

SB 2771 — Tammurra's Act

Require 988 Suicide & Crisis Lifeline posting across public institutions
Sponsored by Sen. Christopher Belt | Amendment 003, Filed 3/5/2026

What SB 2771 Does

Senate Bill 2771 — known as Tammurra's Act — is a sweeping, common-sense measure that extends the reach of the 988 Suicide and Crisis Lifeline across the settings where Illinoisans are most vulnerable and most in need of a visible crisis resource. Where HB 4982 targets pharmacies, SB 2771 ensures that 988 contact information is prominently posted across a much broader range of Illinois institutions.

Setting	Requirement
County Juvenile Detention & Shelter Care Homes	Must post 988 in a prominent location visible and accessible to youth committed by the court
Public Libraries (all four library acts)	Must post 988 in a prominent location visible and accessible to patrons
Public Colleges & Universities	Must post 988 in each facility in a location visible to students and staff
University of Illinois Hospital	Must comply with the Hospital Licensing Act Section 11.11 (see below)
Assisted Living & Shared Housing	Must post 988 visibly for residents and staff
Nursing Facilities	Must post 988 visibly for residents and staff
Hospitals	Must conspicuously post 988 by physical or electronic means in patient/employee/visitor areas
Licensed Day Care Centers	Must post 988 visibly for children and employees (new standard 17 under Child Care Act)
Illinois Dept. of Corrections Facilities	Must post 988 visibly for committed persons in every institution and facility
Probation Programs	Must post 988 in all department-operated programs accessible to persons on supervision
Schools (Grades 6-12)	Shall assess and implement age-appropriate, evidence-based suicide prevention curricula where integration opportunities exist

The bill also strengthens the School Code's mental health education requirements by directing school boards to assess and implement evidence-based suicide prevention curricula in grades 6 through 12 where integration opportunities exist. And it amends the Unified Code of Corrections to ensure that reentry planning for incarcerated individuals explicitly includes suicide prevention resources.

The common thread: **988 is only as effective as the number of people who know it exists. SB 2771 ensures that wherever Illinoisans in crisis are likely to be found, they will see a lifeline.**

The Crisis That Makes This Bill Necessary

Illinois is losing people to suicide every single day. The populations touched by SB 2771 — youth in detention, incarcerated adults, nursing home residents, college students, library patrons in distress — are not peripheral to the suicide crisis. They are often at its center.

2nd

Suicide is the second leading cause of death for people ages 10-14, 15-24, and 25-44 in the United States (CDC, 2023)

62%

Increase in the suicide rate among young people ages 10-24 from 2007 to 2021 (CDC/NCHS Data Brief)

2-4x

Incarcerated youth face a suicide rate two to four times higher than youth in the general population (OJJDP research)

~1/3

Nearly one-third of all deaths in U.S. jails and prisons are attributable to suicide (Kent State/Sentencing Project analysis)

20.4%

Of high school students reported seriously considering suicide in the past year (CDC Youth Risk Behavior Survey, 2023)

The settings targeted by this bill are not random. Each one represents a concentrated population of people who face elevated risk. Youth in juvenile detention are navigating court involvement, family separation, and trauma. Incarcerated adults face isolation, hopelessness, and loss of autonomy. Nursing home residents face grief, chronic illness, and social isolation. College students are in a documented mental health crisis. Library patrons in distress may have nowhere else to go. A prominently posted 988 number costs nearly nothing — and can be the only thing that stands between a person in crisis and a decision they cannot undo.

Why These Settings Matter

Social workers understand that crisis intervention is most effective when it meets people where they are. SB 2771 recognizes that the following community institutions are critical points of contact for at-risk populations:

- **Juvenile facilities:** Juvenile detention facilities: Youth in these settings face some of the highest suicide risk of any population. Research conducted at Cook County's Juvenile Temporary Detention Center — one of the largest in the nation — found that more than one-third of detained youth had thought seriously about death and dying in the prior six months. These are children. They deserve a visible, accessible lifeline.
- **Correctional facilities:** Correctional facilities: Suicide is the leading cause of death in local jails, and rates have risen sharply in state and federal prisons. Incarcerated individuals who are detained or on remand face particularly elevated risk. Posting 988 visibly costs nothing — and the bill also strengthens reentry planning to include suicide prevention resources for people transitioning back into the community.

