



Luther S. Olsen
State Senator
14th District

TO: Senate Committee on Health & Human Services
FROM: Senator Luther Olsen
DATE: November 20, 2019
SUBJECT: Testimony in favor of Senate Bill 503.

Thank you Chairman Testin and the Senate Committee on Health and Human Services for holding a hearing and allowing me to testify in favor of Senate Bill 503.

This legislation is part of a broader package of bills recommended by the Speaker's Task Force on Suicide Prevention. This bipartisan task force was created in March of 2019 and held several public hearings across the state with the objective of evaluating the current resources for suicide prevention and identifying opportunities to target and assist at-risk individuals.

Senate Bill 503 creates a statewide program and centralized point of contact for all things relating to suicide prevention. The duties vested in this program would include administering grants, building community networks, conducting suicide prevention trainings and more. The goal is to create a program that will serve as a statewide resource to coordinate between agencies, work with community organizations and spearhead efforts to reduce suicide in the State of Wisconsin.

This bill authorizes the creation of two FTE positions within the Department of Health Services, where the suicide prevention program will reside. One of the positions will be designated the Director of Suicide Prevention. The bill also appropriates \$250,000 per fiscal year for the purpose of fulfilling the agency's suicide prevention responsibilities.

Thank you, members. I ask for your support and would be more than happy to answer any questions.



JOAN BALLWEG

PO Box 8952, State Capitol
Madison, Wisconsin 53708-8952
Toll-free: (888) 534-0041
Fax: (608) 282-3641
Rep.Ballweg@legis.wi.gov

Co-CHAIR, JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

41st ASSEMBLY DISTRICT

Senate Bill 503: Implementing a Suicide Prevention Program
Senate Committee on Health and Human Services
Testimony of State Representative Joan Ballweg
November 20, 2019

Thank you, Chair Testin and members of the committee, for hearing Senate Bill 503 today. This legislation is one of nine proposals put forward by the Speaker's Task Force on Suicide Prevention.

Suicide is a rising concern in Wisconsin and across the nation. On average, one person dies by suicide every nine hours in our state. It is the second leading cause of death for young people, and almost five times as many people die by suicide in Wisconsin than in alcohol related motor vehicle accidents. In 2017, 918 individuals died by suicide in the state, 594 died in vehicle accidents. We are all aware of the opioid crisis. In 2017, 926 individuals died by overdose. That is a difference of eight individuals. In fact, some of those overdoses may have been suicides. It's important to realize that it is not just the impact of deaths by suicide that affect our communities. For every person who dies by suicide, 25 individuals attempt.

The rising trends surrounding suicide are why the Speaker established this committee and tasked us with evaluating the current resources for suicide prevention and identifying opportunities to target and assist at-risk individuals. Our interim report and policy recommendations were released on September 25, 2019, with the goal of supporting those struggling, promoting trainings to recognize the signs and stopping the rising trend of suicide in Wisconsin.

Senate Bill 503 was formed from the input gathered over six public hearings held across the state. We heard from many different sectors on prevention efforts currently being conducted throughout Wisconsin. One common statement heard in each hearing was the need for better coordination and resources to share best practices.

During our first hearing in Madison, the task force heard from the director of Nevada's Office of Suicide Prevention. The United States Centers for Disease Control and Prevention reported in 2018, every state in the nation saw an increase in suicides except for Nevada. The task force learned of Nevada's effectiveness in coordination among the partners currently working in this space. Open communication and a fluid knowledge of the resources available benefits everyone.

