REPORTABLE SUICIDE DEATHS IN WISCONSIN 2014-2017

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance

P-02134 (04/2018)

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STATUTORY REFERENCES

1989 Wisconsin Act 336 established death reporting requirements in Wisconsin Statute. Suicide deaths are required to be reported by the following health provider types.

- **Community Based Residential Facility**

  Wis. Stat. § 50.035(5)(b) – No later than 24 hours after the death of a resident of a community-based residential facility, the community-based residential facility shall report the death to the department if one of the following applies: 1. There is reasonable cause to believe that the death was related to the use of psychotropic medication. 2. There is reasonable cause to believe that the death was related to the use of physical restraint. 3. There is reasonable cause to believe that the death was a suicide.

- **Adult Family Home**

  Wis. Admin. Code DHS § 88.03(5) – A licensee shall report to the licensing agency…(e) Within 24 hours, a significant change in a resident's status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, was a suicide or was accidental.

- **Nursing Home**

  Wis. Stat. § 50.04(2t)(b) – No later than 24 hours after the death of a resident of a nursing home, the nursing home shall report the death to the department if one of the following applies: 1. There is reasonable cause to believe that the death was related to the use of psychotropic medication. 2. There is reasonable cause to believe that the death was related to the use of physical restraint. 3. There is reasonable cause to believe that the death was a suicide.

- **Treatment Facility***

  Wis. Stat. § 51.64(2)(a) – No later than 24 hours after the death of a person admitted or committed to a treatment facility, the treatment facility shall report the death to the department if one of the following applies: 1. There is reasonable cause to believe that the death was related to the use of physical restraint or a psychotropic medication. 2. There is reasonable cause to believe that the death was a suicide.

  **** Definition:*** *Wis. Stat. § 51.01(19) – Any publicly or privately operated facility or unit thereof providing treatment of alcoholic, drug dependent, mentally ill, or developmentally disabled persons, including but not limited to inpatient and outpatient treatment programs, community support programs, and rehabilitation programs.*

REPORTING AND INVESTIGATION

Death Reporting Website

Instructions for the reporting of client/patient/resident deaths attributable to suicide, restraint, or psychotropic medication are found at:

www.dhs.wisconsin.gov/regulations/report-death/proc-reportingdeath.htm

Reporting Requirements for Programs and Facilities

Within 24 hours after the death of a client or learning of a death:

The program or facility that was providing care, treatment, or services to the client is required under Wisconsin statutes to notify the Department of Health Services (DHS) if there is cause to believe that the death was related to:

- The use of a physical restraint or seclusion
- The use of one or more psychotropic medications
- A suspected suicide

Form F-62470

Notification to DHS must be made to by completing the DQA form F-62470, Client/Patient/Resident Death Determination.

Form F-62470 includes guidelines to assist programs and facilities in determining if there is reasonable cause to believe that the client/patient/resident death may be related to the use of restraint/seclusion, the use of psychotropic medication, or is a suspected suicide. Section II of form F-62470 lists the health provider types required to report.

DQA Investigation

- ***Bureau of Assisted Living and Bureau of Nursing Home Resident Care***

  Wis. Stat. § 50.02(5) – No later than 14 days after the date of a death reported under Wis. Stat. §50.035(b) *(assisted living)* or Wis. Stat. § 50.04(2t)(b) *(nursing home)*, the Department shall investigate the death.

- ***Treatment Facility – Bureau of Health Services***

  Wis. Stat. § 51.03(2) – No later than 14 days after the date of the death reported under Wis. Stat. § 51.64(2)(a), the Department shall investigate the death.

