SB094_LannyBerman_fav.pdf
Uploaded by: Alan Berman
Position: FAV

Written Testimony in Support of SB94

Lanny Berman, Ph.D.

Favorable

Personal/Professional Background

1. I am a clinical psychologist who has spent 51 years in the study of suicide. Now, semi-retired,
2. I am an Adjunct Professor in the Department of Psychiatry at the Johns Hopkins School of Medicine.
3. I am a past-president of the American Association of Suicidology, the oldest and largest national organization of researchers, clinical and public health professionals, and others interested in the study and prevention of suicide.
4. I am a two-term past-president of the International Association for Suicide Prevention that, since 1960, has brought together researchers and prevention specialists operating in concert with the World Health Organization to better understand and prevent suicide across the globe.
5. I first came to MD in 1961 to attend Johns Hopkins University and have lived in the state consecutively since 1971.

Brief Factual Background

1. In 2019, the last year for which we have state data vetted by the Centers for Disease Control and Prevention:
    a. 657 Marylanders died by suicide
    b. These deaths by suicide were 10% greater than those by homicide
2. In the decade 2010-2019, almost 6,000 Marylanders died by suicide, one in eight of whom were under the age of 25.

Financial Impact

1. Based on the latest US-based study[1] each of these 2019 deaths by suicide cost the state $1.34 million in direct and indirect costs amounting to an overall economic impact totaling $880

[1] Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., Jr, & Silverman, M. M. (2016). Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. *Suicide & life-threatening behavior*, *46*(3), 352–362. https://doi-org.proxy1.library.jhu.edu/10.1111/sltb.12225

million. Given the greater number of years of productive life lost, the economic impact of each youth's death by suicide is estimated to be $1.84 million.

2. Hence, should *but a single one of these annual deaths by suicide* be prevented as a consequence of the lessons learned from the intended efforts of the proposed Suicide Fatality Review Committee's (SFRC), the accrued benefit to the state would more than pay for the fiscal burden of the SFRC.

MD already has a Child Fatality Review Team (CFRT). Why do we need a Suicide Fatality Review Team?

1. The CFRT's focus is solely on unexpected child deaths of Marylanders 17 years old and younger, i.e., only 3% of all deaths by suicide in the state in 2019. The major proportion of cases the CFRT reviews are those of children under the age of one year, notably those of sudden infant deaths, not, for example, adolescent suicides.
2. The proposed SB94 specifies that the SFRC "shall coordinate," i.e. share and receive relevant information with the CFRT, so redundancies of effort will be minimized.
    a. The proposed SB94's mandate allows for a broader reach of data to inform what it will learn from its review of child suicides, hence will enhance what the CFRT learns about these deaths.

Since 2014, MD has had Local Overdose Fatality Review Teams (LOFRTs). Why do we need a Suicide Fatality Review Team?

1. The LOFRTs, by definition, focus only on drug overdose deaths. In 2019 there were 80 such deaths in the State of MD, only 12% of all suicides in MD.
2. Many drug abuse deaths are classified by the state Medical Examiner as "undetermined;" but it has been estimated that roughly 30% may be suicides, particularly those by opioids.[2]
3. The proposed SB94's mandate allows for a broader reach of data to inform what it will learn from its review of poisoning suicides, inclusive of overdose suicides, hence will enhance what the LOFRTs learns about these deaths.
3. Similar to the CFRT, the proposed SB94 specifies that the SFRC "shall coordinate," i.e. share and receive relevant information with drug overdose fatality review teams, so redundancies of effort will be minimized.

MD Currently participates in the National Violent Death Reporting System that generates a good deal of information about deaths by suicide in MD. What is the added benefit of having a SFRC?

