

SUICIDE PREVENTION COORDINATING COUNCIL MEETING MINUTES

September 30, 2009/ 1:00 PM – 4:00 PM
The Capitol, Room 2103; Tallahassee, Florida

FOLLOW UP TASKS:

Statewide Office of Suicide Prevention (SOSP):

- The SOSP will post the all-inclusive PowerPoint training on www.HelpPromoteHope.com and notify the Council by email when it is available.

Suicide Prevention Coordinating Council (SPCC):

- If you would like to place a bulk order of the Medication Adherence Project physician or patient guides, please contact Bonnie Toole with the Florida Psychiatric Society by email at Bonnie@floridapsych.org or by phone at (850) 222-8404.
- If you would like to help advocate for the Suicide Prevention Education legislation, please contact Erin MacInnes at Erin.MacInnes@myflorida.com or (850) 922-0498.
- If you would like to participate in the beta testing phase of the new DCF suicide prevention training module, please contact Jackie Beck at Jackie_Beck@dcf.state.fl.us.

AGENDA ITEMS AND NOTES:

1. Welcome and Introductions: Andy Benard, Chief of Staff, Florida Office of Drug Control

Colonel Bill Janes, Director of the Office of Drug Control and Assistant Secretary of the Substance Abuse and Mental Health Program Offices at the Department of Children and Families, retired on August 21, 2009. Andy Benard will be representing the Office of Drug Control until a new director is appointed.

On behalf of the Statewide Office of Suicide Prevention, Executive Office of the Governor, we would like to congratulate the following schools on being awarded a Campus Suicide Prevention Grant from the Substance Abuse and Mental Health Services Administration:

Project Care, Edward Waters College, FL-- \$100,000

Expansion of Prevention Initiatives Off Campus Program (EPIC), Nova Southeastern University, FL-- \$100,000

Project SPEAK (Suicide Prevention Education and Knowledge), Daytona State College, FL-- \$95,711

- Adopt June Meeting Minutes

Wayne Dreggors made motion to adopt the June 2009 Council Meeting minutes, Bettye Hyle seconded the motion. Motion passed.

2. Existing Initiatives: Erin MacInnes

The Existing Initiatives updates are divided by areas of focus as listed in the *Florida Suicide Prevention Strategy*.

Addressing Treatment Needs

- Medication Adherence Project

In June 2008, Florida was awarded a grant by Noven Pharmaceuticals. The Florida Psychiatric Society (FPS) and the National Alliance on Mental Illness (NAMI) took the lead on this project, which aims to educate physicians, patients, and their families and friends on the importance of medication adherence to reduce the risk of suicide. Medication adherence is the extent to which individuals take their medications as prescribed by their doctor.

The creation of educational tools for physicians and patients encourages informed prescribing and ensures patients receive appropriate care, which are important elements in reducing suicide risk. The guide for physicians examines myths about the relationship between antidepressants and suicide and the resulting implications. The guide for patients, families and friends encourages early identification, treatment of depression, and the importance of medication adherence. Both guides were provided in hard copy at the meeting.

The guide is being distributed through Noven Pharmaceutical Representatives and through the Florida Psychiatric Society. We hope to meet with the Florida Surgeon General as well to disseminate throughout the Department of Health.

For more information about the Medication Adherence Project or to view the guides electronically, please visit <http://www.helppromotehope.com/initiatives/MAP.php>.

If you would like to place a bulk order, please contact Ms. Bonnie Toole with the Florida Psychiatric Society by email at Bonnie@floridapsych.org or by phone at (850) 222-8404.

Education and Training

- All Inclusive PowerPoint

The Statewide Office of Suicide Prevention receives numerous calls from constituents requesting assistance with creating suicide prevention PowerPoint presentations for their colleagues, community groups, etc. We found ourselves spending quite a bit of time helping these individuals create presentations and cite their sources appropriately. The Council previously noted the need for an all-inclusive PowerPoint that people could cut and paste from when doing presentations in their own communities, so we are all using the same sound information and updated data and science.

To meet this need, we compiled information from the current best resources and created one master PowerPoint with the most requested topics in suicide prevention. We have solicited feedback from a few Council members, and are waiting for the results of their review. The complete training will be posted online soon to be used as a resource by anyone.

- Youth PowerPoint Presentation

The Caring Tree Program at Big Bend Hospice has created a great suicide prevention PowerPoint presentation intended for a youth audience which they have authorized others using. This is currently available on our website at <http://www.helppromotehope.com/documents/Suicide%20Prevention%20for%20Teens%202009.ppt>.

- Miami-Dade Public Schools Crisis Management Manual

The Miami-Dade Public Schools Crisis Management Manual is currently being updated and will be available to the public soon. This manual is considered by many to be the national gold standard that other schools emulate in crisis management and postvention. Frank Zenere, one of the authors of the manual, had an article published in the *School Psychology Review* in June on the sustained reduction of suicidal behavior as a result of the Youth Suicide Prevention and Intervention Program.

More information on the Miami-Dade Public Schools Crisis Management Manual may be found here: http://www.studentservices.dadeschools.net/crisis/crisis_mgmt.asp

Capacity Building

The next two projects fall under the scope of our capacity building efforts.

3. Sustaining Prevention in Florida Project: Larry Kearley, Department of Children and Families

The Sustaining Prevention in Florida Project is finally underway. This is the next long-term initiative to integrate substance abuse, suicide prevention, and mental health promotion within the policies, procedures, and practices of state agencies. In order to adequately address these issues and ensure longevity of prevention efforts, these activities must be infused throughout the services delivered by state government and into the agencies themselves. This project is the counterpart to the Florida Suicide Prevention Implementation Project, which was the initiative started in 2007 led by Steve Roggenbaum at the Florida Mental Health Institute, USF that aimed to turn the state plan into action on the community level throughout Florida.

