

Date of Hearing: April 6, 2021

ASSEMBLY COMMITTEE ON HEALTH
Jim Wood, Chair
AB 1470 (Mathis) – As Introduced February 19, 2021

SUBJECT: Ending Military Suicide Task Force.

SUMMARY: Requires the Department of Public Health (DPH) to establish the End Military Suicide Task Force (Task Force) to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2023, for the elimination of all military suicides in the state by January 1, 2029. Specifically, **this bill:**

- 1) Requires DPH to establish the Task Force to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2023, for the elimination of all military suicides in the state by January 1, 2029.
- 2) Requires the Task Force to recommend comprehensive strategies aimed at addressing suicide among military members in California and to recommend ways to establish and execute plans and programs to implement those strategies.
- 3) Requires the Task Force to consist of the following:
 - a) Stakeholders from the Military Department's mental health, chaplaincy, and other programs tasked with morale and welfare;
 - b) One representative from the Department of Veterans Affairs;
 - c) Representatives from the United States Department of defense's Employer Support of the Guard and Reserve and the National Guard Association of California (NGAC);
 - d) Representatives from other veterans' service organizations, state and local mental health officials, and researchers with relevant subject matter expertise.
- 4) Requires DPH to support the Task Force and ensure the Task Force is able to carry out its duties. Authorizes DPH to use its existing resources to absorb the Task Force's costs in implementing this bill. Provides that DPH may accept and expend funds from nongovernmental sources for its work with the Task Force.
- 5) Requires DPH to submit a report to the Governor and the Legislature by June 1, 2023, and annually thereafter, that includes all of the following:
 - a) An analysis of the plans, activities, strategies, and programs undertaken based on the Task Force's recommendations and their effects on reducing military suicides in the state to include a specific set of near-, intermediate-, and long-term benchmarks that can be used to measure the state's progress toward the goal of eliminating military suicides by January 1, 2027;
 - b) A survey and analysis of existing programs currently available from federal, state, and local governmental and nongovernmental agencies that deal with suicide, military suicide and veteran suicide;
 - c) An analysis of the success achieved by each program that can lead to recommendations from the Task Force on how California can eliminate the military suicide problem; and,
 - d) An analysis of the factors of alienation, strained relationships, finances, family disruptions, and career challenges associated with suicidal ideation and how to provide services to address those factors as experienced by military members and California

National Guard members who live in geographically diverse areas that are far from military bases and mental health care facilities.

EXISTING LAW:

- 1) Establishes DPH to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.
- 2) Establishes within DPH the Injury and Violence Prevention Branch, which focuses on California's injury prevention efforts, both epidemiological investigations and implementation of prevention programs to reduce intentional and unintentional injuries.
- 3) Establishes the California Violent Death Reporting System within DPH, which is a web-based surveillance system that supplements current vital statistics surveillance and provides more detailed data on violent death.
- 4) Permits DPH to establish the Office of Suicide Prevention (OSP) whose responsibilities include:
 - a) Providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs;
 - b) Conducting state level assessment of regional and statewide suicide prevention policies and practices, including other states' suicide prevention policies, and including specific metrics and domains as appropriate;
 - c) Monitoring and disseminating data to inform prevention efforts at the state and local levels;
 - d) Convening experts and stakeholders, including, but not limited to, stakeholders representing populations with high rates of suicide, to encourage collaboration and coordination of resources for suicide prevention; and,
 - e) Reporting on progress to reduce rates of suicide.
- 5) Allows the OSP to focus activities on groups with the highest risk, including youth, Native American youth, older adults, veterans, and LGBTQ people.
- 6) Requires the Department of Health Care Services (DHCS), in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling, including an emphasis on strategies to reduce the following negative outcomes that may result from untreated mental illness:
 - a) Suicide;
 - b) Incarcerations;
 - c) School failure or dropout;
 - d) Unemployment;
 - e) Prolonged suffering;
 - f) Homelessness; and,
 - g) Removal of children from their homes.
- 7) Establishes the California Suicide Prevention Act of 2000 and permits DHCS, contingent upon appropriation in the annual Budget Act, to establish and implement a suicide prevention, education, and gatekeeper-training program to reduce the severity, duration, and incidence of suicidal behavior, as specified.

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, this Task Force is an essential mechanism to tackle the rising numbers of military suicides. Data from the Department of Veterans Affairs shows that not only is the suicide rate for veterans 1.5 times higher than for non-veterans, but that this number has increased from 1.2 times higher in 2005 to 1.5 times higher. The author concludes that our brave veterans and currently active and reserve service members have already given, and continue to give so much for this country. We must acknowledge and address the challenges and difficulties they face and do everything necessary to eliminate military suicide.

2) **BACKGROUND.**

a) **Military Suicide Data.** According to the 2020 National Veteran Suicide Prevention Annual Report by the U.S. Department of Veterans Affairs (USDVA) there has been a consistent and troubling trend in which the average number of veteran suicides per day increased from 2005 to 2018. With veteran suicide rates over this period increasing by over 6%, particularly concerning is the recent increase in veteran suicide rates, which between 2017 and 2018 increased by 0.6% despite the veteran population decreasing by 1.5%. Similarly, according to the report after adjusting for age and sex, the veteran suicide rate was 1.5 times higher when compared to non-veteran adults. The age-adjusted suicide rate among women veterans being 2.1 times higher than that of non-veteran women, and the age-adjusted suicide rate among male veterans was 1.3 times that of non-veteran males.