[2] Nestadt P. S. (2020). Suicides among Opioid Overdose Deaths. *JAMA*, *323*(14), 1409–1410. https://doi-org.proxy1.library.jhu.edu/10.1001/jama.2020.1446

1. The NVDRS does offer a good deal of valuable information, but is severely hampered by its limited sources of information, I.e., death certificates, Medical Examiner and toxicology findings, and police investigation reports.
    a. These records are mostly epidemiologic/demographic in focus, provide little to no information of any depth (see below), and cannot inform a dynamic understanding of a death by suicide to the extent that SB94 will allow.
    b. As an example, once a homicidal death has been ruled out, police death investigations/reports often go no further than ascertaining that a decedent had been depressed and/or had expressed suicidal thoughts as suitable enough explanations for evaluating a death as a probable suicide.
2. The proposed SB94 allows for considerably greater and more informative sources of information than ascertained by the NVDRS, notably physical and mental health records, social service records, and in-depth interviews with key informants.
3. As a consequence and as examples of the benefits derived via the SFRC's investigations relative to the NVDRS:
    a. The NVDRS informs us that roughly one in five Marylanders who dies by suicide is a veteran *but does not inform us* about that veteran's history of deployment, combat history, or diagnosis of PTSD, or, if diagnosed, history of treatment or lack thereof.
    b. The NVDRS informs us that 40% of Marylanders who die by suicide died by firearm, *but does not inform us* of the decedent's gun storage practices.
    c. The NVDRS informs us that roughly two in five Marylanders who die by suicide had a mental health problem, *but does not inform us* of the decedent's treatment history, history of compliance with treatment recommendations or history of accessing systems of care in the State.
    d. The NVDRS informs us that one-fourth of Marylanders who die by suicide disclosed their suicidal thoughts or plans prior to their death, *but does not inform us* what specific messages were disclosed, to whom those thoughts were disclosed, what responses were/were not given to these disclosures, or what opportunities for intervention were missed.
    e. By virtue of its data sources, the NVDRS offers no substantive information of value about deaths by suicide of sexual minorities or the influence of social media on suicidal mindsets and deaths. SB94's additional data sources will greatly inform these ends.
    f. The NVDRS does not access and report data relative to a timeline, hence does not differentiate risk factors as long-term versus near-term (acute). Hence we know nothing about the developmental trajectory of these deaths – how individuals went from functional and not suicidal, to being at risk of suicide to taking their lives. The proposed SB94 will inform us specifically of observed risk factors in the days immediately prior to death.

4. In their 17 state study of suicide notes based on data from the NVDRS, Rockett and colleagues[3] concluded "Suicide requires substantial affirmative evidence to establish manner of death… Findings and their implications argue for more stringent investigative standards, better training, and more resources to support comprehensive and accurate case ascertainment, as the foundation for developing evidence-based suicide prevention initiatives." SB94 will accomplish just that.

How will the proposed SB94 SFRC help accomplish the prevention of deaths by suicide?

I will give but two examples of how data derived from more in-depth investigations, such as proposed in this legislation, can save lives.

1. A study of youth who died by suicide in the State of Utah[4] specifically looked at contacts between government agencies and youths who died by suicide, and investigated the nature of those contacts. Finding that almost two-thirds of these youth had been seen in Juvenile Justice and that few had evidence of active psychiatric treatment allowed for implementing services in the Juvenile Justice system for the screening and identification of youths at risk for suicide.
2. A study I conducted for the Federal Railway Administration[5] found that fewer than 5% of decedents who died on railroad rights of way carried cell phones on their person at the time of their death. To prevent these deaths, the railroads were intent on putting up signs along rail tracks with a crisis number, but did not want to co-locate with the signage a phone with a dedicated line to a crisis service, hence potential decedents for the most part would have had no way to respond to the signage's message to contact a crisis line for help and, this approach to save lives would have been decidedly ineffective.

In conclusion SB94 offers a cost-effective and significant advance to our understanding of, hence potential to prevent, deaths by suicide. I enthusiastically support SB94 and view this as a life-saving effort of great import to the citizens of this state.

Respectfully Submitted,

---

[3] Rockett, I., Caine, E. D., Stack, S., Connery, H. S., Nolte, K. B., Lilly, C. L., Miller, T. R., Nelson, L. S., Putnam, S. L., Nestadt, P. S., & Jia, H. (2018). Method overtness, forensic autopsy, and the evidentiary suicide note: A multilevel National Violent Death Reporting System analysis. *PloS one*, *13*(5), e0197805. https://doi-org.proxy1.library.jhu.edu/10.1371/journal.pone.0197805

[4] Gray, D., Achilles, J., Keller, T., Tate, D., Haggard, L., Rolfs, R., Cazier, C., Workman, J., & McMahon, W. M. (2002). Utah youth suicide study, phase I: government agency contact before death. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(4), 427–434. https://doi-org.proxy1.library.jhu.edu/10.1097/00004583-200204000-00015

[5] Berman, A. L., Sundararaman, R., Price, A., & Au, J. S. (2014). Suicide on railroad rights-of-way: a psychological autopsy study. *Suicide & life-threatening behavior*, *44*(6), 710–722. https://doi-org.proxy1.library.jhu.edu/10.1111/sltb.12107

Lanny Berman, Ph.D.

