


F R O M	Name & Title	Dr. Letitia Dzirasa, Health Commissioner	Health Department AGENCY REPORT	
	Agency Name & Address	Health Department 1001 E. Fayette Street Baltimore, Maryland 21202		
	Subject: Position:	21-0103 – Suicide Prevention Coordinator - Establishment FAVORABLE WITH AMENDMENTS		

To: President and Members
of the City Council
c/o 409 City Hall

September 14, 2021

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review City Council bill #21-0103, entitled “Suicide Prevention Coordinator - Establishment.” This legislation seeks to require the establishment of a Suicide Prevention Coordinator within the Health Department and to determine the scope and enumerate the duties of the position.

According to the Centers for Disease Control and Prevention, suicide is a growing problem in the United States. As the 10th leading cause of death in the U.S. in 2019, 47,500 individuals died by suicide which is about 11 deaths per minute.¹ The CDC reports that thoughts of suicide as well as attempts outpace suicides themselves. While 90% of suicide attempts occur without a death, the impact of suicides is far reaching (CDC, 2019).

The Suicide Prevention Resource Center further explores suicides in different populations with Black populations experiencing suicides at a peak rate in adolescence and young adulthood.² Compared to suicide attempts in the U.S. in all populations, the CDC reports through the High School Youth Risk Survey, that Black youth suicide attempts were higher in 2019.³

¹ Centers for Disease Control and Prevention. (n.d.). <https://www.cdc.gov/suicide/facts/index.html>.

² Suicide Prevention Resource Center. (2010-2019). <https://www.sprc.org/scope/racial-ethnic-disparities/black-populations>.

³ Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Surveillance System. (2021). 1991-2019 High School Youth Risk Behavior Survey Data [Data file]. Retrieved from <http://nccd.cdc.gov/youthonline/>

The collateral toll of suicide can be felt by family members, colleagues, close friends, and entire communities. The CDC reports a cost of over \$70 billion per year due to loss of productivity and work as well as the overwhelming medical costs associated with suicides.

Suicide and suicide attempts are preventable. In Baltimore City, on average, 53 people die from suicide each year (range: 36 to 67). Fourteen percent of suicide deaths occurred in youth under 25 years old, 1999-2015. No increase in youth suicide deaths in Baltimore has been observed. In Baltimore City, the highest suicide rates occur in 35-44 and 45-54 year olds.⁴

In Baltimore City (2014), there were an estimated 400 emergency department (ED) visits and 500 inpatient hospitalizations for suicide attempts (Health Services Cost Review Commission Data). Women were more likely than men to be seen in the ED (60 percent versus 40 percent of visits). The mean age for attempts in the ED was younger: 29 year old. Poisoning was seen in 55 percent of ED visits and cutting 25 percent (inpatient: 68 percent and 19 percent, respectively).⁵

Intense and deliberate focus is needed on this issue and the creation of a position would be beneficial to that effort. BCHD does not however have the behavioral health programming, expertise or infrastructure that would be needed to support the position as it is currently envisioned because BCHD is not the local behavioral health authority in Baltimore City. BCHD recommends that the bill be amended to allow the agency to contract the position out to the designated Local Behavioral Health Authority.

In addition, the duties enumerated in the bill are comprehensive and may exceed the capability of a single person in a position. For this reason, BCHD recommends that the bill authorize but not require every duty to fall to the Suicide Prevention Coordinator, in particular duties that may be redundant to work already taking place in the behavioral health system.

BCHD also recommends a technical correction to provide that the Commissioner of Health, as opposed to Behavioral Health System Baltimore, may assign additional duties as appropriate or necessary to further the goals of this important legislation.

Finally, as funding for this position does not currently exist within the agency, BCHD recommends delaying implementation of the legislation until July 1, 2022, so that efforts can be pursued in the coming budget cycle to obtain the necessary funding to execute this work. New funding would be needed to avoid a funding offset of other health programming.

For the above reasons, BCHD urges a **favorable with amendments report** on City Council bill #21-0103.

⁴ Baltimore City Health Department.

<https://health.baltimorecity.gov/sites/default/files/Suicide%20Data%20and%20Prevention%20Brief.pdf>

⁵ Baltimore City Health Department.

<https://health.baltimorecity.gov/sites/default/files/Suicide%20Data%20and%20Prevention%20Brief.pdf>