

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) Revising 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16 (2) Urging health care providers to replace outdated  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 disproportionate risks  
19 shouldered by our first responders.

20 (3) Allocating funding or resources 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, mindfulness-based stress reduction

1 techniques, moderate and vigorous intensity activities,  
2 and recreational hobbies, which have been scientifically  
3 proven to play a major role in brain health and mental  
4 wellness.

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

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

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

26 (3) Funding and implementing PSA campaigns that

1 provide clear and concise calls to action about mental  
2 health and wellness, resiliency, help-seeking, treatment  
3 and recovery.

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

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

15 (6) Promoting and ensuring complete patient  
16 confidentiality protections.

17 (d) Task Force members shall recommend that agencies and  
18 organizations incorporate the following training components  
19 into already existing modules and educational curriculums.

20 Doing so could be done by:

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

1       trainings expected respectively.

2           (2) Continuing to allocate or match federal and state  
3       funds to maintain Mobil Training Units (MTUs).

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

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

17           (5) Recommending comprehensive and evidence-based  
18       training on the importance of preventative measures on the  
19       topics of sleep, nutrition, mindfulness, and physical  
20       movement.

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

1        Disciplinary Act.