DATA RELATED TO SUICIDE DEATH REPORTS 2014-2017

Suicide Deaths Reported to DQA – By Provider Type

Highest to Lowest

Program Type Description	Year of Death				
	2014	2015	2016	2017	TOTAL
Mental Health Outpatient Clinic	82	122	115	104	**423**
Emergency Mental Health (Crisis)	22	25	32	27	**106**
CSAS Outpatient Treatment Service	9	4	14	19	**46**
CSP for Persons with Chronic Mental Illness	10	5	6	5	**26**
CSAS Narcotic Treatment Service for Opiate Addiction	2	2	5	4	**13**
Community-Based Residential Facility	3	1	0	4	**8**
Comprehensive Community Services (CCS)	2	1	3	2	**8**
Mental Health Day Treatment	0	1	2	4	**7**
Nursing Home	1	2	1	2	**6**
CSAS Day Treatment Service	1	1	2	1	**5**
Mental Health Inpatient	1	2	0	1	**4**
Adult Family Home	1	0	0	2	**3**
CSAS Transitional Residential Service	0	1	2	0	**3**
AODA Medically Monitored Residential Detox. Service	0	1	0	0	**1**
AODA Medically Managed Inpatient Detox. Service	1	0	0	0	**1**
TOTAL	**135**	**168**	**182**	**175**	**660**

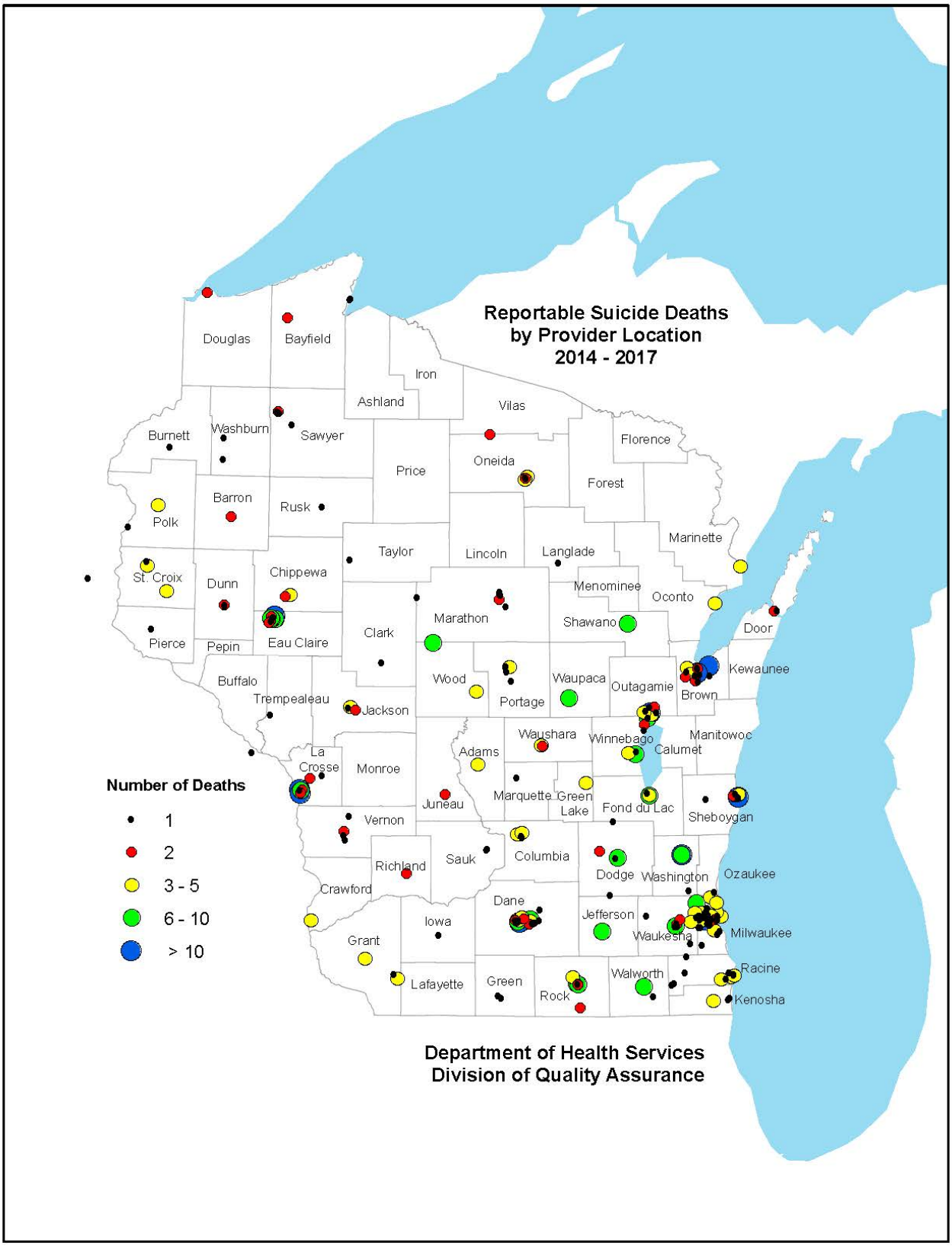
Suicide Deaths Reported to DQA – By County Where Provider is Located