SB0094 AACO Dept of Health LOS.pdf
Uploaded by: Christina Shaklee
Position: FAV

ANNE ARUNDEL COUNTY
MARYLAND
DEPARTMENT OF HEALTH

J. Howard Beard Health Services Building
3 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone: 410-222-7095 Fax: 410-222-7294
Maryland Relay (TTY): 711
www.aahealth.org

Nilesh Kalyanaraman, M.D.
Health Officer

2022 SESSION
Written Testimony

BILL NO:	**SB0094**
COMMITTEE:	**Finance**
POSITION:	**Letter of Support**
TITLE:	**Public Health- Maryland Suicide Fatality Review Committee**

BILL ANALYSIS:

SB0094 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 SB0094. 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 75 deaths from suicide in 2019, 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 and 2020 State Plan's 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)

Maryland CFR is required to publish a State report annually and share findings which is an important requirement of SB0094. FIMR and CFR 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://www.aahealth.org/wp-content/uploads/2017/07/aahealthreportcard2021.pdf
- 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/mch/Pages/fimr_home.aspx
- https://health.maryland.gov/bha/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf
- https://health.maryland.gov/bha/suicideprevention/Documents/2018%20State%20Plan%20on%20Suicide%20Prevention%20(1).pdf

Senate Bill. Suicide Comit pdf.pdf
Uploaded by: Courtney Jones
Position: FAV

Senate Bill 94 – Maryland Suicide Fatality Review Committee
January 18, 2022
Position: SUPPORT

Bay Area Counseling & Consultation, LLC. is an outpatient mental health group practice that specializes in trauma informed psychotherapy services. Courtney Jones, LCSW-C, CCTP is the owner of the agency and has been in the mental health field for over 10 years specializing in treating individuals with a dual-diagnosis and trauma. At this time, we would like to express the gratitude and appreciation for the opportunity to present testimony in support of Senate Bill 94.

Over the last decade, there has been a rise in addiction rates and suicide rates [1] but the mental health field has seen an unprecedented flare up of mental health symptomology and suicidal ideation (to include: suicidal threats, suicide attempts, and recovery from attempts at suicide) throughout the COVID-19 pandemic. Most recently, in a report dated November 2021[1] the U.S. Surgeon General, Vivek Murthy, has been called into action and has issued an advisory, "calling for swift action to respond to the growing mental health crisis among youth that has worsened due to the stressors related to the COVID-19 pandemic."

In the last year, the influx of patients we are seeing at the agency has been drastically impacted by suicidal ideation. Through my 10 years as frontline mental health clinician, I have seen an alarming increase in patients seeking services for assistance and support concerning suicidal ideation, parents seeking services for their children and adolescents who are reporting, "not wanting to live anymore" and most devastatingly, youth processing the loss of classmates who have committed suicide.

Senate Bill 94 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 overwhelmed by the mental health crisis we are currently experiencing and Senate Bill 94 will offer the support and surveillance that is desperately needed during these unparalleled times.

In my experience, I can tell you, without a shadow of doubt, that suicide is preventable. With proper treatment, education, advocacy, and support people can recover from suicidal ideation and having proper legislation in place to assist with developing strategies aimed at prevention is what Senate Bill 94 seeks to accomplish.

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, Bay Area Counseling & Consultation, LLC. supports SB 94 and urges a favorable report.