- **Libraries:** Libraries: Public libraries serve as informal crisis touchpoints, particularly for unhoused individuals, isolated youth, and adults with limited access to other services. Many people in acute distress spend time in libraries precisely because they are safe, public, judgment-free spaces. A visible 988 posting acknowledges that reality.
- **Colleges and universities:** Colleges and universities: More than 12% of adults ages 18-25 had serious thoughts of suicide in the past year (SAMHSA, 2024). Campus mental health systems are overwhelmed. A prominently posted 988 number ensures students know they have a confidential, 24/7 option available to them.
- **Nursing and assisted living:** Nursing facilities and assisted living: The suicide rate among adults 75 and older is among the highest of any age group. Isolation, chronic illness, loss, and cognitive decline are all risk factors present in residential care settings. Residents and staff alike deserve to know where to turn.
- **Hospitals:** Hospitals: Patients in acute medical care — particularly those experiencing chronic pain, psychiatric admission, or end-of-life scenarios — face elevated risk. The bill requires 988 to be visible to patients, employees, and visitors.
- **Day care centers:** Day care centers: While children in day care are too young to be primary users of 988, staff in these settings work under significant stress and interact with families in crisis. Visibility matters for workers and parents alike.

A Social Work Perspective

Social workers staff virtually every setting addressed by this bill. We work in juvenile detention. We work in corrections and reentry. We provide clinical services in hospitals, nursing homes, assisted living facilities, and schools. We conduct mental health consultations on college campuses. We meet with clients in community settings — sometimes libraries.

We know what it means to walk into a setting with a client in crisis and have nothing on the wall to point to. We know what it means to have a conversation about 988 with someone who has never heard of it. SB 2771 changes that. It ensures that the number is there — visible, in color, accessible — in every place where the people we serve are most likely to need it.

NASW-Illinois supports SB 2771 because it is exactly the kind of systemic, structural intervention our profession has always advocated for: upstream, universal, and built on the recognition that access to crisis resources should not depend on whether a person happens to know the right number.

Ask Your Legislator to Support SB 2771 — Tammurra's Act

When you meet with your legislator during Advocacy Day:

- Co-sponsor and vote YES on SB 2771
- Recognize that 988 only saves lives when people know it exists — posting it widely is the most cost-effective suicide prevention tool available
- Acknowledge that the bill touches every corner of Illinois' public institution network — no other single bill does more to expand 988 visibility
- Honor Tammurra — whose name this act carries — by ensuring no Illinoisan in crisis goes without seeing a way out

Sources

CDC: Suicide was the second leading cause of death for ages 10-14, 15-24, and 25-44 in 2023. [cdc.gov/nchs/products/databriefs/db541.htm](https://www.cdc.gov/nchs/products/databriefs/db541.htm)

CDC/NCHS Data Brief No. 471: Suicide and Homicide Rates Among Youth Ages 10-24, 2001-2021. [cdc.gov](https://www.cdc.gov)

OJJDP: Suicidal Thoughts and Behaviors Among Detained Youth (Cook County Juvenile Temporary Detention Center). [ojjdp.ojp.gov](https://www.ojjdp.ojp.gov)

OJJDP: Juvenile Suicide in Confinement — A National Survey. [ojjdp.ojp.gov](https://www.ojjdp.ojp.gov)

Kent State University / Sentencing Project: Addressing Suicide in Correctional Facilities. onlinedegrees.kent.edu

CDC Youth Risk Behavior Survey 2023: 20.4% of high school students seriously considered suicide in the past year. [AFSP. afsp.org](https://www.afsp.org)

SAMHSA: 2024 National Survey on Drug Use and Health — 12.2% of adults 18-25 had serious thoughts of suicide in the past year.

Jed Foundation: Mental Health and Suicide Statistics. jedfoundation.org

Bureau of Justice Statistics: Suicide in Local Jails and State and Federal Prisons, 2000-2019. [bjs.ojp.gov](https://www.bjs.ojp.gov)

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IDHS: 988 Suicide & Crisis Lifeline. dhs.state.il.us