Provider's County*	Year of Death				
	2014	2015	2016	2017	TOTAL
Adams	1	3	0	0	**4**
Barron	0	1	2	0	**3**
Bayfield	1	3	0	0	**4**
Brown	10	12	31	10	**63**
Burnett	0	1	0	0	**1**
Chippewa	2	1	1	1	**5**
Clark	0	1	0	0	**1**
Columbia	3	1	2	1	**7**
Crawford	1	1	0	1	**3**
Dane	3	18	17	12	**50**
Dodge	0	2	3	9	**14**
Door	0	0	1	2	**3**
Douglas	1	1	0	0	**2**
Dunn	1	0	3	0	**4**
Eau Claire	4	10	16	11	**41**
Fond du Lac	0	4	3	7	**14**
Grant	1	2	2	4	**9**
Green	0	2	0	1	**3**
Green Lake	0	2	1	1	**4**
Iowa	0	0	1	0	**1**
Jackson	1	3	1	1	**6**
Jefferson	2	1	1	4	**8**
Juneau	0	0	1	1	**2**
Kenosha	1	2	2	1	**6**
La Crosse	17	12	4	12	**45**
Langlade	0	0	1	0	**1**
Marathon	1	0	3	4	**8**
Marinette	1	0	0	2	**3**
Marquette	1	0	0	0	**1**
Milwaukee	20	17	12	19	**68**
Monroe	1	0	0	0	**1**

Provider's County*	Year of Death				
	2014	2015	2016	2017	TOTAL
Oconto	0	1	1	1	**3**
Oneida	0	5	8	2	**15**
Outagamie	6	4	10	7	**27**
Ozaukee	0	1	0	0	**1**
Pierce	1	0	0	0	**1**
Polk	0	3	0	3	**6**
Portage	2	3	2	1	**8**
Racine	5	4	4	6	**19**
Ramsey	0	1	0	0	**1**
Richland	1	0	1	0	**2**
Rock	5	8	6	6	**25**
Rusk	0	0	1	0	**1**
Sauk	1	3	0	0	**4**
Sawyer	3	0	1	0	**4**
Shawano	3	1	1	1	**6**
Sheboygan	10	2	10	2	**24**
St. Croix	2	2	1	4	**9**
Taylor	1	0	0	0	**1**
Trempealeau	0	0	1	0	**1**
Vernon	2	2	1	0	**5**
Walworth	2	3	2	0	**7**
Washburn	0	0	1	1	**2**
Washington	4	4	8	6	**22**
Waukesha	6	4	9	14	**33**
Waupaca	0	1	2	3	**6**
Waushara	2	2	1	1	**6**
Winnebago	5	9	1	9	**24**
Winona	0	0	0	1	**1**
Wood	1	5	2	3	**11**
TOTAL	**135**	**168**	**182**	**175**	**660**

