



Sen. Heather A. Steans

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LRB101 07367 CPF 59005 a

1 AMENDMENT TO SENATE BILL 1425

2 AMENDMENT NO. _____. Amend Senate Bill 1425, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Department of Public Health Powers and
6 Duties Law of the Civil Administrative Code of Illinois is
7 amended by adding Section 2310-455 as follows:

8 (20 ILCS 2310/2310-455 new)

9 Sec. 2310-455. Suicide prevention. Subject to
10 appropriation, the Department shall implement activities
11 associated with the Suicide Prevention, Education, and
12 Treatment Act, including, but not limited to, the following:

13 (1) Coordinating suicide prevention, intervention, and
14 postvention programs, services, and efforts statewide.

15 (2) Developing and submitting proposals for funding
16 from federal agencies or other sources of funding to

1 promote suicide prevention and coordinate activities.

2 (3) With input from the Illinois Suicide Prevention
3 Alliance, preparing the Illinois Suicide Prevention
4 Strategic Plan required under Section 15 of the Suicide
5 Prevention, Education, and Treatment Act and coordinating
6 the activities necessary to implement the recommendations
7 in that Plan.

8 (4) With input from the Illinois Suicide Prevention
9 Alliance, providing to the Governor and General Assembly
10 the annual report required under Section 13 of the Suicide
11 Prevention, Education, and Treatment Act.

12 (5) Providing technical support for the activities of
13 the Illinois Suicide Prevention Alliance.

14 Section 10. The Suicide Prevention, Education, and
15 Treatment Act is amended by changing Sections 5, 13, 15, 20,
16 and 30 as follows:

17 (410 ILCS 53/5)

18 Sec. 5. Legislative findings. The General Assembly makes
19 the following findings:

20 (1) 1,474 Illinoisans lost their lives to suicide in
21 2017. During 2016, suicide was the eleventh leading cause
22 of death in Illinois, causing more deaths than homicide,
23 motor vehicle accidents, accidental falls, and numerous
24 prevalent diseases, including liver disease, hypertension,

1 influenza/pneumonia, Parkinson's disease, and HIV. Suicide
2 was the third leading cause of death of ages 15 to 34 and
3 the fourth leading cause of death of ages 35 to 54. Those
4 living outside of urban areas are particularly at risk for
5 suicide, with a rate that is 50% higher than those living
6 in urban areas.

7 (2) For every person who dies by suicide, more than 30
8 others attempt suicide.

9 (3) Each suicide attempt and death impacts countless
10 other individuals. Family members, friends, co-workers,
11 and others in the community all suffer the long-lasting
12 consequences of suicidal behaviors.

13 (4) Suicide attempts and deaths by suicide have an
14 economic impact on Illinois. The National Center for Injury
15 Prevention and Control estimates that in 2010 each suicide
16 death in Illinois resulted in \$1,181,549 in medical costs
17 and work loss costs. It also estimated that each
18 hospitalization for self-harm resulted in \$31,019 in
19 medical costs and work loss costs and each emergency room
20 visit for self-harm resulted in \$4,546 in medical costs and
21 work loss costs.

22 (5) In 2004, the Illinois General Assembly passed the
23 Suicide Prevention, Education, and Treatment Act (Public
24 Act 93-907), which required the Illinois Department of
25 Public Health to establish the Illinois Suicide Prevention
26 Strategic Planning Committee to develop the Illinois

1 Suicide Prevention Strategic Plan. That law required the
2 use of the 2002 United States Surgeon General's National
3 Suicide Prevention Strategy as a model for the Plan. Public
4 Act 95-109 changed the name of the committee to the
5 Illinois Suicide Prevention Alliance. The Illinois Suicide
6 Prevention Strategic Plan was submitted in 2007 and updated
7 in 2018.

8 (6) In 2004, there were 1,028 suicide deaths in
9 Illinois, which the Centers for Disease Control reports was
10 an age-adjusted rate of 8.11 deaths per 100,000. The
11 Centers for Disease Control reports that the 1,474 suicide
12 deaths in 2017 result in an age-adjusted rate of 11.19
13 deaths per 100,000. Thus, since the enactment of Public Act
14 93-907, the rate of suicides in Illinois has risen by 38%.

15 (7) Since the enactment of Public Act 93-907, there
16 have been numerous developments in suicide prevention,
17 including the issuance of the 2012 National Strategy for
18 Suicide Prevention by the United States Surgeon General and
19 the National Action Alliance for Suicide Prevention
20 containing new strategies and recommended activities for
21 local governmental bodies.

22 (8) Despite the obvious impact of suicide on Illinois
23 citizens, Illinois has devoted minimal resources to its
24 prevention. There is no full-time coordinator or director
25 of suicide prevention activities in the State. Moreover,
26 the Suicide Prevention Strategic Plan is still modeled on

1 the now obsolete 2002 National Suicide Prevention
2 Strategy.

