprehensive Health Education Program. The
9 program established under this Act shall include, but not be
10 limited to, the following major educational areas as a basis
11 for curricula in all elementary and secondary schools in this
12 State: human ecology and health; human growth and development;
13 the emotional, psychological, physiological, hygienic, and
14 social responsibilities of family life, including sexual
15 abstinence until marriage; the prevention and control of
16 disease, including instruction in grades 6 through 12 on the
17 prevention, transmission, and spread of AIDS; age-appropriate
18 sexual abuse and assault awareness and prevention education in
19 grades pre-kindergarten through 12; public and environmental
20 health; consumer health; safety education and disaster
21 survival; mental health and illness; personal health habits;
22 alcohol and drug use and abuse, including the medical and
23 legal ramifications of alcohol, drug, and tobacco use; abuse

1 during pregnancy; evidence-based and medically accurate
2 information regarding sexual abstinence; tobacco and
3 e-cigarettes and other vapor devices; nutrition; and dental
4 health. The instruction on mental health and illness must
5 evaluate the multiple dimensions of health by reviewing the
6 relationship between physical and mental health so as to
7 enhance student understanding, attitudes, and behaviors that
8 promote health, well-being, and human dignity and must include
9 how and where to find mental health resources and specialized
10 treatment in the State. The program shall also provide course
11 material and instruction to advise pupils of the Abandoned
12 Newborn Infant Protection Act. The program shall include
13 information about cancer, including, without limitation, types
14 of cancer, signs and symptoms, risk factors, the importance of
15 early prevention and detection, and information on where to go
16 for help. Notwithstanding the above educational areas, the
17 following areas may also be included as a basis for curricula
18 in all elementary and secondary schools in this State: basic
19 first aid (including, but not limited to, cardiopulmonary
20 resuscitation and the Heimlich maneuver), heart disease,
21 diabetes, stroke, the prevention of child abuse, neglect, and
22 suicide, and teen dating violence in grades 7 through 12.
23 Beginning with the 2014-2015 school year, training on how to
24 properly administer cardiopulmonary resuscitation (which
25 training must be in accordance with standards of the American
26 Red Cross, the American Heart Association, or another

1 nationally recognized certifying organization) and how to use
2 an automated external defibrillator shall be included as a
3 basis for curricula in all secondary schools in this State.

4 The school board of each public elementary and secondary
5 school in the State shall encourage all teachers and other
6 school personnel to acquire, develop, and maintain the
7 knowledge and skills necessary to properly administer
8 life-saving techniques, including, without limitation, the
9 Heimlich maneuver and rescue breathing. The training shall be
10 in accordance with standards of the American Red Cross, the
11 American Heart Association, or another nationally recognized
12 certifying organization. A school board may use the services
13 of non-governmental entities whose personnel have expertise in
14 life-saving techniques to instruct teachers and other school
15 personnel in these techniques. Each school board is encouraged
16 to have in its employ, or on its volunteer staff, at least one
17 person who is certified, by the American Red Cross or by
18 another qualified certifying agency, as qualified to
19 administer first aid and cardiopulmonary resuscitation. In
20 addition, each school board is authorized to allocate
21 appropriate portions of its institute or inservice days to
22 conduct training programs for teachers and other school
23 personnel who have expressed an interest in becoming qualified
24 to administer emergency first aid or cardiopulmonary
25 resuscitation. School boards are urged to encourage their
26 teachers and other school personnel who coach school athletic

1 programs and other extracurricular school activities to
2 acquire, develop, and maintain the knowledge and skills
3 necessary to properly administer first aid and cardiopulmonary
4 resuscitation in accordance with standards and requirements
5 established by the American Red Cross or another qualified
6 certifying agency. Subject to appropriation, the State Board
7 of Education shall establish and administer a matching grant
8 program to pay for half of the cost that a school district
9 incurs in training those teachers and other school personnel
10 who express an interest in becoming qualified to administer
11 cardiopulmonary resuscitation (which training must be in
12 accordance with standards of the American Red Cross, the
13 American Heart Association, or another nationally recognized
14 certifying organization) or in learning how to use an
15 automated external defibrillator. A school district that
16 applies for a grant must demonstrate that it has funds to pay
17 half of the cost of the training for which matching grant money
18 is sought. The State Board of Education shall award the grants
19 on a first-come, first-serve basis.

20 No pupil shall be required to take or participate in any
21 class or course on AIDS or family life instruction or to
22 receive training on how to properly administer cardiopulmonary
23 resuscitation or how to use an automated external
24 defibrillator if his or her parent or guardian submits written
25 objection thereto, and refusal to take or participate in the
26 course or program or the training shall not be reason for

1 suspension or expulsion of the pupil.

2 Curricula developed under programs established in
3 accordance with this Act in the major educational area of
4 alcohol and drug use and abuse shall include classroom
5 instruction in grades 5 through 12. The instruction, which
6 shall include matters relating to both the physical and legal
7 effects and ramifications of drug and substance abuse, shall
8 be integrated into existing curricula; and the State Board of
9 Education shall develop and make available to all elementary
10 and secondary schools in this State instructional materials
11 and guidelines which will assist the schools in incorporating
12 the instruction into their existing curricula. In addition,
13 school districts may offer, as part of existing curricula
14 during the school day or as part of an after school program,
15 support services and instruction for pupils or pupils whose
16 parent, parents, or guardians are chemically dependent.

17 (Source: P.A. 101-305, eff. 1-1-20; 102-464, eff. 8-20-21;
18 102-558, eff. 8-20-21.)

