

**HB0209 MHAMD FAV.pdf**

Uploaded by: Allen, Emily

Position: FAV

**House Bill 209 Public Health – Maryland Suicide Fatality Review Committee**

Health and Government Operations Committee

January 26, 2021

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of House Bill 209.

HB 209 establishes a Suicide Fatality Review Committee to identify and address factors contributing to suicide deaths in the state and facilitate system changes to prevent suicide deaths.

Mental health practitioners and experts have been on alert throughout the COVID-19 outbreak for signs of increased suicidality across all demographics. Calls to the Baltimore crisis hotline, Here2Help, doubled between April and July 2020 and as of September the number of callers threatening suicide was five times higher than the beginning of the pandemic.<sup>1</sup> In Montgomery County alone, nearly 400 residents went to a hospital emergency room reporting self-injury or suicidal thoughts between July 1 and August 15, 2020.<sup>2</sup>

Rates of suicide completion have steadily risen in Maryland over the past two decades, and rates of reported suicidal ideation have grown too quickly during COVID-19 to be ignored.<sup>1</sup> HB 209 expands the surveillance and investigation of all suicide deaths by convening a stakeholder group to review suicide deaths occurring in the State and to develop strategies to prevent them. This bill aligns with the national campaign coordinated by the U.S. Office of the Surgeon General to recommend that each state establish a suicide mortality review committee to monitor and institute changes to decrease suicide mortality.

Given the severity of the situation, it is necessary to bring together key stakeholders to allow for confidential identification, investigation, and dissemination of information to reduce suicide. For these reasons, MHAMD supports HB 209 and urges a favorable report.

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<sup>1</sup>Wegner, Y. (2020, September 29). As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing spike in suicides. *Baltimore Sun*. <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjdfc2ijb4vab7o3v4g7q25a-story.html>

<sup>2</sup>Montgomery County. (2020, September 10). *Montgomery County provides resources to help residents prevent and understand suicide during National Suicide Prevention Month*. [Press Release]. Retrieved from [https://www2.montgomerycountymd.gov/mcgportalapps/Press\\_Detail.aspx?Item\\_ID=26777](https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=26777)

*For more information, please contact Emily Allen at (443) 901-1588*

**2021 HB 209 NAMI-FAV.pdf**

Uploaded by: Cyphers, Moira

Position: FAV

January 26, 2021

**House Bill 209 - Public Health - Maryland Suicide Fatality Review Committee - SUPPORT**

Chair Pendergrass, Vice Chair Pena-Melnyk, and members of the Health and Government Operations Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports HB 209, legislation that would create a statewide program to review suicide deaths and to develop strategies for suicide prevention. Timely data is needed to ensure local jurisdictions can take targeted action to prevent suicides. Unfortunately, we know the covid-19 pandemic has contributed to increased instances of mental illness and early intervention is key to preventing suicide.

Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender or background. In fact, suicide is often the result of an untreated mental health condition. Suicidal thoughts, although common, should not be considered normal and often indicate more serious issues.

Every year thousands of individuals die by suicide, leaving behind their friends and family members to navigate the tragedy of loss. In many cases, friends and families affected by a suicide loss (often called “suicide loss survivors”) are left in the dark. Too often the feelings of shame and stigma prevent them from talking openly. The goal of this bill is to bring appropriate information to light to help decision makers enact policies that prevent suicide.

**Suicide is on the rise in several populations.** According to a December, 2020 JAMA Psychiatry report, suicide mortality doubled for Black Marylanders. And, Suicide continues to be the second leading cause of death for children and young adults ages 10-24.

**Early intervention saves lives.** The pandemic has brought Maryland’s racial health disparities into sharp relief. Black individuals are disproportionately impacted by COVID-19. Increased suicide mortality in period 2, when deaths due to COVID-19 peaked and Maryland was locked down, reflects this difference. The unexpected decrease in suicides among White residents may be due to greater capacity for remote work or benefits from relief efforts. Children continue to be at risk the longer they are away from school, services, their peers and routines.

**This legislation will help better direct our suicide prevention efforts – something we need more today now than ever.**

For these reasons, NAMI Maryland asks for a favorable report on HB 209.