3 (9) It is necessary to revise the Suicide Prevention
4 Strategic Plan to reflect the most current National Suicide
5 Prevention Strategy as well as current research and
6 experience into the prevention of suicide.

7 (10) One of the goals adopted in the 2012 National
8 Strategy for Suicide Prevention is to promote suicide
9 prevention as a core component of health care services so
10 there is an active engagement of health and social
11 services, as well as the coordination of care across
12 multiple settings, thereby ensuring continuity of care and
13 promoting patient safety.

14 (11) Integrating suicide prevention into behavioral
15 and physical health care services can save lives. National
16 data indicate that: over 30% of individuals are receiving
17 mental health care at the time of their deaths by suicide;
18 45% have seen their primary care physicians within one
19 month of their deaths; and 25% of those who die of suicide
20 visited an emergency department in the year prior to their
21 deaths.

22 (12) The Zero Suicide model is a part of the National
23 Strategy for Suicide Prevention, a priority of the National
24 Action Alliance for Suicide Prevention, and a project of
25 the Suicide Prevention Resource Center that implements the
26 goal of making suicide prevention a core component of

1 health care services.

2 (13) The Zero Suicide model is built on the
3 foundational belief and aspirational goal that suicide
4 deaths of individuals who are under the care of our health
5 care systems are preventable with the adoption of
6 comprehensive training, patient engagement, transition,
7 and quality improvement.

8 (14) Health care systems, including mental and
9 behavioral health systems and hospitals, that have
10 implemented the Zero Suicide model have noted significant
11 reductions in suicide deaths for patients within their
12 care.

13 (15) The Suicide Prevention Resource Center
14 facilitates adoption of the Zero Suicide model by providing
15 comprehensive information, resources, and tools for its
16 implementation.

17 ~~(1) The Surgeon General of the United States has~~
18 ~~described suicide prevention as a serious public health~~
19 ~~priority and has called upon each state to develop a~~
20 ~~statewide comprehensive suicide prevention strategy using~~
21 ~~a public health approach. Suicide now ranks 10th among~~
22 ~~causes of death, nationally.~~

23 ~~(2) In 1998, 1,064 Illinoisans lost their lives to~~
24 ~~suicide, an average of 3 Illinois residents per day. It is~~
25 ~~estimated that there are between 21,000 and 35,000 suicide~~
26 ~~attempts in Illinois every year. Three and one half percent~~

1 ~~of all suicides in the nation take place in Illinois.~~

2 ~~(3) Among older adults, suicide rates are increasing,~~
3 ~~making suicide the leading fatal injury among the elderly~~
4 ~~population in Illinois. As the proportion of Illinois'~~
5 ~~population age 75 and older increases, the number of~~
6 ~~suicides among persons in this age group will also~~
7 ~~increase, unless an effective suicide prevention strategy~~
8 ~~is implemented.~~

9 ~~(4) Adolescents are far more likely to attempt suicide~~
10 ~~than other age groups in Illinois. The data indicates that~~
11 ~~there are 100 attempts for every adolescent suicide~~
12 ~~completed. In 1998, 156 Illinois youths died by suicide,~~
13 ~~between the ages of 15 through 24. Using this estimate,~~
14 ~~there were likely more than 15,500 suicide attempts made by~~
15 ~~Illinois adolescents or approximately 50% of all estimated~~
16 ~~suicide attempts that occurred in Illinois were made by~~
17 ~~adolescents.~~

18 ~~(5) Homicide and suicide rank as the second and third~~
19 ~~leading causes of death in Illinois for youth,~~
20 ~~respectively. Both are preventable. While the death rates~~
21 ~~for unintentional injuries decreased by more than 35%~~
22 ~~between 1979 and 1996, the death rates for homicide and~~
23 ~~suicide increased for youth. Evidence is growing in terms~~
24 ~~of the links between suicide and other forms of violence.~~
25 ~~This provides compelling reasons for broadening the~~
26 ~~State's scope in identifying risk factors for self harmful~~

1 ~~behavior. The number of estimated youth suicide attempts~~
2 ~~and the growing concerns of youth violence can best be~~
3 ~~addressed through the implementation of successful~~
4 ~~gatekeeper training programs to identify and refer youth~~
5 ~~at risk for self harmful behavior.~~

6 ~~(6) The American Association of Suicidology~~
7 ~~conservatively estimates that the lives of at least 6~~
8 ~~persons related to or connected to individuals who attempt~~
9 ~~or complete suicide are impacted. Using these estimates, in~~
10 ~~1998, more than 6,000 Illinoisans struggled to cope with~~
11 ~~the impact of suicide.~~