1. https://www.usnews.com/news/health-news/articles/2021-12-07/surgeon-general-issues-advisory-on-youth-mental-health

SB94_AFSP-Kaplan_FAV.pdf
Uploaded by: Dorothy Kaplan
Position: FAV

American Foundation for Suicide Prevention
Maryland

RE: FAVORABLE on Senate Bill 94
Public Health - Maryland Suicide Fatality Review Committee
January 14, 2022

Dorothy A. Kaplan, Ph.D.
Board of Directors, American Foundation for Suicide Prevention Maryland Chapter (AFSP-MD)
Address: 10216 Garden Way, Potomac MD 20854
Cell phone: (301) 335-1954
Email: DrDorothyKaplan@gmail.com

The American Foundation for Suicide Prevention (AFSP) is a nonprofit organization whose mission is to "save lives and bring hope to those affected by suicide" through research, education, and advocacy and is a thought leader in suicide prevention. With chapters in every state, this mission is largely carried out by volunteers. Many like me are suicide loss survivors; others have struggled themselves with suicidal thoughts or attempts or support someone struggling with their mental health.

While I am representing AFSP in providing this testimony, I also currently serve on the Maryland Governor's Challenge to Prevent Suicide among Service Members, Veterans, and Families and on the Maryland Governor's Commission on Suicide Prevention. I am a licensed independently practicing Psychologist in the State of Maryland and was employed for a decade as a subject matter expert in military psychological health care and evidence-based research and clinical practices.

Suicide is a mental health and public health issue nationwide and the 11th leading cause of death in Maryland (CDC; 2021). In 2019, the most recent year for which we have data available, over three times as many people died by suicide than in alcohol related motor vehicle accidents in our state. That year, the total deaths to suicide reflected almost 13,000 years of potential life lost before age 65 for Marylanders. More than one-third of all firearms deaths in Maryland are suicides. Tragically, suicide is the third leading cause of death in our younger population - those ages 10 – 34. Young people involved in the child welfare and juvenile justice systems; LGBTQ individuals; Black, Indigenous, and other people of color; and military Service members and Veterans are at even greater risk for suicide.

I volunteer in an AFSP peer support program, Healing Conversations, which connects the newly bereaved with a volunteer who has experienced a similar loss to offer understanding and resources in the weeks and months following a suicide death. I have also been a facilitator for several years at AFSP's annual International Survivors of Suicide Loss Day in which the siblings, parents, children, and friends of those lost to suicide connect and share their experiences. In these roles, I hear and bear witness to the anguish of the families affected by suicide. Suicide loss is a traumatic experience having a powerful impact on family systems, often replete with guilt and

shame, and universally accompanied by intense psychological suffering and the question of "Why?." If suicide is a preventable death, why did my child (my parent, my sibling, my best friend, …) die by suicide and what could have been done to prevent their death? We need to be better able to answer these questions and with that understanding, intervene effectively to reduce suicide rates and the devastation of those left behind.

AFSP supports Senate Bill 94 to set up a Maryland Suicide Fatality Committee that would comprehensively review suicide deaths, disseminate their findings about risk factors and response lapses, and make recommendations to inform the development of suicide prevention strategies. Maryland has already taken a crucial step toward better understanding of the circumstances that precipitate suicide deaths by taking part in the CDC's National Violent Death Reporting System (NVDRS). This state-based surveillance system contains linked data from medical examiner reports, law enforcement reports, and death certificates for all suicides, homicides, and other violent deaths; many (but not all) case records also contain narratives with more detailed information collected from these reports on the events or situational factors that occurred right before and may have contributed to those deaths. The Suicide Fatality Committee as called for in SB 94 will help translate these data and narratives into action. The multidisciplinary nature of fatality review teams and the comprehensive study of each suicide supplies a deeper understanding of the risk factors and circumstances surrounding suicide.

A Suicide Fatality Review Committee is an essential element of a state suicide prevention infrastructure plan to supply complete, exact, and timely information about suicide deaths and to support effective suicide prevention. Suicide fatality review committees in New Hampshire, Ohio, and Oregon have already had powerful impacts on suicide prevention in their states. For example, finding eviction as a significant risk factor for suicide, Oregon was able to reduce eviction related suicides in two years from thirty lives lost to just one. Furthermore, findings from case study research such as fatality review committees seed ideas for larger grant-funded research on suicide such as that supported by AFSP.

