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CO-CHAIR, JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

41st ASSEMBLY DISTRICT

Assembly Bill 525: Implementing a Suicide Prevention Program
Assembly Committee on Health
Testimony of State Representative Joan Ballweg
October 29, 2019

Thank you, Chair Sanfelippo and members of the committee, for hearing Assembly Bill 525 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 surround 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.

Assembly Bill 525 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 that 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.

AB 525 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 AB 527 and AB 530.
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 Assembly Bill 525 will set a standard by which the state works across silos and fights suicide with constancy to better support those at risk.



Luther S. Olsen
State Senator
14th District

TO: Assembly Committee on Health
FROM: Senator Luther Olsen
DATE: October 29, 2019
SUBJECT: Testimony in favor of Assembly Bill 525.

Thank you Chairman Sanfelippo and the Assembly Committee on Health for holding a hearing and allowing me to testify in favor of Assembly Bill 525.

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.

Assembly Bill 525 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.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

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

DATE: October 29, 2019

RE: 2019 Assembly Bill 525, relating to: implementing a suicide prevention program and making an appropriation

Good morning, Chairman Sanfelippo and members of the Assembly Committee on Health. 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 Assembly Bill (AB) 525, 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 AB 525.

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

Assembly Bill 525 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. AB 525 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.

AB525 Activities, Possible Engagement, and SPRC Statewide Suicide Prevention Infrastructure Recommendations Alignment

| Activity | MHA | DHS | | SPRC Recommendation |
|--|-----|-----|--|---|
| 1. Coordinate suicide prevention activities with other state agencies. | X | X | MHA administers Prevent Suicide Wisconsin, our statewide public-private partnership that includes representatives of state agencies on our Steering Committee including DHS (DPH, DCTS), DPI, DOC, UW, OCMH, and WDVA. We actively engage new stakeholders to ensure we have representation from multiple state agencies and nongovernmental groups at the table. DHS could help to bring more agencies to the table and better track prevention efforts across Wisconsin. https://www.preventsuicidewi.org/meet-the-steering-committee | <ul style="list-style-type: none"> -Maintain a dedicated leadership position. -Dedicate core staff positions, training, and technology needed for all six essential functions. -Develop capacity to respond to information requests from officials, communities, the media, and the general public http://www.sprc.org/stateInfrastructure/lead |
| 2. Provide educational activities to the general public relating to suicide prevention. | X | | MHA partners with organizations to provide suicide prevention trainings to the public and sends out frequent educational opportunities from partners via PSW eNewsletter and social media. Partners providing these activities include DPI, the QPR Institute, AFSP Wisconsin, NAMI Wisconsin, other nonprofits, culturally specific organizations, and the Prevent Suicide coalitions. MHA maintains a list of active QPR trainers and master trainers who are able to certify new instructors in their local communities. DHS could help to better track and organize this information to help community members more efficiently identify training opportunities; however, DHS could more efficiently accomplish this activity by contracting out. https://www.preventsuicidewi.org/qpr-gatekeeper-training | <ul style="list-style-type: none"> -Ensure the ability to plan, provide, and evaluate guidance for state, county, and local efforts. -Identify and allocate resources needed to guide state, county, and local efforts. -Maintain an updated list of trainings that meet state requirements or recommendations http://www.sprc.org/stateInfrastructure/guide |
| 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. | X | | Since 2013, MHA has trained over 50 Wisconsin health and behavioral health care organizations through our Zero Suicide two-day workshop (formerly the Zero Suicide Academy). The Zero Suicide framework is a continuous quality improvement initiative for transforming suicide prevention in health and behavioral health care systems. https://www.preventsuicidewi.org/zero-suicide MHA recently began a new partnership with the UW Green Bay Behavioral Health Training Partnership to provide suicide care trainings throughout the state. https://www.uwgb.edu/behavioral-health-training-partnership/training/mha-of-wi-suicide-care-trainings/ DHS could complete this activity more efficiently by contracting out to an organization already engaged in trainings. | <ul style="list-style-type: none"> -Maintain an updated list of trainings that meet state requirements or recommendations http://www.sprc.org/stateInfrastructure/guide |
| 4. Develop and carry out public awareness and media campaigns in each county targeting groups of persons who are at risk of suicide. | | | This is an activity that is not fundable through MHA's current MHBG dollars. MHA cannot consistently provide consultation to coalitions and local health departments who have developed public awareness and media campaigns. Local coalitions ultimately lead these efforts and we do not know the impact; nor do we know if these types of campaigns are evidence-based interventions/approaches. State | |

AB525 Activities, Possible Engagement, and SPRC Statewide Suicide Prevention Infrastructure Recommendations Alignment

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| | | | dollars would be needed to support this activity because MHBG dollars do not support. https://vimeopro.com/user11664668/suicide-prevention-iowa-county ; https://www.facebook.com/watch/?v=321094568623421 ; | |
| 5. Enhance crisis services relating to suicide prevention. | | X | MHA looks to DHS/DCTS to work with counties on enhancing crisis services. However, both DHS and MHA maintain a list of county crisis lines and services. DHS should be the lead on this activity. http://www.mhawisconsin.org/search-stateresources.aspx ; https://www.preventsuicidewi.org/county-crisis-lines | -Build a multifaceted, lifespan approach across the state, in concert with the state plan. -Designate sufficient funding for a multifaceted approach. -Develop the ability to evaluate and share results. -Embed expectations within relevant state-funded contracts. http://www.sprc.org/stateInfrastructure/build http://www.sprc.org/news/arizonas-comprehensive-crisis-care-system |
| 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. | X | X | MHA coordinates annual Zero Suicide trainings to accomplish this activity as it relates to behavioral health and health care systems. MHA also provides opportunities for local health departments to receive training to accomplish this activity. However, our reach is again limited because of the MHBG funding constraints. DHS could collaborate with other state agencies (i.e., DPI, WDVA, DCF, DOC, DOJ, DATCP) and nongovernmental partners to accomplish this activity or contract out with state dollars. https://www.preventsuicidewi.org/zero-suicide | |
| 7. Coordinate the establishment of local advisory groups in each county to support the efforts of the suicide prevention program under this subsection. | X | | Several counties already have established coalitions or Zero Suicide workgroups that are in relationship with MHA. MHA is currently able to provide very limited technical assistance to these groups due to the constraints of MHBG funds. DHS could consider expanding current efforts by increasing state dollars to this activity. This may require additional staff capacity to provide oversight of advisory groups. https://www.preventsuicidewi.org/find-a-local-coalition | -Form a statewide coalition with broad public and private sector representation. http://www.sprc.org/stateInfrastructure/partner |
| 8. Work with groups advocating suicide prevention, community coalitions, managers of existing crisis hotlines that | X | | MHA engages representation from populations at disproportionate risk of suicide on our PSW Steering Committee. We are unable to provide resources due to the constraints of MHBG funds. DHS could accomplish this activity by contracting out with state dollars. https://www.preventsuicidewi.org/population-specific-resources | -Ensure that high-risk and underserved populations are represented in data collection. http://www.sprc.org/stateInfrastructure/examine |

AB525 Activities, Possible Engagement, and SPRC Statewide Suicide Prevention Infrastructure Recommendations Alignment

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| <p>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.</p> | | | | |
| <p>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.</p> | X | | <p>MHA maintains the Prevent Suicide Wisconsin website and sends monthly communications with relevant Wisconsin trainings, events, and suicide prevention information which accomplishes this activity. This is a deliverable in our contract with DCTS. DHS could help to house state resources and data by maintaining public facing data dashboards on mental health services, substance use disorder services, updated county level data, and crisis lines and services utilization.</p> <p>https://www.preventsuicidewi.org/home; https://www.preventsuicidewi.org/resources</p> | |
| <p>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.</p> | | X | <p>MHA partners with DHS to produce the Wisconsin Suicide Prevention Plan, which is a report on the most current suicide death, attempt, and ideation data and the evidence-based strategies that align with the National Strategy on Suicide Prevention. This report is updated every five years and is a deliverable through our contract with DCTS. DHS could help by leading the coordination of the state prevention plan update process and dissemination of the plan. DHS could also serve as the lead for enhancing data surveillance systems and sharing suicide related data.</p> <p>https://www.preventsuicidewi.org/wisconsin-suicide-prevention-strategy</p> | <p>-Allocate sufficient funding and personnel to support high-quality, privacy-protected suicide data collection and analysis. -Identify, connect with, and strengthen existing data sources. -Ensure that high-risk and underserved populations are represented in data collection. -Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels. -Link data from different systems while protecting privacy.</p> <p>http://www.sprc.org/stateInfrastructure/examine</p> |

AB525 Activities, Possible Engagement, and SPRC Statewide Suicide Prevention Infrastructure Recommendations Alignment

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| <p>11. Develop and submit proposals for funding from federal government agencies and nongovernmental organizations.</p> | | | <p>DHS could submit proposals for funding and contract out when it's the more efficient option. MHA has applied for federal grants when we have the staff capacity to carry out deliverables. Large grants would require additional staffing for contracted agencies and/or DHS.</p> | <p>http://www.sprc.org/grantees/core-competencies</p> |
| <p>12. Administer grant programs involving suicide prevention.</p> | <p>X</p> | | <p>MHA currently receives DHS grants and subcontracts when possible with additional organizations who are conducting suicide prevention activities and trainings locally.</p> | <p>http://www.sprc.org/grantees/core-competencies</p> |
| <p>13. By January 1, 2021, and by January 1 of each year thereafter, submit a report to the appropriate standing committees of the legislature under s. 13.172 (3) that describes suicide prevention activities in this state, including information received in the course of administering suicide prevention grant programs.</p> | | <p>X</p> | <p>MHA reports information through our annual grant reports, but DHS could track all statewide and local suicide prevention efforts and evaluate whenever possible. The suicide prevention plan is updated once every 3-5 years; an annual report from DHS could help track progress and identify needs year to year.</p> | <p>-Authorize the lead agency to develop, carry out, and evaluate the suicide prevention plan. -Require an annual progress and needs report to the legislature or governor. http://www.sprc.org/stateInfrastructure/authorize</p> |

Summary Recommendations for State Suicide Prevention Infrastructure

Suicide prevention is more than crisis services and treatment. Based on thorough research, expert consensus, and known best practices, these recommendations will help streamline your suicide prevention efforts and improve capacity to save lives in your state.

★ RECOMMENDATIONS

Authorize

- ★ Designate a lead division or organization
- ★ Identify and secure resources required to carry out all six essential functions
- ★ Maintain a state suicide prevention plan that is updated every 3-5 years

To further strengthen your infrastructure:

- + Authorize the designated suicide prevention agency to develop, carry out, and evaluate the suicide prevention plan
- + Require an annual report to the legislature or governor on the state of suicide and prevention efforts, the extent and effectiveness of any statute or rule related to suicide, and emerging needs

Lead

- ★ Maintain a dedicated leadership position
- ★ Dedicate core staff positions, training, and technology needed to carry out all six essential functions
- ★ Develop capacity to respond to information requests from officials, communities, the media, and the general public

To further strengthen your infrastructure:

- + Where interests intersect, establish a formal connection between the relevant government divisions or offices
- + Build staff capacity to effectively communicate across multiple audiences and formats
- + Develop division/agency commitment to spur cross-discipline collaboration and integrate programs across funding sources

Partner

- ★ Form a statewide coalition with broad public and private sector representation
- ★ Adopt a shared vision and language across partners

To further strengthen your infrastructure:

- + Build partner capacity to integrate suicide prevention efforts into their structures, policies, and activities
- + Develop written agreements detailing each partner's commitment

Examine

- ★ Allocate sufficient funding and personnel to support high quality, privacy-protected suicide morbidity and mortality data collection and analysis
- ★ Identify, connect with, and strengthen existing data sources
- ★ Ensure that high-risk and underserved populations are represented in data collection
- ★ Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels

To further strengthen your infrastructure:

- + Link data from different systems while protecting privacy



★ RECOMMENDATIONS

Build

- ★ Build a multi-faceted, lifespan approach to suicide prevention across the state, in concert with the state plan:
 - » Understand, develop, and enforce expert-informed policies and regulations that support suicide prevention
 - » Strengthen the crisis system and policies, including mobile response and hotlines
 - » Establish policies and model practices in preparation for post-suicide response, including in the event of a suicide cluster
 - » Promote “upstream” strategies that proactively prevent suicide risk and enhance protective factors
 - ★ Designate sufficient funding to carry out or support a multi-faceted approach
 - ★ Develop the ability to evaluate and share results
- To further strengthen your infrastructure:
- + Embed expectations for suicide prevention within relevant state-funded contracts

Guide

- ★ Ensure the ability to plan, provide, and evaluate guidance for state, county, and local efforts
 - ★ Identify and allocate resources needed to guide state, county, and local efforts
- To further strengthen your infrastructure:
- + Identify and maintain an updated list of available trainings that meet state requirements or recommendations

ABOUT THE RECOMMENDATIONS FOR STATE SUICIDE PREVENTION INFRASTRUCTURE

SPRC conducted a thorough research literature review and environmental scan, consulted with experts from 21 state and national organizations, held focus groups with state suicide prevention leaders, and solicited focused feedback from specialists in state government and those personally touched by suicide. To read the full recommendations, please go to www.sprc.org/state-infrastructure.

About SPRC: The National Suicide Prevention Resource Center (SPRC) is your one-stop source for suicide prevention since 2002. We have worked with thousands of suicide prevention leaders at the community, state, tribal, campus, and national levels to support their prevention efforts. Together, we can help support those who are struggling and save lives across the country.

October 27, 2019

Chris Prochut
264 Acadia Avenue
Hartford, WI 53027
Phone: 630-881-5093
Email: cprochut@gmail.com

Dear Representative Ballweg and Representative Doyle,

You have my utmost appreciation for your work on the Suicide Prevention Task Force and my fullest support for Assembly Bill 525.

Quoting Robert Douglas, National P.O.L.I.C.E. Suicide Foundation, *"If a 747 airliner with approximately 300 passengers on board crashed each year, the Federal Aviation Administration would ground 747s until the problem was discovered and corrected, yet we lose 300 police officers every year to suicide and we think that is just the cost of doing business."* One life lost to suicide, regardless of profession, is too many. It is OK not to be OK, yet the stigma surrounding mental illness keeps Law Enforcement suffering in silence. Thank you for addressing the issue and taking steps to prevent suicide and the ripple effects it creates.

Over the past eight (8) years, I have travelled throughout Wisconsin (including other states and parts of Canada) addressing the issue of Law Enforcement Suicide. Officers receive training on assisting those in crisis, but who helps the helpers? The fear of looking weak or losing their career if they ask for help can only be solved by creating a culture of care and through conversation. Through hugs and many tears, Wisconsin law enforcement officers are slowly opening up about their struggles and seeking help. Your meetings held throughout the state were evidence of how tough, emotional, and needed, those conversations are surrounding suicide.

Through recommendations of the Suicide Task Force, along with approval of this Bill, Wisconsin will continue moving its progressive benchmark in caring for the residents of Wisconsin along with coordinating programs that focus on the mental health and resiliency of First Responders.

Sincerely,

Chris Prochut