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Moira Cyphers  
Compass Government Relations  
MCyphers@compassadvocacy.com

**HB209-support.pdf**

Uploaded by: HARBESON, KRISTEN

Position: FAV

January 22, 2021

Testimony in Support of HB209: Public Health - Maryland Suicide Fatality Review Committee

Dear Madame Chair and Members of the Committee:

My name is Kristen Harbeson and I have come before you in the past to testify from my professional capacity as a public interest advocate. It is from my personal capacity that I draft this testimony today. Because the legislation being considered is profoundly personal to me. I am deeply grateful to the sponsor for her leadership on this important issue.

I hope that no one on this committee has ever had to feel the pain of losing a loved one to suicide, although I am sure that you have. I have had to do so five times over the past 11 years, most recently just over a year ago. While death is an important part of life, and each death brings its own unique grief, to know that a loved one has chosen to make this most permanent and painful decision adds a level to the grief. It changes the direction of the questioning from a universal "why" to very specific ones. Why did she do it? And could I have done something to stop it? As the widow of my closest friend noted after we lost her husband to his own hand: Suicide makes everyone a detective. This bill recognizes that the answer to those questions is of a societal importance, not simply a personal one. We all are lessened by every death.

One friend was a gifted leader - funny, complicated, passionate. And he was diagnosed with a brain tumor that contributed to his depression.

One friend was a brilliant artist, who carried with her an air of impending mischief and possibility into every room she was in. She was also facing a divorce without means of self-support, and her depression raged her to addiction.

One friend was a caring father, a gifted storyteller, an extraordinarily creative cook, and a rock to his family and his friends. He struggled with financial challenges which caused him to feel an overwhelming hopelessness without a way out.

Each of these were Marylanders who touched the lives of their communities in profound ways, and their stories are unique, but not unusual. The loss of each is a tragedy, and those of us touched by them continue - one year - seven years - eleven years later - to be haunted by their deaths and the questions never fully answered.. And each of these, in their own years, were one of hundreds of Marylanders who left behind loved ones whose lives were shattered.

I implore you, most urgently, to pass this important bill, so that lives can be saved - the lives of those who would die by suicide, and those who will be left behind.

Sincerely,  
Kristen Harbeson  
Baltimore City

# **2021 AFSP\_MD FAVORABLE Testimony HB 209 Public Hea**

Uploaded by: Maskaleris, Sue

Position: FAV

**RE: SUPPORT of House Bill 209**  
**(Public Health - Maryland Suicide Fatality Review Committee)**

January 26, 2021

Susan M. Maskaleris

Board of Directors – Advocacy/Public Policy Chair

American Foundation for Suicide Prevention Maryland Chapter (AFSP-MD)

Home Address: 3545 Smoke Tree Ct, Waldorf, Maryland 20602

Home Phone: (301) 751-8781 Email: [smaskaleris@gmail.com](mailto:smaskaleris@gmail.com)

Chair Pendergrass, Vice Chair Pena-Melnyk and Members of Health and Government Operations Committee:

My name is Susan Maskaleris and I live in Waldorf, Maryland. I am the Advocacy/Public Policy Chair with the Maryland Chapter of the American Foundation for Suicide Prevention (AFSP-MD). I lost my father, a retired Air Force firefighter, to suicide when I was 14 years old. I also live with a mental health condition (chronic depression).

Thank you for the opportunity to share testimony in support of House bill 209 which would establish the Maryland Suicide Fatality Review Committee which would identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicides.

Suicide is a leading, preventable public health problem in our state. In 2018, we lost 650 Maryland residents to suicide, making suicide the 11<sup>th</sup> leading cause of death in Maryland. It is the 3<sup>rd</sup> leading cause of death for ages 10-34, the 4<sup>th</sup> leading cause of death for ages 35-44, the 5<sup>th</sup> leading cause of death for ages 45-54 and the 9<sup>th</sup> leading cause of death for ages 55-64. On average, one person dies by suicide every 13 hours in the state. More than five times as many people died by suicide in Maryland in 2018 than in alcohol related motor vehicle accidents.

To understand the scope of the problem of suicide in the state and to design effective suicide prevention strategies, we must first have complete, accurate, and timely information about suicide deaths. We need to know the demographic data on who is dying by suicide (age, gender, education etc.) and the circumstances surrounding those deaths; this is even more vital when we look to increase effectiveness of prevention efforts targeting high risk populations. By collecting information on individuals who have died and the circumstances surrounding their deaths, patterns and trends may emerge among different geographic locations and demographic groups.