12 ~~(7) Decreases in alcohol and other drug abuse, as well~~
13 ~~as decreases in access to lethal means, significantly~~
14 ~~reduce the number of suicides.~~

15 ~~(8) Suicide attempts are expected to be higher than~~
16 ~~reported because attempts not requiring medical attention~~
17 ~~are not required to be reported. The underreporting of~~
18 ~~suicide completion is also likely because suicide~~
19 ~~classification involves conclusions regarding the intent~~
20 ~~of the deceased. The stigma associated with suicide is also~~
21 ~~likely to contribute to underreporting. Without~~
22 ~~interagency collaboration and support for proven,~~
23 ~~community-based, culturally competent suicide prevention~~
24 ~~and intervention programs, suicides are likely to rise.~~

25 ~~(9) Emerging data on rates of suicide based on gender,~~
26 ~~ethnicity, age, and geographic areas demand a new strategy~~

1 ~~that responds to the needs of a diverse population.~~

2 ~~(10) According to Children's Safety Network Economics~~
3 ~~Insurance, the cost of youth suicide acts by persons in~~
4 ~~Illinois who are under 21 years of age totals \$539,000,000,~~
5 ~~including medical costs, future earnings lost, and a~~
6 ~~measure of quality of life.~~

7 ~~(11) Suicide is the second leading cause of death in~~
8 ~~Illinois for persons between the ages of 15 and 24.~~

9 ~~(12) In 1998, there were 1,116 homicides in Illinois,~~
10 ~~which outnumbered suicides by only 52. Yet, so far, only~~
11 ~~homicide has received funding, programs, and media~~
12 ~~attention.~~

13 ~~(13) According to the 1999 national report on~~
14 ~~statistics for suicide of the American Association of~~
15 ~~Suicidology, categories of unintentional injury, motor~~
16 ~~vehicle deaths, and all other deaths include many reported~~
17 ~~and unsubstantiated suicides that are not identified~~
18 ~~correctly because of poor investigatory techniques,~~
19 ~~unsophisticated inquest jurors, and stigmas that cause~~
20 ~~families to cover up evidence.~~

21 ~~(14) Programs for HIV infectious diseases are very well~~
22 ~~funded even though, in Illinois, HIV deaths number 30% less~~
23 ~~than suicide deaths.~~

24 (Source: P.A. 93-907, eff. 8-11-04.)

25 (410 ILCS 53/13)

1 Sec. 13. Duration; report. The Department, in consultation
2 with All projects set forth in this Act must be at least 3
3 years in duration, and the Department and related contracts as
4 well as the Illinois Suicide Prevention Alliance, must submit
5 an annual report ~~annually~~ to the Governor and General Assembly
6 on the effectiveness of the ~~these~~ activities and programs
7 undertaken under the Plan that includes any recommendations for
8 modification to Illinois law to enhance the effectiveness of
9 the Plan.

10 (Source: P.A. 95-109, eff. 1-1-08.)

11 (410 ILCS 53/15)

12 Sec. 15. Suicide Prevention Alliance.

13 (a) The Alliance is created as the official grassroots
14 creator, planner, monitor, and advocate for the Illinois
15 Suicide Prevention Strategic Plan. No later than one year after
16 the effective date of this amendatory Act of the 101st General
17 Assembly Act, the Alliance shall review, finalize, and submit
18 to the Governor and the General Assembly the 2020 Illinois
19 Suicide Prevention Strategic Plan and appropriate processes
20 and outcome objectives for 10 overriding recommendations and a
21 timeline for reaching these objectives.

22 (b) The Plan shall include: ~~The Alliance shall use the~~
23 ~~United States Surgeon General's National Suicide Prevention~~
24 ~~Strategy as a model for the Plan.~~

25 (1) recommendations from the most current National

1 Suicide Prevention Strategy;

2 (2) current research and experience into the
3 prevention of suicide;

4 (3) measures to encourage and assist health care
5 systems and primary care providers to include suicide
6 prevention as a core component of their services,
7 including, but not limited to, implementing the Zero
8 Suicide model; and

9 (4) additional elements as determined appropriate by
10 the Alliance.

11 The Alliance shall review the statutorily prescribed
12 missions of major State mental health, health, aging, and
13 school mental health programs and recommend, as necessary and
14 appropriate, statutory changes to include suicide prevention
15 in the missions and procedures of those programs. The Alliance
16 shall prepare a report of that review, including its
17 recommendations, and shall submit the report to the Department
18 for inclusion in its annual report to the Governor and the
19 General Assembly ~~by December 31, 2004.~~

20 (c) The Director of Public Health shall appoint the members
21 of the Alliance. The membership of the Alliance shall include,
22 without limitation, representatives of statewide organizations
23 and other agencies that focus on the prevention of suicide and
24 the improvement of mental health treatment or that provide
25 suicide prevention or survivor support services. Other
26 disciplines that shall be considered for membership on the

1 Alliance include law enforcement, first responders,
2 faith-based community leaders, universities, and survivors of
3 suicide (families and friends who have lost persons to suicide)
4 as well as consumers of services of these agencies and
5 organizations.