As we begin the third year of the COVID-19 pandemic, it is important that we address the impacts to mental health and focus on suicide prevention. Comprehensive data collected about completed suicides and expert analysis of that data can facilitate the development of effective suicide prevention strategies for this "new normal" of life with COVID. Outcomes related to suicide in Maryland will be deeply affected by investments and actions taken now and in the coming months to support the infrastructure needed for a comprehensive and effective statewide suicide prevention plan.

Thank you for your consideration and AFSP respectfully asks for a favorable report on Senate Bill 94.

SB94_GovCommissionSuicidePrevention_FAV
Uploaded by: Eileen Zeller
Position: FAV

Senate Bill 94 Public Health – Maryland Suicide Fatality Review Committee
Finance Committee
January 18, 2021
Position: Favorable

Eileen Zeller, MPH
Chair
Governor's Commission on Suicide Prevention

My name is Eileen Zeller and after a career in public health and suicide prevention, 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.

I am chair of the Governor's Commission on Suicide Prevention. The Commission is charged with reducing suicide through a number of strategic actions, including but not limited to (1) developing a comprehensive, coordinated, strategic plan and (2) recommending adequate resources to address suicide prevention, intervention and post-suicide services across the state for Maryland citizens.

SB 94 provides topline suicide data for Maryland, which I won't repeat. I just want to say that the Marylanders we lose every year to suicide are not just data points. Every one of the 657 Marylanders who died by suicide in 2019 was someone's child, parent, grandparent, friend, neighbor, student, teacher, and on and on.

Our job at the Commission is to look at the data and trends and make recommendations to reduce the number of future suicides. Our work and frankly our effectiveness is limited because we don't have the data and information we need. The Suicide Fatality Review Committee will give us that information.

We have very little information about Marylanders older than 18 who die by suicide, who make up approximately 97% of Maryland's suicides (637 people):

- Every unexpected death among youth up to age 17 must be reviewed by Child Fatality Review Teams (CFRTs). In 2019, child and adolescent suicide deaths represented 3% of Maryland's suicides.

  Note that some CFRTs have told us that they don't have local suicide experts, and although they feel they do a good job of reviewing many child suicides they are stymied when, for instance, they find no warning signs or red flags after a child's death. The fact that SB94 states the Suicide Fatality Review Committee "shall coordinate" with CFRTs means CFRTs can get assistance with these difficult cases.

- Deaths that are drug related, including suicides, can be reviewed by Overdose Fatality Review Teams (OFRTs). In 2019, 15.5% (99) of Maryland's suicides were by poisoning,

but because OFRTs can select the cases they review, they likely do not review each of those suicides.

I ask you to review Dr. Lanny Berman's written testimony, which goes into depth about how the Suicide Fatality Review Committee could provide critical data not currently available from CFRTs, OFRTs, or the Maryland Violent Death Reporting System.

The following are examples of States that have used data from Suicide Fatality Review Teams to develop suicide prevention strategies:

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 (13 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 been treated in 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 Committee can give us insight into intervention points where we can improve clinical and public health policy and practice to prevent suicide.

On behalf of the Governor's Commission on Suicide Prevention, I urge a favorable report on SB94.

SB0094 Suicide Fatality Review Committee.pdf
Uploaded by: Emily Allen
Position: FAV

mhamd
MENTAL HEALTH ASSOCIATION OF MARYLAND

1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

Senate Bill 94 Public Health – Maryland Suicide Fatality Review Committee
Finance Committee
January 14, 2022
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 Senate Bill 94.

SB 94 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.

Rates of suicide completion have steadily risen in Maryland over the past two decades, especially since 2015.[1] In 2019, suicide was the 11th leading cause of death across demographics and the 3rd leading cause of death for ages 10-34. That year 657 individuals died by suicide in Maryland.[2] While data for 2020 and 2021 are not yet available, several aspects of the COVID-19 pandemic are considered risk factors for suicide, including social isolation, financial problems, job problems or loss, and serious illness.[3]

Studies have shown a wide range of risk and protective factors to suicide, including sexual and gender identity, race, age, area of employment, presence of disabilities and behavioral health conditions, and prior experience with suicide.[1] SB 94 expands the surveillance and investigation of all suicide deaths by convening a stakeholder group to review suicide deaths occurring in the state and 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 SB 94 and urges a favorable report.