Research shows that there is no one single cause for suicide. Suicide most often occurs when several life stressors and health issues converge to create an experience of hopelessness and despair that exceeds the person's ability to cope with those feelings.

If we gather data from hospital, outpatient clinics, and healthcare providers along with records from police, medical examiners, and social services, we can get a fuller picture of each person's mental and physical health and the circumstances of their lives prior to and at the time of death. Comparing suicide deaths from the entire state might reveal common factors or trends which, in turn, might guide prevention, intervention or treatment strategies.



Members of the Health and Government Operations committee, the AFSP Maryland Chapter is grateful for your consideration of HB 209 and for working with your colleagues and other agencies to address the suicide rate in Maryland. We all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of all Maryland citizens and to prevent the tragic loss of life to suicide in the future. We urge a favorable report on HB 209.

Please feel free to contact me at [smaskaleris@gmail.com](mailto:smaskaleris@gmail.com) or 301-751-8781 with any questions or if you would like additional information.

**Susan M. Maskaleris**

Chapter Advocacy/Public Policy Chair

**The American Foundation for Suicide Prevention Maryland Chapter**

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# **MRHA HB209 Public Health - Maryland Suicide Fatali**

Uploaded by: Orosz, Samantha

Position: FAV



## **Statement of Maryland Rural Health Association**

To the Health and Government Operations Committee

January 26, 2021

House Bill 209 Public Health – Maryland Suicide Fatality Review Committee

### **POSITION: SUPPORT**

Chair Pendergrass, Vice Chair Pena-Melnyk, Delegate Belcastro, and members of the Health and Government Operations Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 209 Public Health – Maryland Suicide Fatality Review Committee.

MRHA and its members support this legislation that establishes the Maryland Suicide Fatality Review Committee to identify and address the factors contributing to suicide deaths and facilitate system changes to prevent suicide. The critical data generated and filed by this committee would greatly improve the ability of county health departments and providers to implement essential services and programs to address the causes of suicide fatality in their respective counties. Especially during the COVID-19 pandemic, it is imperative that behavioral health efforts be enacted to minimize the deleterious mental health effects of this pandemic on rural residents and beyond.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Maryland law states that “many rural communities in the State face a host of difficult challenges relating to persistent unemployment, poverty, changing technological and economic conditions, an aging population and an out-migration of youth, inadequate access to quality housing, health care and other services, and deteriorating or inadequate transportation, communications, sanitations, and economic development infrastructure.” (West's Annotated Code of Maryland, State Finance and Procurement § 2-207.8b)

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

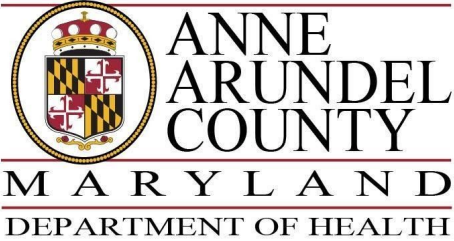
MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

# **HB0209 Testimony Final.pdf**

Uploaded by: Shaklee, Christina

Position: FAV



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**Nilesh Kalyanaraman, M.D.**  
**Health Officer**

**2021 SESSION**  
**Written Testimony**

**BILL NO:** HB 209  
**COMMITTEE:** Health and Government Operations  
**POSITION:** Letter of Support  
**TITLE:** Public Health- Maryland Suicide Fatality Review Committee

**BILL ANALYSIS:**

HB 209 authorizes the creation of Maryland Suicide Fatality Review Committee which is imperative to better understand deaths from suicide. This understanding will allow for targeted interventions and policy changes to prevent future suicide deaths.

**POSITION RATIONALE:**

The Anne Arundel County Department of Health supports HB 209. The Maryland's Governor's Commission on Suicide Prevention declared suicide as a serious public health issue. According to the Maryland Governor's Commission on Suicide Prevention 2018 State Plan, 581 Marylander's died from suicide by suicide in 2016, an increase of 6.8% from 2015. Anne Arundel County, experienced 79 deaths from suicide in 2018, according to the Department of Health Report Card, 2020. There were many more who attempted suicide, a preventable cause of death.

