



Sen. Mike Simmons

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10200SB4028sam004

LRB102 23869 RJT 36951 a

1 AMENDMENT TO SENATE BILL 4028

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 4028 by replacing  
3 everything after the enacting clause with the following:

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

1 prevention, transmission, and spread of AIDS; age-appropriate  
2 sexual abuse and assault awareness and prevention education in  
3 grades pre-kindergarten through 12; public and environmental  
4 health; consumer health; safety education and disaster  
5 survival; mental health and illness; personal health habits;  
6 alcohol and drug use and abuse, including the medical and  
7 legal ramifications of alcohol, drug, and tobacco use; abuse  
8 during pregnancy; evidence-based and medically accurate  
9 information regarding sexual abstinence; tobacco and  
10 e-cigarettes and other vapor devices; nutrition; and dental  
11 health. The instruction on mental health and illness must  
12 evaluate the multiple dimensions of health by reviewing the  
13 relationship between physical and mental health so as to  
14 enhance student understanding, attitudes, and behaviors that  
15 promote health, well-being, and human dignity and must include  
16 how and where to find mental health resources and specialized  
17 treatment in the State. The program shall also provide course  
18 material and instruction to advise pupils of the Abandoned  
19 Newborn Infant Protection Act. The program shall include  
20 information about cancer, including, without limitation, types  
21 of cancer, signs and symptoms, risk factors, the importance of  
22 early prevention and detection, and information on where to go  
23 for help. Notwithstanding the above educational areas, the  
24 following areas may also be included as a basis for curricula  
25 in all elementary and secondary schools in this State: basic  
26 first aid (including, but not limited to, cardiopulmonary

1 resuscitation and the Heimlich maneuver), heart disease,  
2 diabetes, stroke, the prevention of child abuse, neglect, and  
3 suicide, and teen dating violence in grades 7 through 12.  
4 Beginning with the 2014-2015 school year, training on how to  
5 properly administer cardiopulmonary resuscitation (which  
6 training must be in accordance with standards of the American  
7 Red Cross, the American Heart Association, or another  
8 nationally recognized certifying organization) and how to use  
9 an automated external defibrillator shall be included as a  
10 basis for curricula in all secondary schools in this State.

11 The school board of each public elementary and secondary  
12 school in the State shall encourage all teachers and other  
13 school personnel to acquire, develop, and maintain the  
14 knowledge and skills necessary to properly administer  
15 life-saving techniques, including, without limitation, the  
16 Heimlich maneuver and rescue breathing. The training shall be  
17 in accordance with standards of the American Red Cross, the  
18 American Heart Association, or another nationally recognized  
19 certifying organization. A school board may use the services  
20 of non-governmental entities whose personnel have expertise in  
21 life-saving techniques to instruct teachers and other school  
22 personnel in these techniques. Each school board is encouraged  
23 to have in its employ, or on its volunteer staff, at least one  
24 person who is certified, by the American Red Cross or by  
25 another qualified certifying agency, as qualified to  
26 administer first aid and cardiopulmonary resuscitation. In

1 addition, each school board is authorized to allocate  
2 appropriate portions of its institute or inservice days to  
3 conduct training programs for teachers and other school  
4 personnel who have expressed an interest in becoming qualified  
5 to administer emergency first aid or cardiopulmonary  
6 resuscitation. School boards are urged to encourage their  
7 teachers and other school personnel who coach school athletic  
8 programs and other extracurricular school activities to  
9 acquire, develop, and maintain the knowledge and skills  
10 necessary to properly administer first aid and cardiopulmonary  
11 resuscitation in accordance with standards and requirements  
12 established by the American Red Cross or another qualified  
13 certifying agency. Subject to appropriation, the State Board  
14 of Education shall establish and administer a matching grant  
15 program to pay for half of the cost that a school district  
16 incurs in training those teachers and other school personnel  
17 who express an interest in becoming qualified to administer  
18 cardiopulmonary resuscitation (which training must be in  
19 accordance with standards of the American Red Cross, the  
20 American Heart Association, or another nationally recognized  
21 certifying organization) or in learning how to use an  
22 automated external defibrillator. A school district that  
23 applies for a grant must demonstrate that it has funds to pay  
24 half of the cost of the training for which matching grant money  
25 is sought. The State Board of Education shall award the grants  
26 on a first-come, first-serve basis.

1           No pupil shall be required to take or participate in any  
2 class or course on AIDS or family life instruction or to  
3 receive training on how to properly administer cardiopulmonary  
4 resuscitation or how to use an automated external  
5 defibrillator if his or her parent or guardian submits written  
6 objection thereto, and refusal to take or participate in the  
7 course or program or the training shall not be reason for  
8 suspension or expulsion of the pupil.