---

[1] Governor's Commission on Suicide Prevention (2020). *Maryland State Suicide Prevention Plan 2020.* https://health.maryland.gov/bha/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf

[2] American Foundation for Suicide Prevention (January 2021). *Suicide Data: Maryland.* https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2021/2021-state-fact-sheets-maryland.pdf

[3] Centers for Disease Control (May 2021). *Suicide Prevention: Risk and Protective Factors.* https://www.cdc.gov/suicide/factors/index.html

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

Maryland Catholic Conference_FAV_SB094.pdf
Uploaded by: Jenny Kraska
Position: FAV

MARYLAND CATHOLIC CONFERENCE

ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

January 18, 2022

Senate Bill 094
Public Health – Maryland Suicide Fatality Review Committee

Senate Finance 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.

Senate Bill 094 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 SB 094 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 **Senate Bill 094**. Thank you for your consideration.

10 FRANCIS STREET † ANNAPOLIS, MARYLAND 21401-1714
410.269.1155 • 301.261.1979 • FAX 410.269.1790 • WWW.MDCATHOLIC.ORG

10 Francis Street ✝ Annapolis, Maryland 21401-1714
410.269.1155 • 301.261.1979 • Fax 410.269.1790 • www.mdcatholic.org

SB94 - Public Health - Maryland Suicide Fatality R
Uploaded by: KRISTEN HARBESON
Position: FAV

January 18, 2022

SUPPORT: SB94: Public Health - Maryland Suicide Fatality Review Committee

Dear Madam Chair and Members of the Committee:

My name is Kristen Harbeson and for the last six years I have come before you to testify from my professional capacity as a public interest advocate. Today, my testimony is as a woman whose life has been shattered by suicide.

For me, this bill is a matter of numbers.

- **5** - five times someone in my life has taken their own. The husband of a close friend at whose wedding I spoke. A colleague who played a critical role in my professional development. A college room-mate who took her life three days before her best friend's wedding. A close friend who I didn't know was calling to say goodbye forever when I thought she had called to say she was going on vacation. My best friend whose search I helped to coordinate for over three horrible days in early January, 2020, before his body was found in the woods. It is this number that gives me the gruesome standing for this testimony.

- **500** - the average number of Marylanders who kill themselves every year, including during the year since this committee passed this bill in 2021.

- **5,000 -** representing the number of Marylanders closest to those 500: the husbands, wives, mothers, fathers, brothers, sisters, parents, children, and best friends. All of the people who will spend the rest of their lives wondering what they could have done differently as they adjust to the permanent, aching maw of grief left by the death of their loved one.

- **50,000 -** representing the extended circle of each of those people: the wider circle of friends and families, the neighbors, coworkers, classmates, fellow congregants. All of the people who find themselves with a missing piece of their lives and will find themselves for the rest of their lives gnawing over the question of whether there was something they should have seen.

The most important number, though is 1. The one family friend who I was able to reach out to with potentially life-saving information because I saw warning signs in a facebook post about wanting to re-home her dogs. I knew that this was a warning sign for suicide, especially since I knew she was struggling with depression and health concerns, as well as the impending anniversary of her husband's death from cancer. An urgent message to the Virginia Suicide Prevention Officer directed me to resources in her area, as well as suggested language to help guide a difficult conversation. I will never know whether my message prevented her from taking her own life, but I know that I was able to take action that I wasn't able to for any of the five.

The most important part of this story, however, is that the reason that I knew to recognize these warning signs is because of Suicide Fatality Review Committees in other states, who have collected information that identified some of the behavioral warning signs, like re-homing pets, that could allow for intervention before suicide.

Suicide Fatality Review Committees save lives.

I am deeply grateful for this Committee and the Maryland Senate for passing the bill introduced in 2021, and ask you, most urgently, for a favorable report.

With gratitude,
Kristen Harbeson

Baltimore, Maryland

SB 94_SPLW_fav_SIGNED.pdf
Uploaded by: Lucy Font
Position: FAV

Nick J. Mosby
President,
Baltimore City Council

400 City Hall·Baltimore Maryland 21202
410-396-4804 · Fax: 410-539-0647

January 14, 2022

To: **Members of the Senate Finance Committee**
Re: SB 94 – PUBLIC HEALTH – MARYLAND SUICIDE FATALITY REVIEW COMMITTEE
Position: **FAVORABLE**

Chair Kelley and Honorable Members of the Senate Finance Committee,

The Baltimore City Council Suicide Prevention Legislative Workgroup is composed of providers, survivors, advocates, faith leaders, elected officials, nonprofit organizations, educators, community leaders, and researchers dedicated to decreasing barriers Baltimore City residents face to access efficient and effective mental health services to support their mental health, and prevent suicides from occurring within our city.

