

1 AN ACT concerning public health.

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

4 Section 1. Short title. This Act may be cited as the
5 Suicide Prevention, Education, and Treatment Act.

6 Section 5. Legislative findings. The General Assembly
7 makes the following findings:

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

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

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

26 (4) Adolescents are far more likely to attempt suicide
27 than other age groups in Illinois. The data indicates that
28 there are 100 attempts for every adolescent suicide
29 completed. In 1998, 156 Illinois youths died by suicide,
30 between the ages of 15 through 24. Using this estimate,
31 there were likely more than 15,500 suicide attempts made by
32 Illinois adolescents or approximately 50% of all estimated

1 suicide attempts that occurred in Illinois were made by
2 adolescents.

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

17 (6) The American Association of Suicidology
18 conservatively estimates that the lives of at least 6
19 persons related to or connected to individuals who attempt
20 or complete suicide are impacted. Using these estimates, in
21 1998, more than 6,000 Illinoisans struggled to cope with
22 the impact of suicide.

23 (7) Decreases in alcohol and other drug abuse, as well
24 as decreases in access to lethal means, significantly
25 reduce the number of suicides.

26 (8) Suicide attempts are expected to be higher than
27 reported because attempts not requiring medical attention
28 are not required to be reported. The underreporting of
29 suicide completion is also likely because suicide
30 classification involves conclusions regarding the intent
31 of the deceased. The stigma associated with suicide is also
32 likely to contribute to underreporting. Without
33 interagency collaboration and support for proven,
34 community-based, culturally-competent suicide prevention
35 and intervention programs, suicides are likely to rise.

36 (9) Emerging data on rates of suicide based on gender,

1 ethnicity, age, and geographic areas demand a new strategy
2 that responds to the needs of a diverse population.

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

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

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

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

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

25 Section 10. Definitions. For the purpose of this Act,
26 unless the context otherwise requires:

27 "Committee" means the Illinois Suicide Prevention
28 Strategic Planning Committee.

29 "Department" means the Department of Public Health.

30 "Plan" means the Illinois Suicide Prevention Strategic
31 Plan set forth in Section 15.

32 Section 13. Duration; report. All projects set forth in
33 this Act must be at least 3 years in duration, and the
34 Department and related contracts as well as the Suicide

1 Prevention Strategic Planning Committee must report annually
2 to the Governor and General Assembly on the effectiveness of
3 these activities and programs.

4 Section 15. Suicide Prevention Strategic Planning
5 Committee.

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

14 (b) The Committee shall use the United States Surgeon
15 General's National Suicide Prevention Strategy as a model for
16 the Plan. The Committee shall review the statutorily prescribed
17 missions of major State mental health, health, aging, and
18 school mental health programs and recommend, as necessary and
19 appropriate, statutory changes to include suicide prevention
20 in the missions and procedures of those programs. The Committee
21 shall prepare a report of that review, including its
22 recommendations, and shall submit the report to the Governor
23 and the General Assembly by December 31, 2004.

24 (c) The Director of Public Health shall appoint the members
25 of the Committee. The membership of the Committee shall
26 include, without limitation, representatives of statewide
27 organizations and other agencies that focus on the prevention
28 of suicide and the improvement of mental health treatment or
29 that provide suicide prevention or survivor support services.
30 Other disciplines that shall be considered for membership on
31 the committee include law enforcement, first responders,
32 faith-based community leaders, universities, and survivors of
33 suicide (families and friends who have lost persons to suicide)
34 as well as consumers of services of these agencies and
35 organizations.

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

9 Section 20. General awareness and screening program.

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

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

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

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

26 (3) The designation of an annual suicide awareness week
27 or month to include a public awareness media campaign on
28 suicide.

29 (4) A statewide suicide prevention conference before
30 November of 2004.

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

32 (6) A program to educate the media regarding the
33 guidelines developed by the American Association for
34 Suicidology for coverage of suicides and to encourage media
35 cooperation in adopting these guidelines in reporting

1 suicides.

2 (7) A depression and suicide screening system that is
3 available to the public in all communities by increasing
4 training opportunities for volunteers and care-givers to
5 administer these screenings through venues such as
6 schools, hospitals, medical clinics, first responders,
7 faith-based communities, nursing homes, places of
8 employment, and other social service agencies to do these
9 screenings.

10 Section 25. Additional duties of the Committee. The
11 Committee shall:

12 (1) Act as an advisor and lead consultant on the
13 design, implementation, and evaluation of all programs
14 outlined in this Act.

15 (2) Establish interagency policy and procedures among
16 appropriate agencies for the collaboration and
17 coordination needed to implement the programs outlined in
18 this Act.

19 (3) Design, review, select, and monitor proposals for
20 the implementation of these activities in agencies
21 throughout the State.

22 Section 30. Suicide prevention pilot programs.

23 (a) The Department shall establish, when funds are
24 appropriated, up to 5 pilot programs that provide training and
25 direct service programs relating to youth, elderly, special
26 populations, high-risk populations, and professional
27 caregivers. The purpose of these pilot programs is to
28 demonstrate and evaluate the effectiveness of the projects set
29 forth in this Act in the communities in which they are offered.
30 The pilot programs shall be operational for at least 2 years of
31 the 3-year requirement set forth in Section 13.

32 (b) The Director of Public Health is encouraged to ensure
33 that the pilot programs include the following prevention
34 strategies:

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

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

21 (d) The Department and Committee shall prepare a report as
22 to the effectiveness of the demonstration projects established
23 pursuant to this Section and submit that report no later than 6
24 months after the projects are completed to the Governor and
25 General Assembly.

26 Section 99. Effective date. This Act takes effect July 1,
27 2004.