SB 503 requires the Department of Health Services to do the following:

1. Coordinate suicide prevention activities with other state agencies.

2. Provide educational activities to the general public relating to suicide prevention.
3. Provide training to persons who routinely interact with persons at risk of suicide, including training on recognizing persons at risk of suicide and referring those persons for appropriate treatment or support services.
4. Develop and carry out public awareness and media campaigns in each county targeting groups of persons who are at risk of suicide.
5. Enhance crisis services relating to suicide prevention.
6. Link persons trained in the assessment of and intervention in suicide with schools, public community centers, nursing homes and other facilities serving persons most at risk of suicide.
7. Coordinate the establishment of local advisory groups in each county to support the efforts of the suicide prevention program.
8. Work with groups advocating suicide prevention, community coalitions, managers of existing crisis hotlines that are nationally accredited or certified, and staff members of mental health agencies in this state to identify and address the barriers that interfere with providing services to groups of persons who are at risk of suicide, including elderly persons, Native Americans, youths and residents of rural communities.
9. Develop and maintain an Internet site with links to appropriate resource documents, suicide hotlines that are nationally accredited or certified, credentialed professional personnel, state and local mental health agencies and appropriate national organizations.
10. Review current research on data collection for factors related to suicide and develop recommendations for improved systems of surveillance for suicide and uniform collection of data related to suicide.
11. Develop and submit proposals for funding from federal government agencies and nongovernmental organizations.
12. Administer grant programs involving suicide prevention, proposed by SB 504 and SB 543.
13. Submit a report to the appropriate standing committees of the legislature that describes suicide prevention activities in this state.

These duties will be executed by two DHS staff appropriated in the legislation. The duties of the Nevada Office of Suicide Prevention were important to a holistic, statewide approach to prevention. But it was the director and her staff who were vital in fostering the relationships that helped Nevada go from the state with the most suicides in the nation a dozen years ago, to the only state without an increase last year.

Losing a loved one by suicide has far reaching impacts on the communities affected. The proposals from the suicide prevention task force are designed to enhance and support the current efforts. Our prevention work will be ongoing, and Senate Bill 503 will set a standard by which the state works across silos and fights suicide with constancy to better support those at risk.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Senate Committee on Health & Human Services

FROM: Andrew Hoyer-Booth, Deputy Legislative Director, Department of Health Services

DATE: November 20, 2019

RE: 2019 Senate Bill 503, relating to: implementing a suicide prevention program and making an appropriation

Good morning, Chairman Testin and members of the Senate Committee on Health and Human Services. My name is Andrew Hoyer-Booth and I am the Deputy Legislative Director at the Wisconsin Department of Health Services (DHS). I appreciate the opportunity to provide testimony in support of Senate Bill (SB) 503, one of the bills from the Speaker's Task Force on Suicide Prevention, and to discuss how this legislation would impact the Department's existing suicide prevention and treatment work.

DHS provided testimony at the first Task Force meeting back in April to share data and advocate for policy solutions that address suicide at a population health level. As a brief summary of that testimony, the data shows an upward trend in suicide deaths in Wisconsin, rising from just over 600 in 2007 to over 900 in 2017. Additionally, we know that when people die by suicide, firearm is the method most commonly used, as 51% of suicides in Wisconsin involve firearms.

DHS also recently released a preview of our *Suicide in Wisconsin* report which will provide key recommendations on creating a statewide suicide prevention strategy. We believe that this report will help provide an evidence-based roadmap for the implementation of SB 503.

Currently, the Department has only a couple of limited-term staff and federal funding sources to implement suicide prevention programming.

Senate Bill 503 allocates 2 full-time staff positions to DHS, which provides a more sustainable model to address suicide prevention. The bill also tasks the Department with creating and implementing a suicide prevention program, coordinating suicide prevention activities with other state agencies, administering grant programs involving suicide prevention, and performing additional functions to promote efforts to prevent suicide.

We appreciate the bill authors and task force members providing this additional staff capacity and believe that these increased resources will help to better leverage the work being done by counties, health care providers, local coalitions, and others.

We appreciate the difficult charge faced by the task force in trying to develop meaningful solutions that will help reverse rising suicide rates in Wisconsin. SB 503 and the other task force bills are a step in the right direction and will help Wisconsin better address the contributing factors to suicide.

With that, I'd be happy to answer any questions from committee members.