To this end, the Suicide Prevention Legislative Workgroup urges a favorable report on SB94 - Public Health – Maryland Suicide Fatality Review Committee.

Since the start of the public health crisis, Maryland has experienced what experts refer to as a "dual pandemic" of suicide and COVID-19. From February 2020 to March 2020, there was a 45% increase in calls to the Maryland Helpline. In March 2020 there was an 842% increase in texts to the Maryland Helpline[1].

Populations at increased risk of death by suicide include frontline workers, people experiencing homelessness, migrants, victims of abuse and violence, the elderly, and "stigmatized groups" including adolescents and sexual and racial minorities[2]. Pandemic-related factors that increase risk of death by suicide include isolation, stigma and discrimination, increased work pressure, chronic stress, and difficulties in health care access, just to name a few[3]. Considering this dual crisis of COVID-19 and suicide, it is essential to establish a statewide committee to review suicide deaths and develop prevention strategies.

In Maryland, there is no process for the investigation and analysis of findings regarding deaths by suicide. Suicide deaths are significantly underestimated and poorly documented, which prevents experts from identifying risk factors. Suicide Fatality Review Committees are multidisciplinary in nature, offering a deeper understanding of the circumstances surrounding a suicide. This bill would provide for a diverse Committee of healthcare providers, experts,

[1] COVID-19 and Suicide: A Crisis Within a Crisis | Hopkins Bloomberg Public Health Magazine (jhsph.edu)
[2] 'The dual pandemic' of suicide and COVID-19: A biopsychosocial narrative of risks and prevention (nih.gov)
[3] 'The dual pandemic' of suicide and COVID-19: A biopsychosocial narrative of risks and prevention (nih.gov)

suicidologists, and law enforcement representatives that would provide an invaluable assessment of suicide risk factors and prevention strategies.

The Suicide Prevention Resource Center (SPRC) recommends that states "identify, connect with, and strengthen existing data sources" as a best practice for suicide prevention[4], specifically naming State Suicide Fatality Review Committees as strong data sources. Further, the U.S. National Strategy for Suicide Prevention recommends state-based suicide mortality reviews as best practice for decreasing suicide mortality.

COVID-19 will have a long-term negative impact on mental health and suicide risk, especially for Maryland's most vulnerable residents. The establishment of a Suicide Fatality Review Committee will ensure that accurate, comprehensive suicide fatality data is collected and analyzed, ultimately preventing future deaths.

The Baltimore City Suicide Prevention Legislative Workgroup thus urges a favorable report on SB 94 - Public Health – Maryland Suicide Fatality Review Committee.

Sincerely,

Nick J. Mosby,
President, Baltimore City Council

[4] Suicide Prevention Resource Center. (2019). Recommendations for state suicide prevention infrastructure. Waltham, MA: Education Development Center, Inc

SB0094_FAV_MedChi, MDAAP, MdCSWC_Suicide Fatality
Uploaded by: Pam Kasemeyer
Position: FAV

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Adelaide C. Eckardt

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

DATE: January 18, 2022

RE: **SUPPORT** – Senate Bill 94 – *Public Health – Maryland Suicide Fatality Review Committee*

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** for Senate Bill 94.

The above-named organizations support the establishment of a Suicide Fatality Review Committee to assist the State in addressing the increasing incidences of suicide through the development of initiatives designed to respond to the factors identified as contributing to the incidence of suicide. Further, Senate Bill 168 recognizes the need to coordinate with existing fatality review committees to maximize the quality of the reviews and reduce duplication of effort. A favorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

CF Support SB 94 Public Health-Maryland Suicide Fa
Uploaded by: Patty Ciotta
Position: FAV

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981

SB 94 – Public Health - Maryland Suicide Fatality Review Committee

Position: Favorable

Thank you for the opportunity to provide written comments in support of Senate Bill 94. This bill establishes the Maryland Suicide Fatality Review Committee ("State team") to identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths.