6 (d) The Alliance shall meet at least 4 times a year, and
7 more as deemed necessary, in various sites statewide in order
8 to foster as much participation as possible. The Alliance, a
9 steering committee, and core members of the full committee
10 shall monitor and guide the definition and direction of the
11 goals of the full Alliance, shall review and approve
12 productions of the plan, and shall meet before the full
13 Alliance meetings.

14 (Source: P.A. 95-109, eff. 1-1-08.)

15 (410 ILCS 53/20)

16 Sec. 20. General awareness and screening program.

17 (a) The Department shall provide technical assistance for
18 the work of the Alliance and the production of the Plan and
19 shall distribute general information and screening tools for
20 suicide prevention to the general public through local public
21 health departments throughout the State. These materials shall
22 be distributed to agencies, schools, hospitals, churches,
23 places of employment, and all related professional caregivers
24 to educate all citizens about warning signs and interventions
25 that all persons can do to stop the suicidal cycle.

1 (b) This program shall include, without limitation, all of
2 the following:

3 (1) Educational programs about warning signs and how to
4 help suicidal individuals.

5 (2) Educational presentations about suicide risk and
6 how to help at-risk people in special populations and with
7 bilingual support to special cultures.

8 (3) The designation of an annual suicide awareness week
9 or month to include a public awareness campaign on suicide.

10 (4) An annual ~~A~~ statewide suicide prevention
11 conference ~~before November of 2004~~.

12 (5) An Illinois Suicide Prevention Speaker's Bureau.

13 (6) A program to educate the media regarding the
14 guidelines developed by the American Association for
15 Suicidology for coverage of suicides and to encourage media
16 cooperation in adopting these guidelines in reporting
17 suicides.

18 (7) Increased training opportunities for volunteers,
19 professionals, and other caregivers to develop specific
20 skills for assessing suicide risk and intervening to
21 prevent suicide.

22 (Source: P.A. 95-109, eff. 1-1-08.)

23 (410 ILCS 53/30)

24 Sec. 30. Suicide prevention pilot programs.

25 (a) The Department shall establish, when funds are

1 appropriated, programs, including, but not limited to, pilot
2 and demonstration programs, that are consistent with the Plan.
3 ~~up to 5 pilot programs that provide training and direct service~~
4 ~~programs relating to youth, elderly, special populations,~~
5 ~~high risk populations, and professional caregivers. The~~
6 ~~purpose of these pilot programs is to demonstrate and evaluate~~
7 ~~the effectiveness of the projects set forth in this Act in the~~
8 ~~communities in which they are offered. The pilot programs shall~~
9 ~~be operational for at least 2 years of the 3 year requirement~~
10 ~~set forth in Section 13.~~

11 ~~(b) The Director of Public Health is encouraged to ensure~~
12 ~~that the pilot programs include the following prevention~~
13 ~~strategies:~~

- 14 ~~(1) school gatekeeper and faculty training;~~
15 ~~(2) community gatekeeper training;~~
16 ~~(3) general community suicide prevention education;~~
17 ~~(4) health providers and physician training and~~
18 ~~consultation about high risk cases;~~
19 ~~(5) depression, anxiety, and suicide screening~~
20 ~~programs;~~
21 ~~(6) peer support youth and older adult programs;~~
22 ~~(7) the enhancement of 24-hour crisis centers,~~
23 ~~hotlines, and person-to-person calling trees;~~
24 ~~(8) means restriction advocacy and collaboration; and~~
25 ~~(9) intervening and supporting after a suicide.~~

26 (b) ~~(e)~~ The funds appropriated for purposes of this Section

1 shall be allocated by the Department on a competitive,
2 grant-submission basis, which shall include consideration of
3 different rates of risk of suicide based on age, ethnicity,
4 gender, prevalence of mental health disorders, different rates
5 of suicide based on geographic areas in Illinois, and the
6 services and curriculum offered to fit these needs by the
7 applying agency.

8 ~~(d) The Department and Alliance shall prepare a report as~~
9 ~~to the effectiveness of the demonstration projects established~~
10 ~~pursuant to this Section and submit that report no later than 6~~
11 ~~months after the projects are completed to the Governor and~~
12 ~~General Assembly.~~

13 (Source: P.A. 95-109, eff. 1-1-08.)

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