



THE SENATE
STATE OF MICHIGAN



JIM RUNESTAD

15TH DISTRICT

P.O. BOX 30038

LANSING, MI 48909-7538

PHONE: (517) 373-1758

FAX: (517) 373-0938

senjrunestad@senate.michigan.gov

COMMITTEES:

FINANCE, CHAIR

APPROPRIATIONS

EDUCATION AND CAREER READINESS

FAMILIES, SENIORS, AND VETERANS

JUDICIARY AND PUBLIC SAFETY

APPROPRIATIONS SUBCOMMITTEES:

JUDICIARY AND PUBLIC SAFETY, VICE CHAIR

CAPITAL OUTLAY

TO: Chairman Brandt Iden & members of the House Ways & Means Committee

RE: Testimony on SB 228, establishing a Suicide Prevention Commission

DATE: 9/17/2019

Thank you Chairman Iden and members of House Ways & Means Committee for your consideration of SB 228 establishing a Suicide Prevention Commission with a four-year sunset. I consider this to be the most meaningful piece of legislation I have had the privilege to work on this term.

I introduced this bill in the House last year with overwhelming support; it voted out of the House and passed out of Senate Health Policy Committee but ran out of time in the final hours of lame duck. Since that time, we've further developed the legislation, as support for the Commission has continued to grow around the state.

The impetus for this was a CDC report released to the states that declared suicide to be a national epidemic having increased by 30% nationally from 1999 - 2016, and by 33% in Michigan during the same period. In Michigan there are now more deaths by suicide each year than all automobile and gun deaths combined!

I began researching data and talking with people in my community. A picture began to unfold that the data is lacking, we don't really understand the reasons why suicide is increasing among various demographics; and while there are a number of successful initiatives throughout the state toward preventing suicide, there is also no coordinated effort to either understand why suicide is increasing or share information on what's working across the state.

We may think we know a lot about depression, mental illness, addiction, hopelessness and suicide already. However, you may be surprised to hear that suicide is not on the increase in every state. Suicide rates actually decreased in Nevada over the last decade.

Another common misconception – did you know that half the people who die by suicide have no diagnosed mental health condition. And did you know that intentional drug overdoses only account for 1/10th of all suicides nationally. These facts challenge our assumptions.

The reality is that many of those who die by suicide are reliable workers, parents, children and seniors with no known mental illness. This realization, along with Michigan's sharp uptick in suicide rates over the last decade, underlines the need to thoroughly research causes and the demographics of those who attempt suicide in our own state.

The idea for the commission's work is three-fold –

First, the commission will be charged with compiling data with help from stakeholders, resources across the state and the work of our public universities.

Second, the commission will identify programs and efforts across the state, learning what's working already and where we have gaps.

Third, the commission will share information, make recommendations, and develop a process for ongoing state coordination after the commission dissolves in four years.

My intent for this commission is that it be useful, limited to a four-year scope, and establish a process for ongoing state coordination so the commission's work can be done.

The commission is directed to focus their work on the demographics showing the highest suicide rates in the state in the last decade and the highest growth in suicide rates during that time period. Also, members of the commission will serve without compensation.

To be effective, the bill structures the commission to work in subcommittees. These subcommittees will be able to focus on specific demographics and draw in other subcommittee members as needed.

As we worked on this legislation over the last three years, additional stakeholders came forward wanting to be involved. We've worked with everyone who identified themselves early as a key partner. In doing so the members of the commission expanded to 27, which is why we added an executive committee, to make sure that the Commission remains effective and can complete its work within the 4-year timeframe.

My office has received a lot of support including phone calls and emails to push for this commission to be enacted before the end of the year. We have overwhelming support and enthusiasm to tackle this crisis in a state-wide all-hands-on-deck approach.

The most common questions we have involve the composition of the commission and why certain members were included. The answer to that question is found by really understanding the commission's work. The commission's work is not focusing solely on treatment, or solely on diagnosis and prevention, but on state coordination, to engage our communities in a dialogue and study, state-wide, and to grow buy-in in preparation for the commission's recommendations.

When I talked to law enforcement in my community and asked them about suicide, I learned quickly that suicide attempts, depression and hopelessness was by far their number one issue they face every day. They are on the front lines with individuals and families facing this crisis every day.

Law enforcement stakeholders have been extremely supportive of this legislation and our office has been visited by members of Life Savers and other groups in the state that specialize in training police officers to recognize signs, deescalate situations and get individuals and families help, because they are on the front lines, with wellness checks on individuals comprising a vast portion of their workload.

We worked extensively with DHHS both last term and this year, to include necessary members – our primary care associations, our local health and community mental health partners.

At the request of Chair Vanderwall in the Senate, we added additional positions for first responders who have engaged saying that this is their number one issue right now as well, that they experience both suicidal members of their team and deal with suicide response daily.

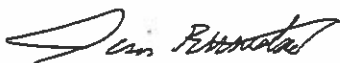
The House Health Policy Committee also added additional behavioral health representation and additional veteran representation.

Through the process of working on the commission's membership, we came to learn that various efforts have been put forth in an uncoordinated, patchwork pattern across the state. Even when we have the data to show what works in preventing suicide, we don't always use it. For example, we learned that there are evidenced based programs that are proven effective for treating PTSD, but not everyone is using them. We also learned about MDE's development of the Model for Health Curriculum with an intensive component for suicide prevention, a huge state funded project that was never successfully rolled out to the schools due to lack of coordination and engagement with the ISDs.

Finally, I want to emphasize that the purpose of the Commission's work is to develop a state process for continued ongoing coordination among key partners across the state, to provide an ongoing benefit to the state that is immeasurable by saving countless lives.

I cannot overstate how important this issue is to me personally. Bringing everyone together in the state can turn Michigan's statistics into a success story. Our state could be one of the few with dropping rates.

Sincerely,



Jim Runestad
State Senator
District 15