The Maryland Governor's Commission on Suicide Prevention 2018 State Plan recommended establishing a Suicide Fatality Review Committee. The intent of this a Suicide Fatality Review Committee was to address the following goal: increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action. Maryland has a long history of successfully implementing fatality review committees at the State and local level which have driven action and policy changes to prevent future deaths. The following fatality review teams currently exist in Maryland:

- Fetal and Infant Mortality Review Program (FIMR) (established 1997)
- Maryland Child Fatality Review Team (CFR) (established 1999)
- Overdose Fatality Review Committee (law passed in 2014)

Maryland CFR is required to publish a State report annually and share findings which is an important requirement of HB 209. FIMR, CFR, and the Overdose Fatality Review Committees are driven at the local level as well, and they can also drive change based on findings at the community level. According to the 2020 Maryland Child Fatality Review Report, 26 children or 12.5% of all child deaths in 2017 were from suicide. While CFR examines preventable suicide deaths in children the need is just as great for adults.

While there are many interventions for suicide prevention, we believe a Suicide Fatality Review Committee will be an integral part of better understanding suicide deaths and implementing action and policy changes. We also recommend the State Fatality Review Committee eventually evolve into local committees to establish a better understanding of suicide risks in smaller communities.

Sources:

- <https://aahealth.org/pdf/aahealthreportcard2020.pdf>
- [https://bha.health.maryland.gov/OVERDOSE\\_PREVENTION/Pages/OFR-.aspx](https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/OFR-.aspx)
- <https://phpa.health.maryland.gov/mch/Pages/cfr-home.aspx>
- [https://phpa.health.maryland.gov/documents/Health-General-Article-5-704\(b\)\(12\)-Maryland-State-Child-Fatality-Review-Team-2018-Annual-Legislative-Report.pdf](https://phpa.health.maryland.gov/documents/Health-General-Article-5-704(b)(12)-Maryland-State-Child-Fatality-Review-Team-2018-Annual-Legislative-Report.pdf)
- [https://phpa.health.maryland.gov/mch/Pages/fimr\\_home.aspx](https://phpa.health.maryland.gov/mch/Pages/fimr_home.aspx)
- <https://health.maryland.gov/suicideprevention/Documents/2018%20State%20Plan%20on%20Suicide%20Prevention.pdf>

**Maryland Catholic Conference\_FAV\_HB209.pdf**

Uploaded by: Sheahan, Molly

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

**January 26, 2021**

**House Bill 209  
Public Health – Maryland Suicide Fatality Review Committee**

**House Health and Government Operations Committee**

**Position: SUPPORT**

The Maryland Catholic Conference represents the public-policy interests of the three (arch)dioceses serving Maryland, the Archdioceses of Baltimore and Washington and the Diocese of Wilmington, which together encompass over one million Marylanders.

**House Bill 209** establishes a Maryland Suicide Fatality Review Committee to include appropriate members of government agencies and experts in suicidology, health care, suicide prevention, mental illness advocacy, substance abuse treatment, law enforcement, and others. The Committee will determine trends, risk factors, and best practices for prevention of suicide and disseminate their findings while maintaining the confidentiality of the deceased in their reports.

Suicide fatalities are a public health crisis in Maryland, increasing steadily over the last two decades and its effects devastate families and communities. Elderly Marylanders have the highest rate of suicide in the state, and suicide is the 3rd leading cause of death for young people in Maryland ages 15-34 (*American Foundation for Suicide Prevention*). Suicidal ideation and deaths of despair have also increased during the COVID-19 pandemic as people suffer lack of human connection, loneliness, financial losses, depression, anxiety, and grief.

The Maryland Catholic Conference supports HB 209 because of Catholics' longstanding service in health care and counseling and because suicide prevention represents our commitment to the dignity of every human life. Our faith teaches each person is made in God's image and likeness. Any person experiencing mental illness or suicidal thoughts deserves compassionate care and healing to rediscover their intrinsic value and worth.

It is for these reasons that the Maryland Catholic Conference respectfully urges a favorable report for **House Bill 209**. Thank you for your consideration.



# **HB 209 - Support - MPS WPS.pdf**

Uploaded by: Tompsett, Thomas

Position: FAV



January 26, 2021

The Honorable Shane E. Pendergrass  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

RE: Support – HB 209: Public Health - Maryland Suicide Fatality Review Committee

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support House Bill 209 (HB 209): Public Health - Maryland Suicide Fatality Review Committee (SFRC) as the US suicide rate has climbed alarmingly over the past 20 years and is higher now than it has been since WWII. While other significant causes of death, such as heart disease and cancer, have declined significantly, suicide rates have risen to become the second leading cause of death for Americans under age 40 (NCHS Data Brief, 2020). Not only are the suicide rates climbing nationally, but in our own state.