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

24           (Source: P.A. 101-305, eff. 1-1-20; 102-464, eff. 8-20-21;  
25 102-558, eff. 8-20-21.)

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

3           (405 ILCS 49/5)

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

5           (a) The State of Illinois shall develop a Children's  
6 Mental Health Plan containing short-term and long-term  
7 recommendations to provide comprehensive, coordinated mental  
8 health prevention, early intervention, and treatment services  
9 for children from birth through age 18. This Plan shall  
10 include but not be limited to:

11           (1) Coordinated provider services and interagency  
12 referral networks for children from birth through age 18  
13 to maximize resources and minimize duplication of  
14 services.

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

18           (3) Protocols for implementing screening and  
19 assessment of children prior to any admission to an  
20 inpatient hospital for psychiatric services, pursuant to  
21 subsection (a) of Section 5-5.23 of the Illinois Public  
22 Aid Code.

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

1           (5) Recommendations for State and local mechanisms for  
2           integrating federal, State, and local funding sources for  
3           children's mental health.

4           (6) Recommendations for building a qualified and  
5           adequately trained workforce prepared to provide mental  
6           health services for children from birth through age 18 and  
7           their families.

8           (7) Recommendations for facilitating research on best  
9           practices and model programs, and dissemination of this  
10          information to Illinois policymakers, practitioners, and  
11          the general public through training, technical assistance,  
12          and educational materials.

13          (8) Recommendations for a comprehensive, multi-faceted  
14          public awareness campaign to reduce the stigma of mental  
15          illness and educate families, the general public, and  
16          other key audiences about the benefits of children's  
17          social and emotional development, and how to access  
18          services.

19          (9) Recommendations for creating a quality-driven  
20          children's mental health system with shared accountability  
21          among key State agencies and programs that conducts  
22          ongoing needs assessments, uses outcome indicators and  
23          benchmarks to measure progress, and implements quality  
24          data tracking and reporting systems.

25          (10) Recommendations for ensuring all Illinois youth  
26          receive mental health education and have access to mental

1 health care in the school setting. In developing these  
2 recommendations, the Children's Mental Health Partnership  
3 created under subsection (b) shall consult with the State  
4 Board of Education, education practitioners, including,  
5 but not limited to, administrators, regional  
6 superintendents of schools, teachers, and school support  
7 personnel, health care professionals, including mental  
8 health professionals and child health leaders, disability  
9 advocates, and other representatives as necessary to  
10 ensure the interests of all students are represented.

11 (b) The Children's Mental Health Partnership (hereafter  
12 referred to as "the Partnership") is created. The Partnership  
13 shall have the responsibility of developing and monitoring the  
14 implementation of the Children's Mental Health Plan as  
15 approved by the Governor. The Children's Mental Health  
16 Partnership shall be comprised of: the Secretary of Human  
17 Services or his or her designee; the State Superintendent of  
18 Education or his or her designee; the directors of the  
19 departments of Children and Family Services, Healthcare and  
20 Family Services, Public Health, and Juvenile Justice, or their  
21 designees; the head of the Illinois Violence Prevention  
22 Authority, or his or her designee; the Attorney General or his  
23 or her designee; up to 25 representatives of community mental  
24 health authorities and statewide mental health, children and  
25 family advocacy, early childhood, education, health, substance  
26 abuse, violence prevention, and juvenile justice organizations



1 or associations, to be appointed by the Governor; and 2  
2 members of each caucus of the House of Representatives and  
3 Senate appointed by the Speaker of the House of  
4 Representatives and the President of the Senate, respectively.  
5 The Governor shall appoint the Partnership Chair and shall  
6 designate a Governor's staff liaison to work with the  
7 Partnership.

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

1 services, and how to improve State policy concerning student  
2 mental health. The mental health system may include services  
3 for substance use disorders and addiction. The council shall  
4 meet at least 4 times annually.

5 (c) The Partnership shall submit a Preliminary Plan to the  
6 Governor on September 30, 2004 and shall submit the Final Plan  
7 on June 30, 2005. Thereafter, on September 30 of each year, the  
8 Partnership shall submit an annual report to the Governor on  
9 the progress of Plan implementation and recommendations for  
10 revisions in the Plan. The Final Plan and annual reports  
11 submitted in subsequent years shall include estimates of  
12 savings achieved in prior fiscal years under subsection (a) of  
13 Section 5-5.23 of the Illinois Public Aid Code and federal  
14 financial participation received under subsection (b) of  
15 Section 5-5.23 of that Code. The Department of Healthcare and  
16 Family Services shall provide technical assistance in  
17 developing these estimates and reports.

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