19 Section 10. The Children's Mental Health Act of 2003 is
20 amended by changing Section 5 as follows:

21 (405 ILCS 49/5)

22 Sec. 5. Children's Mental Health Plan.

23 (a) The State of Illinois shall develop a Children's
24 Mental Health Plan containing short-term and long-term

1 recommendations to provide comprehensive, coordinated mental
2 health prevention, early intervention, and treatment services
3 for children from birth through age 18. This Plan shall
4 include but not be limited to:

5 (1) Coordinated provider services and interagency
6 referral networks for children from birth through age 18
7 to maximize resources and minimize duplication of
8 services.

9 (2) Guidelines for incorporating social and emotional
10 development into school learning standards and educational
11 programs, pursuant to Section 15 of this Act.

12 (3) Protocols for implementing screening and
13 assessment of children prior to any admission to an
14 inpatient hospital for psychiatric services, pursuant to
15 subsection (a) of Section 5-5.23 of the Illinois Public
16 Aid Code.

17 (4) Recommendations regarding a State budget for
18 children's mental health prevention, early intervention,
19 and treatment across all State agencies.

20 (5) Recommendations for State and local mechanisms for
21 integrating federal, State, and local funding sources for
22 children's mental health.

23 (6) Recommendations for building a qualified and
24 adequately trained workforce prepared to provide mental
25 health services for children from birth through age 18 and
26 their families.

1 (7) Recommendations for facilitating research on best
2 practices and model programs, and dissemination of this
3 information to Illinois policymakers, practitioners, and
4 the general public through training, technical assistance,
5 and educational materials.

6 (8) Recommendations for a comprehensive, multi-faceted
7 public awareness campaign to reduce the stigma of mental
8 illness and educate families, the general public, and
9 other key audiences about the benefits of children's
10 social and emotional development, and how to access
11 services.

12 (9) Recommendations for creating a quality-driven
13 children's mental health system with shared accountability
14 among key State agencies and programs that conducts
15 ongoing needs assessments, uses outcome indicators and
16 benchmarks to measure progress, and implements quality
17 data tracking and reporting systems.

18 (10) Recommendations for ensuring all Illinois youth
19 receive mental health education and have access to mental
20 health care in the school setting. In developing these
21 recommendations, the Children's Mental Health Partnership
22 created under subsection (b) shall consult with the State
23 Board of Education, education practitioners, including,
24 but not limited to, administrators, regional
25 superintendents of schools, teachers, and school support
26 personnel, health care professionals, including mental

1 health professionals and child health leaders, disability
2 advocates, and other representatives as necessary to
3 ensure the interests of all students are represented.

4 (b) The Children's Mental Health Partnership (hereafter
5 referred to as "the Partnership") is created. The Partnership
6 shall have the responsibility of developing and monitoring the
7 implementation of the Children's Mental Health Plan as
8 approved by the Governor. The Children's Mental Health
9 Partnership shall be comprised of: the Secretary of Human
10 Services or his or her designee; the State Superintendent of
11 Education or his or her designee; the directors of the
12 departments of Children and Family Services, Healthcare and
13 Family Services, Public Health, and Juvenile Justice, or their
14 designees; the head of the Illinois Violence Prevention
15 Authority, or his or her designee; the Attorney General or his
16 or her designee; up to 25 representatives of community mental
17 health authorities and statewide mental health, children and
18 family advocacy, early childhood, education, health, substance
19 abuse, violence prevention, and juvenile justice organizations
20 or associations, to be appointed by the Governor; and 2
21 members of each caucus of the House of Representatives and
22 Senate appointed by the Speaker of the House of
23 Representatives and the President of the Senate, respectively.
24 The Governor shall appoint the Partnership Chair and shall
25 designate a Governor's staff liaison to work with the
26 Partnership.

1 (b-5) The Partnership shall include an adjunct council
2 comprised of no more than 6 youth aged 14 to 25 and no more
3 than 3 representatives of 3 different community-based
4 organizations that focus on youth mental health. Each
5 community-based organization shall be led by an
6 LGBTQ-identified person, a person of color, or a woman. The
7 committee members shall be appointed by the Chair of the
8 Partnership and shall reflect the racial, gender identity,
9 sexual orientation, ability, socioeconomic, ethnic, and
10 geographic diversity of the State, including rural, suburban,
11 and urban appointees. The council shall make recommendations
12 to the Partnership regarding youth mental health, including,
13 but not limited to, identifying barriers to youth feeling
14 supported by and empowered by the system of mental health and
15 treatment providers, barriers perceived by youth in accessing
16 mental health services, gaps in the mental health system,
17 available resources in schools, including youth's perceptions
18 and experiences with outreach personnel, agency websites, and
19 informational materials, methods to destigmatize mental health
20 services, and how to improve State policy concerning student
21 mental health. The mental health system may include services
22 for substance use disorders and addiction. The council shall
23 meet at least 4 times annually.

24 (c) The Partnership shall submit a Preliminary Plan to the
25 Governor on September 30, 2004 and shall submit the Final Plan
26 on June 30, 2005. Thereafter, on September 30 of each year, the

1 Partnership shall submit an annual report to the Governor on
2 the progress of Plan implementation and recommendations for
3 revisions in the Plan. The Final Plan and annual reports
4 submitted in subsequent years shall include estimates of
5 savings achieved in prior fiscal years under subsection (a) of
6 Section 5-5.23 of the Illinois Public Aid Code and federal
7 financial participation received under subsection (b) of
8 Section 5-5.23 of that Code. The Department of Healthcare and
9 Family Services shall provide technical assistance in
10 developing these estimates and reports.

11 (Source: P.A. 102-16, eff. 6-17-21; 102-116, eff. 7-23-21.)