Military personnel and veterans with mental health diagnoses such as sleep disorders, traumatic brain injury, or a pain diagnosis, as well as those who are divorced, widowed, or never married are at higher risk. In 2018, veterans between the ages of 18-34 had the highest suicide rate in 2018 of 45.9 per 100,000 and veterans between the ages of 55-74 had the highest absolute number of suicides, which accounted for 40% of all veteran deaths by suicide.

DPH reported to the legislature in February 2019 that there were 640 suicide deaths among California residents who served in the United States military in 2017 alone. Suicides among veterans made up 15.3% of all suicides in California, and 43% of veteran suicides were residents in the 25-64 age group.

The high rate of suicide among service members reflects an unsettling national trend, where suicide is the second leading cause of death among Americans between the ages of 10-34 years old. Currently, there are more suicides each year than the total number of American service members who died overseas in Afghanistan and Iraq.

Increased stressful societal factors due to COVID-19 have been shown to contribute to the overall national rate of suicide. Isolation is also a key suicide risk factor. This has only been exacerbated due to the restrictions put in place in response to the pandemic, alongside other factors, including veteran unemployment increases that rose from 2.3% to 11.7% between April 2019 and 2020. Data from the USDVA shows that during the

COVID-19 pandemic, the rate of suicidal ideation reported in the last 30 days has been significantly higher, especially among vulnerable populations, including racial and ethnic minority demographics (e.g., Hispanic, non-Hispanic Black). In August 2020 alone, the suicide prevention portion of the USDVA mental health website received over 1.2 million visits.

3) SUPPORT. The NGAC, sponsor of this bill, states that according to Department of Defense (DoD) data, in 2018, 541 service members died by suicide. Among active-duty service members, the rate of suicide was 24.8 suicides per 100,000 personnel while the rate for members in the reserves was 22.9 per 100,000 personnel. This was the highest recorded suicide rate since the DoD started collecting data in 2001. Veterans also have an elevated suicide risk compared to their civilian counterparts, with veterans accounting for an estimated 18% of all adult suicide deaths in the U.S. Many factors contribute to active-duty members, non-combat members, and veterans' suicide rates. Outside stresses such as family disruption, relationship issues, workplace difficulties, and financial struggles were common issues. Medical conditions including traumatic brain injuries, chronic pain, and sleep disorders are also associated with an increased risk for suicide. In conclusion, NGAC highlighted that access to mental health care services for Guard members or reservists is especially difficult, with many living in dispersed areas of the state distant from military installations. Guard members and reservists could receive lower levels of support than troops who live together on bases, adding to the sense of isolation. The rate of suicide of those in the California National Guard in 2018 was 30.6 per 100,000 personnel.

4) RELATED LEGISLATION.

- a) AB 94 (Jones-Sawyer) requires a correctional officer employed by the Department of Corrections and Rehabilitation to undergo a confidential mental health evaluation every calendar year to determine whether the individual has an emotional or mental condition that might adversely affect their exercise of the duties and powers of a correctional officer. AB 94 is pending in the Assembly Public Safety Committee.
- b) AB 234 (Ramos) deletes the requirements that the duties and responsibilities of the OSP established within DPH be carried out using existing staff and resources. AB 234 is pending in the Assembly Appropriations Committee.
- c) AB 270 (Ramos) creates the Core Behavioral Health Crisis Services System, using the digits "988" for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. Requires OSP to take specified actions to implement the hotline system; requires the charging of a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program; and, creates the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund. AB 270 is pending in the Assembly Health Committee
- d) AB 988 (Bauer-Kahan), similar to AB 270, establishes the 988 Crisis Hotline Center, using the digits "988" in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. AB 988 would also require the Office of Emergency Services (OES) to take specified actions to implement the hotline system, including hiring a Director with specified experience and designating a 988 crisis hotline

center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 line. Requires the OES to designate at least one center prior to July 16, 2022, and requires crisis hotline centers to meet specified requirements. AB 988 is pending in the Assembly Health Committee

- e) AB 1331 (Irwin) requires the Director of DHCS to appoint a full-time Statewide Director of Crisis Services. AB 1331 is pending in the Assembly Health Committee.
- f) AB 1394 (Irwin) requires that on or before January 1, 2023, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 to 24 years of age, inclusive for purposes of detecting a risk for suicide. AB 1394 is pending in the Assembly Health Committee.

5) PREVIOUS LEGISLATION.

- a) AB 2112 (Ramos) of 2020, Chapter 142, Statutes of 2020, authorizes the DPH to establish the OSP, specifies the duties of the OSP, and, requires OSP to consult with Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts. Requires that the duties and responsibilities of the OSP be accomplished with existing staff and resources.
- b) AB 2918 (Salas) of 2020, substantially similar to this bill, would have directed DPH to establish an Ending Military Suicide Task Force to systematically reduce military suicides and to develop a plan to eliminate all military suicides in the state, AB 2918 was not heard in the Assembly Health Committee due to the shortened Legislative calendar brought on by the COVID-19 pandemic.
- c) AB 2512 (Grove) of 2016, would have created a volunteer Task Force on California Women Veterans Health Care, within the California Department of Veterans Affairs, comprised of nine members. AB 2512 was held in the Assembly Appropriations Committee.

6) **TECHNICAL AMENDMENT.** A technical amendment is required to achieve consistency in the dates referenced in the bill. January 1, 2029, will be replaced with January 1, 2027, wherever it appears in the bill.

7) **DOUBLE REFERRAL.** This bill has been double referred and upon passage in this Committee will be referred to the Assembly Committee on Veterans Affairs.

REGISTERED SUPPORT / OPPOSITION:

Support

National Guard Association of California (sponsor)
 AMVETS, Department of California
 California Association of County Veterans Service Officers
 California State Commanders Veterans Council
 Military Officers Association of American, California Council of Chapters

Opposition

None on file.

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