**Counties in which a DQA-regulated health provider did not report a death are not listed.*

Suicide Deaths Reported to DQA – By Provider Location



Suicide Deaths Reported to DQA – By Method

Total Number of Reports Highest to Lowest

Suicide Method	Year of Death				
	2014	2015	2016	2017	TOTAL
Gunshot	31	40	48	47	**166**
Hanging	36	33	39	40	**148**
Drug Overdose	20	35	38	30	**123**
Other	22	33	32	31	**118**
Asphyxiation	8	5	7	10	**30**
Unknown	7	10	8	4	**29**
Fall/Jump	8	5	3	6	**22**
Self-immolation	0	1	3	3	**7**
Self-Inflicted Wound	2	3	1	1	**7**
Drowning	0	1	2	2	**5**
Auto Collision	1	2	1	1	**5**
TOTAL	**135**	**168**	**182**	**175**	**660**

Suicide Deaths Reported to DQA – By Gender

Gender	Year of Death				
	2014	2015	2016	2017	TOTAL
Female	55	63	58	56	**232**
Male	80	105	124	119	**428**
TOTAL	**135**	**168**	**182**	**175**	**660**

Suicide Deaths Reported to DQA – By Age

Age	Year of Death				
	2014	2015	2016	2017	TOTAL
10 – 17	8	6	13	12	**39**
18 – 34	53	48	58	58	**217**
35 – 49	38	50	54	40	**182**
50 – 64	31	49	46	55	**181**
Over 65	5	14	11	10	**40**
TOTAL	**135**	**167**	**182**	**175**	**659**

Note: *One record excluded, as age could not be determined.*

Volume of Reports 2014-2017 – By Gender and Age

Highest to Lowest

Gender	Age	Count
Male	18 – 34	**146**
Male	50 – 64	**119**
Male	35 – 49	**116**
Female	18 – 34	**71**
Female	35 – 49	**66**
Female	50 – 64	**62**
Male	65 +	**28**
Female	10 – 17	**20**
Male	10 –17	**19**
Female	65 +	**12**
	2014 - 2017 TOTAL	**659**

Note: *One record excluded, as age could not be determined.*

SUICIDE PREVENTION ONLINE RESOURCES AND TRAINING

ZERO Suicide Toolkit

http://zerosuicide.sprc.org/

This toolkit has many free or inexpensive resources for health providers including:

- Columbia-Suicide Severity Rating Scale (C-SSRS)
  http://zerosuicide.sprc.org/toolkit/identify *(Choose "Screening Options" tab and scroll down to C-SSRS.)*
- Safety Planning – http://zerosuicide.sprc.org/toolkit/engage *(Choose "Patient Engagement" tab.)*
  Patient Safety Plan Template – http://www.sprc.org/resources-programs/patient-safety-plan-template
- Counseling on Access to Lethal Means (CALM) – https://training.sprc.org/enrol/index.php?id=3
- Evidence Based Treatments – http://zerosuicide.sprc.org/toolkit/treat *(Choose "Intervention/Treatment" tab.)*

Prevent Suicide Wisconsin

http://www.preventsuicidewi.org/

- Coalitions and Crisis Lines by County
- The Burden of Suicide in Wisconsin 2007-–2011, Released 2014
  A joint report by the Wisconsin Department of Health Services, the Injury Research Center at the Medical College of Wisconsin, and Mental Health America of Wisconsin
- Wisconsin Suicide Prevention Strategy, Released 2015

Substance Abuse and Mental Health Administration (SAMHSA)

https://www.samhsa.gov/suicide-prevention

- Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities
- Suicide Prevention Publications

National Action Alliance for Suicide Prevention

- Recommended Standard Care for People with Suicide Risk

Individual and Family Resources

- Hopeline: Text "HOPELINE" to 741741.
  http://www.centerforsuicideawareness.org/services/hopeline/about.html
- National Suicide Prevention Lifeline: Call 1-800-273-8255.
  https://suicidepreventionlifeline.org/
- Veterans Crisis Line: Call 1-800-273-8255 and press 1, or text 838255.
  https://www.veteranscrisisline.net/
- American Foundation for Suicide Prevention
  https://afsp.org/find-support/