

1 AN ACT concerning health.

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

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

7 (20 ILCS 2310/2310-455 new)

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

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

14 (2) Developing and submitting proposals for funding  
15 from federal agencies or other sources of funding to  
16 promote suicide prevention and coordinate activities.

17 (3) With input from the Illinois Suicide Prevention  
18 Alliance, preparing the Illinois Suicide Prevention  
19 Strategic Plan required under Section 15 of the Suicide  
20 Prevention, Education, and Treatment Act and coordinating  
21 the activities necessary to implement the recommendations  
22 in that Plan.

23 (4) With input from the Illinois Suicide Prevention

1 Alliance, providing to the Governor and General Assembly  
2 the annual report required under Section 13 of the Suicide  
3 Prevention, Education, and Treatment Act.

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

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

9 (410 ILCS 53/5)

10 Sec. 5. Legislative findings. The General Assembly makes  
11 the following findings:

12 (1) 1,474 Illinoisans lost their lives to suicide in  
13 2017. During 2016, suicide was the eleventh leading cause  
14 of death in Illinois, causing more deaths than homicide,  
15 motor vehicle accidents, accidental falls, and numerous  
16 prevalent diseases, including liver disease, hypertension,  
17 influenza/pneumonia, Parkinson's disease, and HIV. Suicide  
18 was the third leading cause of death of ages 15 to 34 and  
19 the fourth leading cause of death of ages 35 to 54. Those  
20 living outside of urban areas are particularly at risk for  
21 suicide, with a rate that is 50% higher than those living  
22 in urban areas.

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

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

5           (4) Suicide attempts and deaths by suicide have an  
6           economic impact on Illinois. The National Center for Injury  
7           Prevention and Control estimates that in 2010 each suicide  
8           death in Illinois resulted in \$1,181,549 in medical costs  
9           and work loss costs. It also estimated that each  
10          hospitalization for self-harm resulted in \$31,019 in  
11          medical costs and work loss costs and each emergency room  
12          visit for self-harm resulted in \$4,546 in medical costs and  
13          work loss costs.

14          (5) In 2004, the Illinois General Assembly passed the  
15          Suicide Prevention, Education, and Treatment Act (Public  
16          Act 93-907), which required the Illinois Department of  
17          Public Health to establish the Illinois Suicide Prevention  
18          Strategic Planning Committee to develop the Illinois  
19          Suicide Prevention Strategic Plan. That law required the  
20          use of the 2002 United States Surgeon General's National  
21          Suicide Prevention Strategy as a model for the Plan. Public  
22          Act 95-109 changed the name of the committee to the  
23          Illinois Suicide Prevention Alliance. The Illinois Suicide  
24          Prevention Strategic Plan was submitted in 2007 and updated  
25          in 2018.

26          (6) In 2004, there were 1,028 suicide deaths in

1 Illinois, which the Centers for Disease Control reports was  
2 an age-adjusted rate of 8.11 deaths per 100,000. The  
3 Centers for Disease Control reports that the 1,474 suicide  
4 deaths in 2017 result in an age-adjusted rate of 11.19  
5 deaths per 100,000. Thus, since the enactment of Public Act  
6 93-907, the rate of suicides in Illinois has risen by 38%.

7 (7) Since the enactment of Public Act 93-907, there  
8 have been numerous developments in suicide prevention,  
9 including the issuance of the 2012 National Strategy for  
10 Suicide Prevention by the United States Surgeon General and  
11 the National Action Alliance for Suicide Prevention  
12 containing new strategies and recommended activities for  
13 local governmental bodies.

14 (8) Despite the obvious impact of suicide on Illinois  
15 citizens, Illinois has devoted minimal resources to its  
16 prevention. There is no full-time coordinator or director  
17 of suicide prevention activities in the State. Moreover,  
18 the Suicide Prevention Strategic Plan is still modeled on  
19 the now obsolete 2002 National Suicide Prevention  
20 Strategy.

21 (9) It is necessary to revise the Suicide Prevention  
22 Strategic Plan to reflect the most current National Suicide  
23 Prevention Strategy as well as current research and  
24 experience into the prevention of suicide.

25 (10) One of the goals adopted in the 2012 National  
26 Strategy for Suicide Prevention is to promote suicide

1 prevention as a core component of health care services so  
2 there is an active engagement of health and social  
3 services, as well as the coordination of care across  
4 multiple settings, thereby ensuring continuity of care and  
5 promoting patient safety.

6 (11) Integrating suicide prevention into behavioral  
7 and physical health care services can save lives. National  
8 data indicate that: over 30% of individuals are receiving  
9 mental health care at the time of their deaths by suicide;  
10 45% have seen their primary care physicians within one  
11 month of their deaths; and 25% of those who die of suicide  
12 visited an emergency department in the year prior to their  
13 deaths.

14 (12) The Zero Suicide model is a part of the National  
15 Strategy for Suicide Prevention, a priority of the National  
16 Action Alliance for Suicide Prevention, and a project of  
17 the Suicide Prevention Resource Center that implements the  
18 goal of making suicide prevention a core component of  
19 health care services.

20 (13) The Zero Suicide model is built on the  
21 foundational belief and aspirational goal that suicide  
22 deaths of individuals who are under the care of our health  
23 care systems are preventable with the adoption of  
24 comprehensive training, patient engagement, transition,  
25 and quality improvement.

26 (14) Health care systems, including mental and

1 behavioral health systems and hospitals, that have  
2 implemented the Zero Suicide model have noted significant  
3 reductions in suicide deaths for patients within their  
4 care.

5 (15) The Suicide Prevention Resource Center  
6 facilitates adoption of the Zero Suicide model by providing  
7 comprehensive information, resources, and tools for its  
8 implementation.

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

15 ~~(2) In 1998, 1,064 Illinoisans lost their lives to~~  
16 ~~suicide, an average of 3 Illinois residents per day. It is~~  
17 ~~estimated that there are between 21,000 and 35,000 suicide~~  
18 ~~attempts in Illinois every year. Three and one half percent~~  
19 ~~of all suicides in the nation take place in Illinois.~~

20 ~~(3) Among older adults, suicide rates are increasing,~~  
21 ~~making suicide the leading fatal injury among the elderly~~  
22 ~~population in Illinois. As the proportion of Illinois'~~  
23 ~~population age 75 and older increases, the number of~~  
24 ~~suicides among persons in this age group will also~~  
25 ~~increase, unless an effective suicide prevention strategy~~  
26 ~~is implemented.~~

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

10           ~~(5) Homicide and suicide rank as the second and third~~  
11           ~~leading causes of death in Illinois for youth,~~  
12           ~~respectively. Both are preventable. While the death rates~~  
13           ~~for unintentional injuries decreased by more than 35%~~  
14           ~~between 1979 and 1996, the death rates for homicide and~~  
15           ~~suicide increased for youth. Evidence is growing in terms~~  
16           ~~of the links between suicide and other forms of violence.~~  
17           ~~This provides compelling reasons for broadening the~~  
18           ~~State's scope in identifying risk factors for self harmful~~  
19           ~~behavior. The number of estimated youth suicide attempts~~  
20           ~~and the growing concerns of youth violence can best be~~  
21           ~~addressed through the implementation of successful~~  
22           ~~gatekeeper training programs to identify and refer youth~~  
23           ~~at risk for self harmful behavior.~~

24           ~~(6) The American Association of Suicidology~~  
25           ~~conservatively estimates that the lives of at least 6~~  
26           ~~persons related to or connected to individuals who attempt~~

1 ~~or complete suicide are impacted. Using these estimates, in~~  
2 ~~1998, more than 6,000 Illinoisans struggled to cope with~~  
3 ~~the impact of suicide.~~