As part of its mission, CareFirst is committed to driving transformation of the healthcare experience with and for our members and communities, with a focus on quality, equity, affordability, and access to care. Fundamental to holistic care is an informed strategy to address the behavioral health needs of our members and the communities we serve. Aided by annual statistical studies, the State team established by this bill will make determinations regarding: (1) issues related to individuals at risk for suicide, specifically trends, risk factors, current best practices in suicide prevention, lapses in systemic responses, and barriers to safety and well-being; and (2) strategies for the prevention of suicide deaths. The analysis and thought leadership produced by the State team will provide a critical tool to the many entities striving to reduce suicide deaths in the State, including CareFirst, and in effectively deploying resources to Marylanders at risk for suicide.

CareFirst strongly supports the policy goals advanced by Senate Bill 94 and stands ready to assist and advise the State team in whatever capacity is helpful. We look forward to partnering with legislators, the Maryland Health Department, public health groups, and other stakeholders to employ targeted strategies to reduce suicide deaths, and to improve the mental health and wellbeing of our members, provider partners, employees, and communities.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 83rd year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. In 2019, CareFirst invested $43 million to improve overall health, and increase the accessibility, affordability, safety, and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on Facebook, Twitter, LinkedIn or Instagram.

SB94 Sponsor Testimony

Uploaded by: Senator Eckardt

Position: FAV

Addie C. Eckardt
Legislative District 37
Caroline, Dorchester, Talbot
and Wicomico Counties

Budget and Taxation Committee

Health and Human Services
Subcommittee

Joint Committees
Administrative, Executive,
and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and
State Personnel Oversight

Pensions

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 322
Annapolis, Maryland 21401
410-841-3590 · 301-858-3590
800-492-7122 *Ext.* 3590
Fax 410-841-3087 · 301-858-3087
Adelaide.Eckardt@senate.state.md.us

District Office
601 Locust Street, Suite 202
Cambridge, MD 21613
410-221-6561

Testimony for Senate Bill 94
Public Health - Maryland Suicide Fatality Review Committee
January 18, 2022

Madam Chair Kelley and Members of the Committee:

Thank you for the opportunity to present **Senate Bill 94: Public Health - Maryland Suicide Fatality Review Committee.** Senate Bill 94 is a response to the mental health and suicide crisis in our state, both of which have been exacerbated by the COVID-19 Pandemic.

This Bill passed unanimously in this Committee last session.

We have already identified suicide as a serious problem in our State. In 2009, the Governor's Commission on Suicide Prevention was established. The Commission's preamble identifies suicide as the 11th leading cause of death in Maryland. Senate Bill 94 is an extension of the Commission's efforts to prevent suicide deaths.

Senate Bill 94 establishes the Maryland Suicide Fatality Review Committee to examine the factors contributing to suicide deaths. The Committee will study trends, risk factors, best practices, lapses in response, and barriers to safety. The team must meet quarterly and make recommendation on policy or law changes to both the Governor and the General Assembly. Studies and findings will be disseminated to policymakers, health care providers, health care facilities, and the public.

My sponsor panel will address updated and current data, provide justification on why the bill is needed, and the positive outcome this legislation would have in the community

As we continue through the COVID Pandemic, it is important we address the impacts to those most at risk, including those with mental health issues. Senate Bill 94 is an essential step in suicide prevention, as data and information are necessary to craft preventative interventions. Thank you for your consideration and I respectfully ask for a favorable report of Senate Bill 94.

Best regards,

Addie C. Eckardt

Senator Addie C. Eckardt

SB 94 - Support - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: FAV

MARYLAND PSYCHIATRIC SOCIETY

Washington Psychiatric Society

January 13, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 94: Public Health - Maryland Suicide Fatality Review Committee

Dear Chairman Kelley 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 strive 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 Senate Bill 94 (SB 94): 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 the second leading cause of death for Americans under 40 (NCHS Data Brief, 2020). Not only are the suicide rates climbing nationally, but here in our own state.

From 2016 to 2017, Maryland's suicide rate rose by nine percent (9%), with 53 more 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, 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 to 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

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 SB 94. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee