

SUICIDE PREVENTION COUNCIL MEETING MINUTES

April 9th, 2008

The Capitol Building, Room 2103

FOLLOW UP TASKS:

Statewide Office of Suicide Prevention (SOSP):

- Regarding possible impending budget cuts and legislative advocacy, the Statewide Office of Suicide Prevention will send the following information as prepared by Claude Shipley to the Suicide Prevention Coordinating Council and the Suicide Prevention Action Network: names of legislative members on conferencing committees (when announced); speaking points outlining an interagency approach from both the state and local perspective; an email that could blanket the state with a fill in the blank for constituent names. (COMPLETED)
- The Office of Suicide Prevention will email out Luciano Ramos' email, PowerPoint presentation, and an information sheet when it becomes available.
- The Office of Suicide Prevention should work in conjunction with the Coordinating Council to develop a contract for the Assessing and Managing Suicide Risk training provided at the Suicide Prevention Symposium.
- The Office of Suicide Prevention will work with Jackie Beck, Steve Roggenbaum, Michelle Cartagena and other Council members to develop a statewide training and cadre of trainers around the state. A basic model is needed as well as variations for different roles, possibly with an online component. Should include non-orthodox roles such as hotel staff, bartenders, hair stylists, and massage therapists.

Suicide Prevention Coordinating Council (SPCC):

- Those participating via conference call and wishing to include a message on Colonel McDonough's award are asked to email the Office of Suicide Prevention their remarks as soon as possible. (COMPLETED)
- The Coordinating Council will use the Recommendation Form throughout the year in order to fulfill the legislative mandate to advise the Office of Suicide Prevention on strategies to reduce Florida's suicide rate.
- Jackie Beck will prepare an update on the Baker Act for the July Council Meeting.
- The Coordinating Council is strongly encouraged to contact their legislators and advocate against cutting substance abuse and mental health programs from the Department of Corrections and look at other alternatives to building more prisons.
- Lisa Vanderwerf-Hourigan will send the Statewide Office of Suicide Prevention information she has regarding the inter-agency impacts of budget cuts. (COMPLETED)
- Ellen Piekalkiewicz will send the Statewide Office of Suicide Prevention information she has on House and Senate budget differences. (COMPLETED)
- Dr. Bob Paulson will send the Statewide Office of Suicide Prevention information obtained from the Children's Board on health agencies. (COMPLETED)
- Joe Marino will present an update on Veterans' Suicide Prevention Activities at the July Council Meeting.
- Dan Reidenberg will develop a fact sheet summarizing his national update and the Office of Suicide Prevention will distribute it.
- Jackie Rosen is asked to submit a Council Recommendation form regarding the 35-55 aged male population and suicide risk.
- The Coordinating Council is asked to make recommendations to the Office of Suicide Prevention for trainers who connect with students that can respond to training requests from the Well Aware campaign.

- Anyone interested in being a Suicide Prevention Symposium sponsor should contact Erin MacInnes at Erin.MacInnes@myflorida.com.
- The Coordinating Council is asked to help the Statewide Office of Suicide Prevention identify sound, free, easy access trainings teachers can use that will be provided in their menu of options for in-service training, as cited in the Suicide Prevention Education bill.
- Council members are asked to link with Luciano Ramos to brainstorm, enhance facets of the program, and assist in developing evaluation. Specifically, Clint Rayner is asked to help including an anti-stigma component; Senta Goudy, Linda McKinnon, and Steve Roggenbaum will offer ideas and assistance for evaluation. Steve Roggenbaum and Bob Paulson should contact Luciano Ramos to talk about ways to include the Life Legacy Project into the Implementation Project.
- Steve Roggenbaum is tasked with finding out more information about CEUs from the University of Ohio for the planned AAS training. He should also connect with Linda McKinnon concerning the cost of CEUs.
- The Coordinating Council is asked to submit ideas for the AAS training (sponsored by FMHI) selection criteria to Steve Roggenbaum. Also, please submit ideas for a contract to “give back” as part of attending this training or the AMSR training at the Suicide Prevention Symposium to Erin MacInnes.
- The Coordinating Council is tasked with distributing the *Florida Suicide Prevention Strategy* brochures to people inside and outside of the field who should be made aware of the strategy.
- Steve Roggenbaum will contact his graphics department to determine if the strategy brochure PDF can be made more web-friendly.
- Dr. Bob Paulson and Steve Roggenbaum will send the Statewide Office of Suicide Prevention the Pasco newsletters.
- The Coordinating Council is asked to look at the FMHI website (<http://preventsuicide.fmhi.usf.edu>), test it out, and provide feedback.
- Laura Meyer is asked to submit a Recommendation Form regarding her ideas and strategy for standardized reporting by medical examiners and outreach to suicide survivors. Senta Goudy may be able to offer ideas or assistance. She will then present the detailed Recommendation Form to the Council for consideration and further discussion.
- Jackie Rosen is asked to submit a Recommendation Form regarding her ideas and strategy for involving pediatricians and physicians in using a quick suicide screening form. She will then present the detailed Recommendation Form to the Council for consideration and further discussion.

AGENDA ITEMS AND NOTES:

1. Welcome and Introductions: Bill Janes, Director, Florida Office of Drug Control and Assistant Secretary, Substance Abuse and Mental Health at the Department of Children and Families

Yesterday, April 8th, 2008 was Suicide Prevention Day at the Capitol. From the organization displays in the Rotunda to the press conference everything went very well. Judy Bousquet’s remarks were particularly moving and Dan Reidenberg’s remarks could not have been better. Thank you to everyone for the efforts that were put in to make this event a great success.

At the press conference Colonel James McDonough was presented with an award for outstanding leadership and support in Florida’s suicide prevention efforts. The framed award will be passed around this Council meeting – please sign it with your remarks. Those calling in who wish to be included should email their message to Erin MacInnes or Allyson Adolphson by the end of the day or simply their name will be written, with the exception of Geri Dedominicis who has asked to be excluded due to policies of her organization.

2. Follow Up Items: Director Bill Janes

- Adopt January Council Meeting Minutes

Jackie Beck made motion to adopt the January Council Meeting minutes; Wayne Dreggors seconds the motion. All in favor, motion passed.

- Council's Legislative Mandate/Recommendation Form

According to the legislative mandate, the Suicide Prevention Coordinating Council shall *“Advise the Statewide Office for Suicide Prevention regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem. The statewide plan must:*

- a) Align and provide direction for statewide prevention initiatives*
- b) Establish partnerships with state and private agencies for the purpose of promoting public awareness of suicide prevention*
- c) Address specific populations in this state who are at risk for suicide*
- d) Identify ways to improve access to crisis services for individuals in acute situations*
- e) Identify resources to support the implementation of the statewide plan”*

The Council is encouraged to submit suggestions via the Suicide Prevention Coordinating Council Recommendation Form. Each page of the recommendation form concentrates on specific requirements of the mandate. This form has been distributed in hardcopy at Council meetings, by email, and is available on the Statewide Office of Suicide Prevention's current website: http://www.flgov.com/suicide_prevention. This form may be submitted to Erin MacInnes by email (Erin.MacInnes@eog.myflorida.com) or in person at Coordinating Council meetings.

Budget issues and reductions in Florida are in a state that has not been seen in the past sixteen years. Council Members are strongly encouraged to speak to their legislators in a focused and objective manner regarding where the issues are and where help is needed. People need to understand the gravity of what is happening. As things stand today, April 9th, substance abuse and mental health services in the Department of Corrections could be gone. Advocacy is needed for alternatives to building more prisons. People discharged from prison with substance abuse and mental health issues will have nothing to help them on the receiving side when they are released. Crime and recidivism will increase; the wellness of the individual is at risk, as well as the overall health of the community.

The Department of Corrections is not the only agency that will be impacted by these cuts; all agencies will feel the effect including DCF, DOH, DOE, DJJ, AHCA and others. All of these agencies work synergistically together, and when one is affected all will suffer. This synergy can cause the system to be dismantled. Revenue shortfall is real. Council members have the ability to impact change and should begin speaking with their legislators, even as soon as the Council meeting ends. Director Janes is limiting his travel to ensure that he too can advocate for this issue.

Currently committees are working through substantive language first before getting to the fiscal language. Conferencing committees will be announced later this week. As requested by Jackie Beck, the names of those on these committees will be sent to the Council when they become available. In addition, Judy requests that speaking points be distributed. Council members agree that the focus of our advocacy efforts should be on access to treatment with an inter-agency approach from both the state and local perspective. Jackie Rosen asks that a concise email be drafted that could be sent to many constituents with a fill in the blank for their name that could quickly be set to legislators. Lisa Vanderwerf-Hourigan offered to send the Statewide Office a document she has that may be useful in preparing this. Ellen

Piekalkiewicz also offered to forward information on House and Senate budget differences. Additionally, Dr. Bob Paulson will send information obtained from the Children's Board regarding health agencies.

Please understand that time is of the essence. Only a few days are left to submit amendments before the budget is looked at. Once everything is received and prepared, deliverables will be emailed to the Council and disseminated to the Suicide Prevention Action Network in Florida.

- Clinical Trial Registry Project

Senator Storms approach the Statewide Office of Suicide Prevention and the Florida Office of Drug Control about this issue. A young mother was prescribed medication after delivering her child. The mother suffered some bad effects from her medication and ultimately committed suicide. It is not known that the medication *caused* the suicide; however, it is known that there is some correlation or suggestion thereof.

The main issue is that medications proliferate in our society, often without proper education to the physician or patient leading to misuse of the drug. This project is looking at the process of prescription medication from clinical trials to implementation and FDA requirements for physician education on side effects and dosage.

3. Veterans' Suicide Prevention and Mental Health Services Project bill: Director Bill Janes

SB 2554 and HB 1339 propose a Veterans' Suicide Prevention and Mental Health Service Project to target the veteran population, those suffering with PTSD, address family stress, and the complications military are facing with tours to Iraq and Afghanistan. This project is designed to complement work the VA and FDVA are currently doing and serve as a safety net to fill in any service gaps such as lack of access to transportation to mental health services. It also intends to reduce the stigma of mental illness, promote suicide prevention efforts, raise awareness, and provides family assistance through two community pilots in one rural and one urban area with high veteran populations. Senator Deutch, Representative Long, the National Guard, the Department of Children and Families, the Florida Office of Drug Control and the Statewide Office of Suicide Prevention have been collaborating to flesh out the details of this project. Thus far the bill is alive and moving forward.

4. National News: Dr. Dan Reidenberg, Executive Director of SAVE (Suicide Awareness Voices of Education), National Council of Suicide Prevention

National suicide prevention activities are encouraging and much is being done that will have impact at the state level.

Thirty one thousand calls have come through the Veterans Suicide Prevention hotline: 11,000 were veterans, 70%-80% were male, the majority was between the ages of 20-29 or 50-59. There was also a veteran increase to the regular National Suicide Prevention Lifeline: 2,000 calls were from family or friends; there were 600 rescues or those at immediate need for help; 1500 were transfers or had selected the wrong automated option and 400 were active duty. Four hundred active duty calls is promising because many have a fear of disclosure because of stigma or a threat to their career.

This month the Department of Defense is meeting in San Diego to discuss awareness campaigns – they recently raised the amount of letters sent to veterans from 6,000 to 8,000 per day. They also send phone stickers and are considering awareness posters.

The 1-800-SUICIDE hotline was previously owned by the Kristin Burke Hope Center (KBHC) and was temporarily reassigned to SAMHSA. The 90-day extension to receive petitions for permanent reassignment ends on April 22nd. If permanent assignment does not occur by this time there are a couple different options for what can be done. One option is for the FCC can make the determination to extend the petition period for another 90 days. The government stance on this issue has three main concerns: 1) the interest of public safety. What will happen if the line is not reassigned? 2) If the line is transferred back to the KBHC there is a possibility of shutdown. At this point the government will have no options to intervene. 3) Privacy given to callers. A study will soon begin headed by Dr. Madelyn Gould to examine the difference between the National Suicide Prevention Lifeline (1-800-273-TALK) and the Hopeline (1-800-SUICIDE) numbers. Do the numbers make a difference in who will call? Is it just people in mental health crisis?

If the 1-800-SUICIDE number goes back to KBHC the government cannot do anything more. If assigned to SAMHSA, officials have leeway to reassess the situation and possibly plan out a 2-3 year marketing plan but both options are not possible.

Suicide prevention funding is doing historically well – 33 million dollars is being allotted for 2009. There will be a focus on four areas: the elderly, eating disorders and suicide, veteran support, and teen depression. The National Suicide Prevention Lifeline saw a small drop in funding, just less than a couple hundred thousand. The Suicide Prevention Resource Center remains funded at a little lower level but still significant funds for a clearinghouse. Reauthorization for Garrett Lee Smith went through. There are currently 31 states and tribes funded and in the first few years over 75,000 people have been trained.

Jerry Reed and Phil Satow have a meeting with the Federal Working Group – a group of people that head up national organizations and initiatives such as the CDC, NIH, NIMH, maternal and child welfare, and others, including Aaron Werbel. This group makes decisions around suicide prevention programming and where the government thinks it should go. So far many areas have been and are being worked on, but not everything is complete – in particular, the Action Alliance. A decision will be made in the next 2-3 months as to whether this is actually going to happen or not. If it does not happen in this time frame, the idea should just be relinquished by this group and the National Council or SAMHSA should move it forward instead.

The Federal Working Group also has a great concern for the need for collaboration. There is much more information available than 25 years ago but there is also a great inconsistency in public information. Agencies need to come to a consistency with agreements and move away from competition. However, even within states, the influx of new non-profits and government organizations continues to grow and all are competing for the same dollars. There must be synergy if we want to achieve effectiveness. Many new programs will surface but then only last for 1-2 years due to lack of funding, support etc. We need to push the best practices registry and new ways to measure other programs because evaluation is lacking.

On the national legislative front, mental health parity is close to passing. A big concern is that just because it passes will not mean that equal treatment will happen, but, we need to start somewhere. Having this pass would be a great thing but we need to be preparing to take the next steps to ensure that people are actually getting those services when they become available. Bill 5223 has gone through for veterans, and stop senior suicide is pushing through as well. Two centers are being created solely for research in suicide prevention. The national violent death reporting system was vetoed by the president; it is currently only available in 17 states. This system is viewed as the best way to track attempts. Josh Omvig passed and was signed in November. The post-partum bill did not pass. People continue to be very concerned and hope this resurfaces in the coming years.

The Council raised a question about which war the 50-59 age brackets of veteran suicide hotline calls are coming from. Currently the NSPL is not tracking this information. Another question was raised on if anything was being done for the 35-55 age brackets; suicide seems to be rising in this group with increasing economic hardship and job loss. On the national level not much is being done for this group but it is being talked about in the public arena. Specifically, there is some talk about the baby boomer age range. It is a big concern as they move into the senior category, the category with the highest rate and the highest number of people moving into it. It is a definite concern and needs to be talked about now to start anticipating what will happen in the future.

Jackie Rosen is asked to use the Council Recommendation form to address the needs to the 35-55 population she previously mentioned.

5. Existing Initiatives: Erin MacInnes

- **Well Aware Campaign Update: Issue 2**

The Florida Office of Suicide Prevention has partnered with the Department of Education in collaboration with Point de Vue Communications to implement the Well Aware Campaign. The Beth Foundation and the Florida Mental Health Institute have graciously sponsored this campaign.

The goal of the Well Aware Campaign is to make education leadership in Florida aware of the role of suicide prevention in academic achievement. As many of us have experienced, trying to bring suicide prevention programs into schools isn't always easy. There can be a lot of concerns for administrators, so obtaining and sustaining support from them is essential.

Well Aware is a series of suicide prevention bulletins for school administrators and policymakers who influence education. It features the latest in evidence-based practices and procedures that can be utilized in the school setting. This is a brand to best address school administrators and their role in identifying children at risk. The content is light and it is quick reading to best target those with limited time. Well Aware highlights schools in Florida that have implemented programs that are working.