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

7 ~~(8) Suicide attempts are expected to be higher than~~  
8 ~~reported because attempts not requiring medical attention~~  
9 ~~are not required to be reported. The underreporting of~~  
10 ~~suicide completion is also likely because suicide~~  
11 ~~classification involves conclusions regarding the intent~~  
12 ~~of the deceased. The stigma associated with suicide is also~~  
13 ~~likely to contribute to underreporting. Without~~  
14 ~~interagency collaboration and support for proven,~~  
15 ~~community based, culturally competent suicide prevention~~  
16 ~~and intervention programs, suicides are likely to rise.~~

17 ~~(9) Emerging data on rates of suicide based on gender,~~  
18 ~~ethnicity, age, and geographic areas demand a new strategy~~  
19 ~~that responds to the needs of a diverse population.~~

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

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



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

5           ~~(13) According to the 1999 national report on~~  
6           ~~statistics for suicide of the American Association of~~  
7           ~~Suicidology, categories of unintentional injury, motor~~  
8           ~~vehicle deaths, and all other deaths include many reported~~  
9           ~~and unsubstantiated suicides that are not identified~~  
10          ~~correctly because of poor investigatory techniques,~~  
11          ~~unsophisticated inquest jurors, and stigmas that cause~~  
12          ~~families to cover up evidence.~~

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

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

17           (410 ILCS 53/13)

18           Sec. 13. Duration; report. The Department, in consultation  
19           ~~with All projects set forth in this Act must be at least 3~~  
20           ~~years in duration, and the Department and related contracts as~~  
21           ~~well as the Illinois Suicide Prevention Alliance, must submit~~  
22           an annual report ~~annually~~ to the Governor and General Assembly  
23           on the effectiveness of the ~~these~~ activities and programs  
24           undertaken under the Plan that includes any recommendations for  
25           modification to Illinois law to enhance the effectiveness of

1 the Plan.

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

3 (410 ILCS 53/15)

4 Sec. 15. Suicide Prevention Alliance.

5 (a) The Alliance is created as the official grassroots  
6 creator, planner, monitor, and advocate for the Illinois  
7 Suicide Prevention Strategic Plan. No later than one year after  
8 the effective date of this amendatory Act of the 101st General  
9 Assembly Act, the Alliance shall review, finalize, and submit  
10 to the Governor and the General Assembly the 2020 Illinois  
11 Suicide Prevention Strategic Plan and appropriate processes  
12 and outcome objectives for 10 overriding recommendations and a  
13 timeline for reaching these objectives.

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

17 (1) recommendations from the most current National  
18 Suicide Prevention Strategy;

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

21 (3) measures to encourage and assist health care  
22 systems and primary care providers to include suicide  
23 prevention as a core component of their services,  
24 including, but not limited to, implementing the Zero  
25 Suicide model; and

1           (4) additional elements as determined appropriate by  
2           the Alliance.

3           The Alliance shall review the statutorily prescribed  
4 missions of major State mental health, health, aging, and  
5 school mental health programs and recommend, as necessary and  
6 appropriate, statutory changes to include suicide prevention  
7 in the missions and procedures of those programs. The Alliance  
8 shall prepare a report of that review, including its  
9 recommendations, and shall submit the report to the Department  
10 for inclusion in its annual report to the Governor and the  
11 General Assembly ~~by December 31, 2004.~~

12           (c) The Director of Public Health shall appoint the members  
13 of the Alliance. The membership of the Alliance shall include,  
14 without limitation, representatives of statewide organizations  
15 and other agencies that focus on the prevention of suicide and  
16 the improvement of mental health treatment or that provide  
17 suicide prevention or survivor support services. Other  
18 disciplines that shall be considered for membership on the  
19 Alliance include law enforcement, first responders,  
20 faith-based community leaders, universities, and survivors of  
21 suicide (families and friends who have lost persons to suicide)  
22 as well as consumers of services of these agencies and  
23 organizations.

