

HB3911



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3911

Introduced 2/22/2021, by Rep. Frances Ann Hurley

SYNOPSIS AS INTRODUCED:

5 ILCS 840/40 new

Amends the First Responders Suicide Prevention Act. Provides that the First Responders Suicide Prevention Task Force shall make specified recommendations to specified entities.

LRB102 17082 CPF 22511 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning government.

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

4 Section 5. The First Responders Suicide Prevention Act is
5 amended by adding Section 40 as follows:

6 (5 ILCS 840/40 new)

7 Sec. 40. Task Force recommendations.

8 (a) Task Force members shall recommend that agencies and
9 organizations guarantee access to mental health and wellness
10 services, including, but not limited to, peer support programs
11 and providing ongoing education related to the ever-evolving
12 concept of mental health wellness. These recommendations could
13 be accomplished by:

14 (1) Revamping agencies and organizations employee
15 assistance programs (EAPs).

16 (2) Urging health care providers to replace outdated
17 healthcare plans and include more progressive options
18 catering to the needs and abnormal risks shouldered by our
19 first responders.

20 (3) Allocating funding for public service
21 announcements (PSA) and messaging campaigns aimed at
22 raising awareness of available assistance options.

23 (4) Encouraging agencies and organizations to attach

1 lists of all available resources to training manuals and
2 continuing education requirements.

3 (b) Task Force members shall recommend agencies and
4 organizations sponsor or facilitate first responders with
5 specialized training in the areas of psychological fitness,
6 depressive disorders, early detection, and mitigation best
7 practices. Such trainings could be accomplished by:

8 (1) Assigning, appointing, or designating one member
9 of an agency or organization to attend specialized
10 training(s) sponsored by an accredited agency,
11 association, or organization recognized in their fields of
12 study.

13 (2) Seeking sponsorships or conducting fund-raisers,
14 to host annual or semiannual on-site visits from qualified
15 clinicians or physicians to provide early detection
16 training techniques, or to provide regular access to
17 mental health professionals.

18 (3) Requiring a minimum number of hours of disorders
19 and wellness training be incorporated into reoccurring,
20 annual or biannual training standards, examinations, and
21 curriculums, taking into close consideration respective
22 agency or organization size, frequency and number of all
23 current federal and state mandatory examinations and
24 trainings expected respectively.

25 (4) Not underestimating the crucial importance of a
26 balanced diet, sleep, meditation, and recreational

1 hobbies, which have been scientifically proven to play a
2 major role in the human psyche.

3 (c) Task Force members shall recommend that administrators
4 and leadership personnel solicit training services from
5 evidence-based, data driven organizations. Organizations with
6 personnel trained on the analytical review and interpretation
7 of specific fields related to the nature of first responders'
8 exploits, such as PTSD, substance abuse, chronic state of
9 duress. Task Force members shall further recommend funding for
10 expansion and messaging campaigns of preliminary
11 self-diagnosing technologies like the one described above.
12 These objectives could be met by:

13 (1) Contacting an accredited agency, association, or
14 organization recognized in the field or fields of specific
15 study. Unbeknownst to the majority, many of the agencies
16 and organizations listed above receive grants and
17 allocations to assist communities with the very issues
18 being discussed in this Section.

19 (2) Normalizing help-seeking behaviors for both first
20 responders and their families through regular messaging
21 and peer support outreach, beginning with academy
22 curricula and continuing education throughout individuals'
23 careers.

24 (3) Funding and implementing PSA campaigns that
25 provide clear and concise calls to action about mental
26 health and wellness, resiliency, help-seeking, treatment

1 and recovery.

2 (4) Promoting and raising awareness of non-for-profit
3 organizations currently available to assist individuals in
4 search of care and treatment. Organizations have intuitive
5 user-friendly sites, most of which have mobile
6 applications, so first responders can access at a moment's
7 notice. However, because of limited funds, these
8 organizations have a challenging time of getting the word
9 out there about their existence.

10 (5) Expanding Family and Medical Leave Act protections
11 for individuals voluntarily seeking preventative
12 treatment.

13 (6) Promoting and ensuring complete patient
14 confidentiality protections.

15 (d) Task Force members shall recommend that agencies
16 agencies and organizations incorporate the following training
17 components into already existing modules and educational
18 curriculums. Doing so could be done by:

19 (1) Bolstering academy and school curricula by
20 requiring depressive disorder training catered to PTSD,
21 substance abuse, and early detection techniques training,
22 taking into close consideration respective agency or
23 organization size, and the frequency and number of all current
24 federal and state mandatory examinations and trainings
25 expected respectively.

26 (2) Continuing to allocate or match federal and state

1 funds to maintain Mobil Training Units (MTUs).

2 (3) Incorporating a state certificate for peer support
3 training into already exiting statewide curriculums and
4 mandatory examinations, annual State Fire Marshal
5 examinations, and physical fitness examinations. The
6 subject matter of the certificate should have an emphasis
7 on mental health and wellness, as well as familiarization
8 with topics ranging from clinical social work, clinical
9 psychology, clinical behaviorist, and clinical psychiatry.

10 (4) Incorporating and performing statewide mental
11 health check-ins during the same times as already mandated
12 trainings. These checks are not to be compared or used as
13 measures of fitness for duty evaluations or structured
14 psychological examinations.

15 (5) Recommending sophisticated trainings on the
16 importance of preventative measures on the topics of
17 sleep, nutrition, mindfulness and movement.

18 (6) Law enforcement agencies should provide training
19 on the Firearm Owner's Identification Card Act, including
20 seeking relief from the Illinois State Police under
21 Section 10 of the Firearm Owners Identification Card Act
22 and a FOID card being a continued condition of employment
23 under Section 7.2 of the Uniform Peace Officers'
24 Disciplinary Act.