The second issue of Well Aware which focuses on bullying and has been mailed out; the third and final issue will be out before the school year ends.

Thus far, Well Aware has incited quite a response from around the state from school nurses, teachers and counselors who are interested in having someone talk with their students or implement programs. We need to keep building our cadre of trainers and those who are gifted at connecting with students who can respond to these kinds of requests.

- **Department of Corrections Educational Campaign Update**

The Department of Corrections approached the Statewide Office of Suicide Prevention to do some sort of educational campaign for their employees—both the state level and direct-care staff. It was determined that our approach would cover training, awareness and educational materials.

Dr. Dean Aufderheide has been trained in the SPRC Assessing and Managing Suicide Risk training, so he blanketed the state, training all Department of Corrections direct care staff.

We are now working on a series of suicide prevention segments to include in the Department of Corrections weekly electronic newsletter. It was determined that we would release one segment per month for the year of 2008, totaling 12 complete segments. Four segments have been created and released thus far (January through April); March and April are available in meeting handout packets. These segments will all be available on our website when it gets up and running. Anyone is free to use this material and print it elsewhere. The SOSOP can also assist in tailoring the materials to be more appropriate to your organizational needs.

Educational materials were ordered through the National Institute of Mental Health and Lifeline. NIMH graciously supplied us with 26,000 booklets free of cost when they usually only distribute materials at 50 per month.

- 2008 Suicide Prevention Symposium

To accommodate everyone's shrinking travel budget, it was decided that it would be best to hold the Florida Suicide Prevention Symposium during the 2008 Statewide Prevention Conference which will be held October 1-3. The Gambling conference will also be meshed with this event. The first part of the Symposium will be held pre-conference and hopefully those who attend the Prevention Conference will also come to the Symposium. There is a tentative Council meeting on the 29th from 2:00 PM – 5:00 PM, followed by two days of the Symposium on Tuesday and Wednesday. Rosh Hashanah is the 30th – 1st but unfortunately these dates are our only option as we have to blend time and space with the prevention conference. Erin MacInnes and Steve Roggenbaum will be approaching other states at the AAS conference next week to discuss a possible regional conference in the future.

The day before the conference begins a one-day Assessing and Managing Suicide Risk training will be held for clinicians. A separate flyer will be distributed for that event.

To save money, this year all marketing will be done online so please mail out to all your list serves. A banner was also sent that you can put on your email signature so everyone you correspond with will see the advertisement. The banner includes a hyperlink that people can click on and go right to the conference registration. If you are in a non state agency organization and you or someone you know would like to be a sponsor of this event please contact Erin MacInnes. Bill Janes is already approaching state agencies for funding assistance and we want to present the angle that they are only being asked to help once, instead of in past years when they would be asked to sponsor three separate conferences. Unfortunately, to save money a leadership recognition dinner was cancelled as well and these leaders will be recognized at another point in the conference.

- Legislative Update

(Please reference the legislative matrix provided for more specific details.)

The Suicide Prevention Education bill is dead in the House as the K-12 committee (its first committee of reference decided not to meet after their third meeting, so any bill that was not on the first three agendas is dead. However, it is moving through the Senate to gain visibility for and lay a foundation for next year – on the 1st it passed the Education Pre K-12 Committee unanimously. On April 8th it also passed the Senate Committee on Children, Families, and Elder Affairs. Senator Fasano will sponsor it again and it looks likely that Representative Legg will too. Assistance from the Council will be needed over the summer to help identify more sound, free, and easy access to trainings that teachers can utilize.

The Bullying bill 669 in the House has one more committee to pass (Policy and Budget Council which will hear the bill on 4/10/08 at 12:30). 88 isn't moving but the comparable 790 is moving, which can

basically be used as a vehicle to pass 88 since they have the same language except 790 doesn't have the clause that ties it to Safe and Drug Free Schools money.

Neither the House or the Senate version of Health Credit for Graduation Requirement are moving, most likely because they were referred to the Education Pre K-12 which isn't meeting anymore.

Veterans' Suicide Prevention and Mental Health Services bill passed Senate Committee on Children, Families, and Elder Affairs yesterday but the funding will be up in the air until the final hour. The Council must take a vote to decide to officially support the bill or not.

Dr. Gene Cash made motion to officially support SB2554 and HB 1339; Wayne Dreggors seconds the motion.

As the bill language now reads, this program would be housed in the Office of Suicide Prevention. This program would be available for all military – active duty, reservists, and National Guard alike. The purpose is to serve as a safety net to fill in any service gaps such as lack of access to transportation, reducing stigma, and increasing connectivity within agency. The intent is NOT to duplicate the efforts or systems that the VA and FDVA already have in place.

Upon voting, all in favor. Motion passed.

6. Life Legacy Project Update: Luciano Ramos, Campus Compact

Project Background: A few years ago, three pilots were started through funding by an LBR. One targeted youth, one targeted law enforcement, and one elders. The Life Legacy Project is the effort to connect elder shut-ins with college students who would establish relationships with them and document the legacy of their lives. Isolation is a huge risk factor for the elderly so it was important to focus on tending to this need. In a nutshell, that is the basic premise of the project. We partnered with Campus Compact to issue grants to a number of colleges in the state that would carry out that Life Legacy Project and make it their own. Campus Compact has taken this initiative and run with it.

Florida Campus Compact is a non-profit organization that works with colleges and universities throughout Florida. It is membership based with presidents from each school that believe in civic education, establishing community partnerships, and enforcing academic integrity. They were given a small pot of money with which to engage students in their project. A call for proposals was put out around the state and \$60,000 was distributed. Three main schools were selected for the project: Central Florida Community College in Ocala, Rollins College in Winter Park, and Tallahassee Community College in Tallahassee. These schools identified community partners to address the need of reaching out to shut-ins/potential shut-ins and integrate them back into mainstream society.

These schools were trained to institute service learning project. Service learning is midway between and internship and community service. It has to be academically rigorous and enforce what students are doing in their class. Service learning is meaningful service with the community; it fosters civic responsibility and engagement. Students perform 25 hours of service in the semester; it becomes the program's responsibility to attract them and sustain them to be long-term advocates. Many students have said that they will continue will this kind of work and get other students involved in the effort as well.

Campus Compact tried to build sustainable community development. The allotted money was supposed to last until the end of December last year but because of such overwhelming support from community partners they have been unable to fully spend the money. In fact, they were able to draw in a fourth school,

Jacksonville University, which is expected to begin a two year project. In the past 18 months, the Life Legacy project has acquired 17 community partners, 400 college students, and 7 faculty members have integrated the program into their classes. So far over 7000 hours of face to face interaction with seniors have been performed throughout the state of Florida.

Many different projects are in place touching on different social issues and they vary by school. The community partners selected the seniors who were to take part in the program and decided who was matched with whom. Many projects are accessed through contact points like senior centers, churches or smaller entities. Central Florida took an intergenerational approach by pairing middle school students with seniors, taking down their oral history, and then putting it into web art and design. Other programs teach technological skills like reaching out via email, the dangers of the internet, and watching out for email scams. Another program teaches seniors to play Nintendo Wii to increase their entertainment and physical activity. Next semester there may also be art and theater projects where students before the life stories of the seniors.

The Campus Compact website has sample syllabi for other faculty to use and many other resources available at www.floridacompact.org. They would like to be able to expand this program to other areas including South Florida. Many colleges and universities are already part of the compact; it is just a matter of forming the collaboration and interest to expand the actual project.

At this time there is no hard data to document if the risk of suicide was lowered and additional assessments are needed. However, there are other benefits. For instance, students who learn about suicide in this program can then apply their training to identify risks/warning signs in themselves and others in their social circles and the community. By bringing the community in and starting to talk about elderly issues it helps to change the community norm, heightens awareness, introduces and new dialogue and overall improves the community. The Life Legacy projects also adds meaning to the lives of seniors who may not have access to their extended family.

Campus Compact hopes to be able to quantify results and present a final report at the end of the quarter.

7. Planned Initiatives: Erin MacInnes

- Faith-Based Initiative

It is imperative that the faith-based population become involved in suicide prevention efforts. The religious community has a vested interest in reducing suicide among their congregation members and families. A training course is needed that religious and community leaders can use to recognize the warning signs of suicide during their interaction with their congregations.

The Office of Suicide Prevention and Bobby Roberts have done preliminary research on the existing resources for the faith-based community and are having internal meetings to hammer out some ideas. The idea is not to recreate the wheel – just to market it better. Some Council members will be asked for their assistance as things move forward. The project is clearly a priority but will be easier to pursue after session is over.

- Website Update

The April target date of having the website up and running has been pushed back. Approval to spend money right now is difficult to get so we're still working on it, it may just take longer than previously anticipated.

8. Florida Suicide Prevention Implementation Project: Florida Mental Health Institute (Dr. Bob Paulson and Steve Roggenbaum)

The Florida Mental Health Institute (FMHI) is considering sponsoring an AAS two day training in May or June with 40 spots available for clinicians statewide. The training will be recognizing and responding to suicide risk, special skills for clinicians – more information can be found at the AAS website www.suicidology.org. With this training and the AMSR training provided at the Symposium by the SOSOP, it is anticipated that we will have 70 individuals trained and available around the state by fall.

FMHI will foot the cost of the training, but the clinicians will need to pay for their CEUs and travel expenses. Criterion will be developed to determine who is accepted into the training such as a commitment to sharing what they have learned, participation in some form of learning community, willingness to work with the Statewide Office of Suicide Prevention, etc. School personnel may be considered but we are shying away from recent graduates. CEUs are provided through the University of Ohio. Linda McKinnon offered that NAMI may be able to pay the cost of CEUs to help bring in more interest. The Council is asked to submit ideas for the selection criteria to Erin MacInnes or Allyson Adolphson and also ideas for a contract to “give back” as part of attending this training or the AMSR training at the Symposium.

FMHI would also like to introduce and pass out the new *Florida Suicide Prevention Strategy* brochure. Each Council member has received 25 copies at their seat. The brochure highlights that Florida has a strategy and the key elements such as an introduction, goals, areas of focus, and the statements provided by the Council to implement the strategy and move ahead. The full 125 statements are available on the FMHI website (<http://preventsuicide.fmhi.usf.edu>) which is also referenced in the brochure. Thus far 3,000 have been printed and in the following few months 10,000 more will be printed and distributed. There currently is a PDF version available but because of the unusual folding pattern it can be confusing. Steve Roggenbaum will work with his graphics department to see if this can be reorganized to a more web-friendly format.

The Coordinating Council is encouraged to distribute this brochure to people in and outside of the prevention field who need to be made more aware. Because of the brochures aesthetically appealing nature, it could easily be placed on counters at doctors’ offices, pharmacy counters, left with hair stylists, bartenders, or other professions that not “typically” associated with suicide prevention.

It was previously decided that the Implementation Project would move into Duval as a “ready” county and “Pasco” as a not-ready county. Ironically, as the Project became more involved with the communities it became apparent that the reverse was actually true.

In Duval, there was a task force which turned out to be only 3 people, not an organized, sustained coalition. They then went to the partners who were involved in the Garrett Lee Smith grant meeting for suggestions and ended up making visits to the adult mental health task force and the children’s mental health task force. The goal was to familiarize these groups with the project and get recommendations for where in Duval County the project should reside. The groups are beginning to meet together and FMHI is working to identify those who have an interest in helping with the Implementation Project to then form a joint task force and include representatives from all levels. Some questions to pursue include: what resources are currently out there, how can they rethink what they’re already doing to include suicide prevention.

FMHI also met with a local judge who is very connected with the community leaders and made recommendations for possible champions to reach out to. Now that there is access and an open portal to these people, they can start working with other task groups and individuals who have not been involved and

use them to broaden the coalition. A substance abuse task force is getting started and they are making sure to have a complementary effort.

In Pasco County, Steve already has a link there because he is part of the Pasco Aware Coalition. FMHI talked to people in the farm worker community which is primarily a poorer Hispanic community and are brainstorming ways to get them involved and meet the needs of their population. FMHI has talked with the local NAMI and they are invited to a planning meeting. Pasco Aware has decided to do a concept mapping with their group to revitalize and move forward with next steps. In addition, FMHI has put out three gatekeeper newsletters summarizing points of meetings and how these have been used in the past.

It was suggested that FMHI work with the Department of Children and Families to branch out of the pilot projects and expand to a statewide effort. It is important to consider what can we promulgate as a statewide training, what does the evidence-based practice registry say, how can we address specific populations and reduce stigma?

Jackie Beck has significant experience in this area and has offered to work with the SOSF, Steve Roggenbaum, and Michelle Cartagena Council members to begin devising a statewide training.

The Council is again asked to look at the FMHI website to test it out and provide feedback. (<http://preventsuicide.fmhi.usf.edu>)

(See Florida Suicide Prevention Implementation Project Update of Activities for more information.)

9. Yearly Planning Calendar: Erin MacInnes

April 16-19, 2008: American Association of Suicidology Conference, Boston

April 24-25, 2008: Florida Bullying Conference, Orlando

June 4 – 7, 2008: 2008 Mental Health America Conference, Washington DC

June 13 -16, 2008; NAMI Annual National Convention, Orlando

July 10, 2008: Council Meeting 1:00 PM – 4:00 PM, Capitol Building, Room 2103

September 29, 2008: Council Meeting 2:00 PM – 4:30 PM; Orlando

September 30 – October 3, 2008: Suicide Prevention Symposium/Prevention Conference, Orlando

Future Council Meetings: Mid Jan 09, early May 2009

10. Council Discussion

Laura Meyer mentioned two points: 1) There needs to be a standard reporting procedure for suicide for medical examiners in Florida so the statistics aren't quite so flawed. 2) There also needs to be more outreach to survivors because support groups are needed in the community to help prevent future suicides. She will be completing a Council Recommendation Form and presenting the details to the Council for consideration.

Jackie Rosen would like to see a method developed for pediatricians and physicians to quickly screen their patients. She recalls seeing something for therapists – something that is easily distributed. As we know, patients are often seen within a month before their death. She will be completing a Council Recommendation Form and presenting the details to the Council for consideration.

MOTIONS:

- Jackie Beck made motion to adopt the January Council Meeting minutes; Wayne Dreggors seconds the motion. All in favor, motion passed.
- Dr. Gene Cash made motion to officially support SB 2554 and HB 13391 Wayne Dreggors seconds the motion. All in favor, motion passed.

NEXT MEETING:

Thursday, July 10th, 2008, Council Meeting 1:00 PM – 4:00 PM, The Capitol, Room 2103

ATTENDEES:

Allyson Adolphson
Jackie Beck
Michelle Cartagena
Bob Decker
Pam Denmark
Marie Dudek
Senta Goudy
Bettye Hyle
Marlene Jehs
Erin MacInnes
Marcia Mathes
Laura Meyer (via conference)
Ellen Piekalkiewicz
Clint Rayner
Carolyn Riggs (via conference)
Steve Roggenbaum
Pat Rutherford (rep. Lee Condon)
Jason Thornton
Dr. Martin Von Holden (rep. Ken Pifer)
Frank Zenere (via conference)

Gil Barnes
Judy Bousquet-Broward
Dr. Gene Cash (via conference)
Geri Dedominicis (via conference)
Wayne Dreggors
Nick Faulkner (rep. Dr. Maggie Faulkner)
Bonnie Harding (rep. Lorie Simmons via conf.)
William H. Janes
Dr. Marshall Knudson (via conference)
Joe Marino
Linda McKinnon
Dr. Bob Paulson
Luciano Ramos
Dr. Dan Reidenberg
Bobby Roberts
Jackie Rosen
Claude Shipley
Lisa Vanderwerf-Hourigan
Elizabeth Woodsmall