24           (d) The Alliance shall meet at least 4 times a year, and  
25 more as deemed necessary, in various sites statewide in order  
26 to foster as much participation as possible. The Alliance, a

1 steering committee, and core members of the full committee  
2 shall monitor and guide the definition and direction of the  
3 goals of the full Alliance, shall review and approve  
4 productions of the plan, and shall meet before the full  
5 Alliance meetings.

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

7 (410 ILCS 53/20)

8 Sec. 20. General awareness and screening program.

9 (a) The Department shall provide technical assistance for  
10 the work of the Alliance and the production of the Plan and  
11 shall distribute general information and screening tools for  
12 suicide prevention to the general public through local public  
13 health departments throughout the State. These materials shall  
14 be distributed to agencies, schools, hospitals, churches,  
15 places of employment, and all related professional caregivers  
16 to educate all citizens about warning signs and interventions  
17 that all persons can do to stop the suicidal cycle.

18 (b) This program shall include, without limitation, all of  
19 the following:

20 (1) Educational programs about warning signs and how to  
21 help suicidal individuals.

22 (2) Educational presentations about suicide risk and  
23 how to help at-risk people in special populations and with  
24 bilingual support to special cultures.

25 (3) The designation of an annual suicide awareness week

1 or month to include a public awareness campaign on suicide.

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

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

5 (6) A program to educate the media regarding the  
6 guidelines developed by the American Association for  
7 Suicidology for coverage of suicides and to encourage media  
8 cooperation in adopting these guidelines in reporting  
9 suicides.

10 (7) Increased training opportunities for volunteers,  
11 professionals, and other caregivers to develop specific  
12 skills for assessing suicide risk and intervening to  
13 prevent suicide.

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

15 (410 ILCS 53/30)

16 Sec. 30. Suicide prevention pilot programs.

17 (a) The Department shall establish, when funds are  
18 appropriated, programs, including, but not limited to, pilot  
19 and demonstration programs, that are consistent with the Plan.  
20 ~~up to 5 pilot programs that provide training and direct service~~  
21 ~~programs relating to youth, elderly, special populations,~~  
22 ~~high risk populations, and professional caregivers. The~~  
23 ~~purpose of these pilot programs is to demonstrate and evaluate~~  
24 ~~the effectiveness of the projects set forth in this Act in the~~  
25 ~~communities in which they are offered. The pilot programs shall~~

1 ~~be operational for at least 2 years of the 3-year requirement~~  
2 ~~set forth in Section 13.~~

3 ~~(b) The Director of Public Health is encouraged to ensure~~  
4 ~~that the pilot programs include the following prevention~~  
5 ~~strategies:~~

6 ~~(1) school gatekeeper and faculty training;~~

7 ~~(2) community gatekeeper training;~~

8 ~~(3) general community suicide prevention education;~~

9 ~~(4) health providers and physician training and~~  
10 ~~consultation about high risk cases;~~

11 ~~(5) depression, anxiety, and suicide screening~~  
12 ~~programs;~~

13 ~~(6) peer support youth and older adult programs;~~

14 ~~(7) the enhancement of 24-hour crisis centers,~~  
15 ~~hotlines, and person-to-person calling trees;~~

16 ~~(8) means restriction advocacy and collaboration; and~~

17 ~~(9) intervening and supporting after a suicide.~~

18 (b) ~~(c)~~ The funds appropriated for purposes of this Section  
19 shall be allocated by the Department on a competitive,  
20 grant-submission basis, which shall include consideration of  
21 different rates of risk of suicide based on age, ethnicity,  
22 gender, prevalence of mental health disorders, different rates  
23 of suicide based on geographic areas in Illinois, and the  
24 services and curriculum offered to fit these needs by the  
25 applying agency.

26 ~~(d) The Department and Alliance shall prepare a report as~~

1 ~~to the effectiveness of the demonstration projects established~~  
2 ~~pursuant to this Section and submit that report no later than 6~~  
3 ~~months after the projects are completed to the Governor and~~  
4 ~~General Assembly.~~

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

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.