From 2016 to 2017, Maryland's suicide rate rose by nine percent (9%), an increase of 53 lives lost in a one-year span (MVDRS, 2017). In addition to these tragic numbers, the economic burden of suicide is significant. The American Foundation for Suicide Prevention estimates that suicides cost Maryland over \$1.1 million per decedent. Without a cohesive body specifically dedicated to reviewing and reporting on the circumstances of suicide deaths in the State, it is difficult for public health officials to create and implement effective and sustainable prevention efforts.

To combat the rising suicide rates in Maryland, MPS and WPS support creating a Suicide Fatality Review Committee (SFRC). Suicide is the tragic outcome of complex interactions between societal, community, family, and individual risk factors; hence its prevention requires collaborative efforts from multiple sectors (i.e., healthcare, social, legal, and educational).

If established, the SFRC would have the authority to compile a wide range of existing data



sources (i.e., medical records, death records, healthcare data) concerning those who have committed suicide to enable the SFRC to comparatively analyze the State's data to that of other public and private entities. This would ensure that Maryland conducts more in-depth case and systems reviews to produce more accurate reports and recommendations for future suicide prevention efforts.

Although Maryland currently participates in more superficial data collection enterprises, such as National Violent Death Reporting System (NVDRS), an SFRC has unique facets that would address existing gaps within our current systems.

Here are some examples of the NVDRS' shortcomings:

- NVDRS estimates if a decedent was a veteran, but does not disclose deployment history, combat history, etc.
- NVDRS data includes the suicide weapon (e.g., a firearm, prescription drugs, etc.), but excludes information on the weapon's owner, how the weapon was stored, whether the prescription drugs used were prescribed to the victim, if a certain location is a suicide hotspot, etc.
- NVDRS data includes whether the victim had mental health issues, but does not disclose the diagnoses, treatments, prescribed medications, the caregiver's profession, etc.
- NVDRS data discloses attempted suicide history, but excludes the frequency, recency, and/or warning signs of the attempts

The SFRC has the potential to:

- provide information on contributing factors and patterns in demographics that display higher rates of suicide
- provide potential indicators, intervention points, or levers to prevent suicide amongst these subgroups
- establish points of intervention for suicidal individuals
- test a process for cross-agency data collection and synthesis of the information gathered
- reduce the economic burden of suicide costs that are covered by the State
- establish risk profiles based on decedents who did not display suicidal intent
- improve the training of clinical providers
- intersect with findings from opiate fatality reviews to better establish decision trees toward the manner of death determinations
- provide additional information informing improved continuity of care recommendations



**Washington  
Psychiatric Society**

Amidst the increasing suicide rates in Maryland, the importance of innovative state-wide efforts to reduce suicide has become a compelling issue. Implementing a Suicide Fatality Review Committee (SFRC) is an extremely cost-effective venture for lowering suicide rates. By establishing an SFRC in Maryland, we can ensure that future suicide prevention-based state policies and programs will be informed by the most complete and reliable suicide data, leading to more sustainable and impactful suicide prevention efforts.

Therefore, MPS and WPS ask the committee for a favorable report on HB 209. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,

The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

# **HB209\_Zeller\_Support.pdf**

Uploaded by: Zeller, Eileen

Position: FAV

**House Bill 209 Public Health – Maryland Suicide Fatality Review Committee**  
**Health and Government Operations Committee**  
**January 26, 2021**  
**Position: Support**

**Eileen Zeller, MPH (District 9A)**  
**12808 Brighton Dam Road**  
**Clarksville, MD 21029**

My name is Eileen Zeller, and I retired from the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018, where I was Lead Public Health Advisor in the Suicide Prevention Branch. In that role I managed a team of public health professionals responsible for national grant programs, including the National Suicide Prevention Lifeline, Suicide Prevention Resource Center, and Garrett Lee Smith State and Tribal Suicide Prevention programs. I provided national leadership in a variety of areas and served on multiple advisory, policy, and implementation committees and workgroups.

In retirement, I serve on the Governor’s Commission on Suicide Prevention and the board of directors of the Mental Health Association of Maryland. But today I am representing myself.

