

AN ACT concerning government.

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

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

(5 ILCS 840/40 new)

Sec. 40. Task Force recommendations.

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

(1) Revising agencies' and organizations' employee assistance programs (EAPs).

(2) Urging health care providers to replace outdated healthcare plans and include more progressive options catering to the needs and disproportionate risks shouldered by our first responders.

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

(4) Encouraging agencies and organizations to attach

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

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

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

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

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

(4) Not underestimating the crucial importance of a balanced diet, sleep, mindfulness-based stress reduction

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

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

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

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

(3) Funding and implementing PSA campaigns that

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

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

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

(6) Promoting and ensuring complete patient confidentiality protections.

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

Doing so could be done by:

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

trainings expected respectively.

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

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

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

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

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

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