

AN ACT concerning education.

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

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

(105 ILCS 110/3)

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

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

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

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

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

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

suspension or expulsion of the pupil.

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

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

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

(405 ILCS 49/5)

Sec. 5. Children's Mental Health Plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b-5) The Partnership shall include an adjunct council comprised of no more than 6 youth aged 14 to 25 and 4 representatives of 4 different community based organizations that focus on youth mental health. Of the community-based organizations that focus on youth mental health, one of the community-based organizations shall be led by an LGBTQ-identified person, one of the community-based organizations shall be led by a person of color, and one of the community-based organizations shall be led by a woman. Of the representatives appointed to the council from the community-based organizations, at least one representative shall be LGBTQ-identified, at least one representative shall be a person of color, and at least one representative shall be a woman. The council members shall be appointed by the Chair of the Partnership and shall reflect the racial, gender identity, sexual orientation, ability, socioeconomic, ethnic, and geographic diversity of the State, including rural, suburban, and urban appointees. The council shall make recommendations to the Partnership regarding youth mental health, including, but not limited to, identifying barriers to youth feeling supported by and empowered by the system of mental health and treatment providers, barriers perceived by youth in accessing mental health services, gaps in the mental health system, available resources in schools, including youth's perceptions and experiences with outreach personnel, agency websites, and informational materials, methods to destigmatize mental health

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

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

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