

Draft 10/19/07

SENATE BILL:

AN ACT ESTABLISHING THE NEW HAMPSHIRE COUNCIL ON SUICIDE PREVENTION

WHEREAS, Suicide is the second leading cause of death for ages 10-24 in New Hampshire.

WHEREAS, the highest rates of suicide in New Hampshire are among our older adults age 80 and older who have a suicide rate of 45 per 100,000 more than triple the average US rate for all ages.

WHEREAS, Suicide is the 9th leading cause of death (all ages) in New Hampshire

WHEREAS, between 2000-2004 New Hampshire rate of 11.34 suicide deaths per 100,000 is higher than the US Average rate of 10.83 per 100,000.

WHEREAS, between 2000 to 2004, 721 New Hampshire residents died by suicide, and an average of 144 New Hampshire residents die by suicide each year, that is one suicide every three days.

WHEREAS, the average work loss cost per suicide death in NH is \$1,406,810. The one year average of 144 suicide deaths in New Hampshire makes the total estimated work loss cost over \$200 million dollars.

WHEREAS, suicide has a devastating impact on the family, friends and colleagues of individual's who die by suicide.

WHEREAS: Suicide attempts are also a serious problem. In 2003 there were 731 suicide attempts that required hospitalization. In addition to the emotional costs these New Hampshire hospitalizations totaled an estimated \$5.6 million dollars and resulted in estimated lost wages of \$8.2 million dollars

WHEREAS, in response to this serious public health issue the New Hampshire Suicide Prevention Plan was written and distributed in 2004; and

WHEREAS, an effective suicide prevention infrastructure requires a Suicide Prevention Council to oversee the implementation of the New Hampshire Suicide Prevention Plan, therefore;

I. The Council's responsibilities shall be:

A. *To oversee the implementation of the New Hampshire Suicide Prevention Plan;*

B. *To ensure the continued effectiveness of the Plan by evaluating its implementation, producing progress reports, recommending program changes, initiatives, funding opportunities and new priorities to update the Plan;*

C. *To be a proponent for suicide prevention in New Hampshire;*

D. *To prepare an annual report, as described in Section VIII, for the Governor and Legislature on implementation of the Plan*

II. The Governor shall appoint all members of the Council unless otherwise stated. The Council shall include a representative from:

The New Hampshire State Legislature; one from the House of Representatives and one from the Senate. The term of the legislative member of the Council shall be for the biennium and shall be coterminous with membership in the general court. Legislative members shall receive mileage at the legislative rate when attending to the duties of the Council.

The Commissioner of the Department of Health and Human Services or designee and two additional representatives from the department

The Commissioner of the Department of Education or designee

The Commissioner of the Department of Safety or designee and one additional representatives of the department

The Commissioner of the Department of Corrections or designee

The Department of Justice, Office of the Chief Medical Examiner

The Injury Prevention Center at CHaD

The National Alliance On Mental Illness

The Disability Rights Center

A representative from Bi State Primary Care.

A representative from the Endowment for Health

A representative of the New Hampshire Hospital Association

A Representative of the Community Behavioral Health Association

A Representative of New Futures

An individual representing families who have lost a loved one to suicide

An individual representing the youth community

An individual representing the aging community or aging services

An individual representing the military or veteran's community

An individual representing clergy or faith leaders

Three at large members of the general public

IV. The members of the Council shall designate two members of the Council to serve as Co-Chairs.

V (a) To assist the Council in the performance of its duties, the co-chairs shall create committees. The co-chairs shall initially create committees to address the following issues:

- (1) Education and Training.
- (2) Public Policy
- (3) Communication and Media
- (4) Professional Practice
- (5) Data Committee
- (6) Garrett Lee Smith Advisory Committee
- (7) Other special projects and programs.

(b) The Council co-chairs shall appoint at least 2 Council members to serve on each committee and shall designate a chairperson for each

(c) Based upon recommendations from each committee, the council co-chairs may appoint as many as 8 individuals to serve as adjunct members of each for a term of one year.

(d) Each committee shall:

- (1) Develop its goals and objectives based on the State Suicide Plan.
- (3) Identify program areas where improved coordination is needed.

VI. All executive branch departments shall participate in providing administrative support to the Council.

VII. Council members shall:

- A. Serve for a term of two (2) years.
- B. Council members may serve up to three (3) terms.
- C. The Council shall meet quarterly.
- D. The Council shall not exceed 28 members.

VIII. Meetings and Reports. – The members of the Council shall elect co-chairs from among the members. The first meeting of the Council shall be called by the Legislative members. The first meeting of the Council shall be held within 45 days of the effective date of this legislation. Fifteen members of the Council shall constitute a quorum. The Council shall meet at least 4 times each year and may convene public hearings as necessary to promote the goals of the Council. The Council shall submit an annual report to the governor, Speaker of the House of Representatives, and President of the Senate by November 1 of each year regarding the activities of the Council. The first annual report shall be due November 1, 2008. The annual report shall identify and prioritize unmet needs for prevention, intervention and activities to prevent contagion and promote healing following a suicide death (postvention); indicate the progress, or lack thereof in addressing the state plan; recommend initiatives to address the unmet needs in the state plan; and specify the resources and any legislation necessary to support existing programs for prevention, intervention, and postvention and to develop, implement, support, and evaluate the initiatives recommended by the council.