You have already heard and read testimony about Maryland’s suicide rates and trends, the potential impact of COVID-19 on the mental health and suicidality of Maryland citizens, and the need for a Suicide Fatality Review Committee.

I want focus on the impact that Suicide Fatality Review Committees has had in several other states, which—based on the data collected—have developed strategies to prevent future suicides.

**Oregon**

- The Oregon Review Team discovered that several people had dropped off their pets at animal shelters before killing themselves. As a result, the state began training animal shelter staff, who have already intervened to prevent several suicides.
- Oregon also identified eviction as a major risk factor. As a result, law enforcement began adding crisis line information to the eviction paperwork. Also, a member of the mental health crisis response team (a licensed clinician) was sent to each eviction in the county. Within two years, they reduced eviction-related suicides from 30 to one.

**New Hampshire**

- The New Hampshire team learned that a significant number of adults who died by suicide had been treated in an emergency room (for a variety of reasons) within weeks of their discharge. As a result, nearly 100% of state emergency rooms now conduct universal screening for suicidality.

- The team discovered that among the 144 firearm suicides that occurred over a two-year period ending 6/30/09, nearly one in ten used guns that were purchased or rented within a week of the suicide (usually within hours). In fact, in the course of less than a week, three people (with no connection to each other) bought a firearm from the same store and killed themselves within hours of the purchase. As a result, a small group of firearm retailers, range owners, and mental health/public health practitioners met to explore whether there was a role for gun stores in preventing suicide. This evolved into the New Hampshire Gun Shop Project, which (12 years later) continues to work with gun stores/firing range owners about how to avoid selling or renting a firearm to a suicidal customer, and encourages those business owners to display and distribute suicide prevention materials tailored to their customers. At last count, 48% of New Hampshire gun shops were participating in the program and the project has spread to 20 other states.

### **Kentucky**

- Kentucky found that 24 – 30% of adults who died by suicide had touched their state behavioral health system. As a result, they surveyed their community mental health center staff and state psychiatric hospital staff on their training in suicide assessment. They found that many behavioral health clinicians felt they lacked the skills (43%) and did not have the support necessary (33%) to effectively engage with and treat suicidal individuals. Kentucky has been moving forward in improving suicide care in these systems by training public and private sector clinicians in assessing and managing suicide risk and implementing the Zero Suicide model of suicide care.

The data collected and analyzed by Suicide Fatality Review Committees can give us insight into intervention points where we can improve clinical and public health policy and practice to prevent suicide.

I urge a favorable report on HB 209.

# **HB0209\_FWA\_MedChi, MDAAP, MdCSWC\_Suicide Fatality**

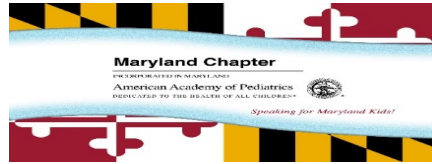
Uploaded by: Kasemeyer, Pam

Position: FWA





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TO: The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
The Honorable Lisa Belcastro

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman

DATE: January 26, 2021

RE: **SUPPORT WITH AMENDMENT** – House Bill 209 – *Public Health – Maryland Suicide Fatality Review Committee*

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Clinical Social Work Coalition, we submit this letter of **support with amendment** for House Bill 209.

The above-named organizations applaud the sponsor for her interest in establishing a Suicide Fatality Review Committee to assist the State in addressing the increasing incidence of suicide through the development of initiatives designed to address the factors identified as contributing to the incidence of suicide. While they support the creation of a Suicide Fatality Review Committee, they would like to voice their concern that the composition of the Committee does not reflect the range of clinical expertise that is necessary to appropriately review medical records and other documentation relevant to the review of identified suicide fatalities. In addition, child fatalities that are attributed to suicide are currently reviewed by the child fatality review program and therefore it should be clarified that this new program does not include child fatalities. Finally, the identification of cases and the process for the identification of relevant medical records and other relevant information may need further revision to ensure that appropriate cases are identified but also that there is appropriate protection of the privacy of records.

The identified issues of concern can be addressed through stakeholder input and the crafting of appropriate amendments which they believe are necessary if the Program is to effectively achieve its objectives. With its noted suggestions for further consideration and amendment, a favorable report is requested.

**For more information call:**

Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
410-244-7000