We are excited to have Larry Kearley and Senta Goudy as partners in this effort for one year. We have lofty goals to accomplish over the next 12 months, however the project will continue beyond that once the protocols are in place. Larry's skills, experience and vision make him the perfect fit to carry this project forward.

The health and wellness of Florida's citizens are central to the success of the state as a whole. Substance abuse and mental health issues reduce quality of life, weaken communities, place added burdens on medical and judicial systems and strain the resources of state agencies. Preventing substance abuse, suicide and mental health problems before they occur can improve quality of life for Floridians, reduce burdens on businesses and contribute positively to the state economy.

Through the Sustaining Prevention in Florida initiative, the Florida Office of Drug Control's Statewide Office of Suicide Prevention and the Department of Children and Families Substance Abuse Program Office are working together to ensure that Florida maintains aggressive efforts to address substance abuse, suicide, and mental health issues. The aim is to identify ways to promote knowledge and understanding of effective prevention strategies and incorporate these strategies into the practices and policies of state agencies.

For more information on the Sustaining Prevention in Florida project, please see that attached handout.

4. Garrett Lee Smith Grant (A.S.A.P. Project): Dr. Marc Karver, USF

One year ago, Florida was awarded the Garrett Lee Smith Youth Suicide Prevention and Intervention Grant, which is federal funding that gives the state \$1.5 million over 3 years for youth suicide prevention activities. This is considered a capacity building activity because, although it entails many of the Strategy components, it focuses on building infrastructure between community, state, and federal partners. Every month, grant updates are posted on our website, <http://www.HelpPromoteHope.com>, so you can check back to see what is happening. The following information was provided by Dr. Marc Karver, the grant principal investigator and author of the successful proposal.

There are five major pieces to the A.S.A.P. Project: 1) training adults to identify and refer at risk suicidal youths using the Question, Persuade, and Refer (QPR) program; 2) tracking referred youths by utilizing a county case manager; 3) training school personnel and students on identification and referral of suicidal youths using the QPR program with school personnel and the Signs of Suicide (SOS) program with youths; 4) involving families in suicide prevention activities; and 5) social marketing.

AIM 1) Staff Gatekeeper Trainings:

Accomplishments: We have made considerable revisions to our evaluation materials based on data analysis and participant feedback. It has been a collaborative process between the evaluation team and our programmatic team. As for QPR trainers, Virginia Holland, the coordinator of all programmatic activities, recently conducted a refresher course with the trainers and went over the new revisions to the evaluations. So far, 26 trainings have been conducted with a total of 416 people trained as of August 31, 2009. Trained personnel include foster parents, juvenile justice, DCF employees, mental health staff, community/advocacy agencies, DCPS social workers and truancy officers. There have also been ongoing community outreach efforts to various sectors such as faith-based (i.e., St. Joseph's Catholic Church), education (i.e., Full Service Schools, Florida Community College), and community/advocacy agencies (i.e., Big Brothers/Big Sisters, Women's Center of Jacksonville). Fourteen three-month follow-ups have

been completed out of 41 people who have volunteered to be contacted—these follow-ups allow us to see if the training has led to retained knowledge, and more importantly, change in behavior toward suicidal youths.

Plans: We expect that approximately 500 participants will be trained by the end of September. We will continue training and outreach to targeted sectors; targeting is based on calculated minimum numbers (70) from each sector to be able to detect at least medium effect size difference between sectors. As for three month follow-ups, we are attempting to make contact with participants by mail, phone, or web. One hundred more follow-ups are expected in October. Training observations are also planned and we have added an item to detect if cultural differences are addressed during training. Currently, most trainings are focused on basic presentation, but a planned goal for year two of the grant is for more experienced trainers to start incorporating more cultural adaptations. We now have Spanish QPR materials and are considering monolingual Spanish target groups for next year and potentially a bilingual trainer.

AIM 2) Case Management/Crisis Services:

Accomplishments: We have received crisis call data through August. There was one successful referral to our county case manager and we completed a baseline research interview. The family will be followed up six months later to see if they received mental health services and if the youth improved. Ray Mallari, our county case manager has started an action plan to increase use of the case management service.

Plans: The county case manager will attend more QPR trainings to try to increase utilization of his position. Our crisis support services utilization data will continue being updated every month. In the next few weeks, we are expecting our county case manager to complete and implement his action plan to increase use of his services.

AIM 3) School-Based Prevention:

Accomplishments: QPR Training has already begun in the schools. We are working on developing a list of targeted schools based on a checklist of certain criteria that need to be met. We have also received full approval from DCPS to conduct evaluation in their district with students, parents, and teachers.

Plans: High school evaluations of SOS have been created; we are now in a revising phase to increase readability/ease of use. We will also be proceeding with the DCPS requirements of fingerprinting and background checks on all members of the Florida A.S.A.P. Project.

AIM 4) Family Involvement:

* We are now calling this area Family Involvement in recognition of the fact that many guardians responsible for youths are not necessarily parents.

Accomplishments: We have been working on developing a family guide to suicide prevention. This is currently in the research stage, reviewing other monographs that have been established and meetings with the planning team. We are considering several core elements that may be in separate guides. We plan to target mental health providers, encouraging the use of family members at different levels and targeting families, encouraging involvement at different levels relative to suicide prevention. We also have a new Family Involvement Coordinator and she has already identified 14 family members that have been involved with the Children's Mental Health Coalition to varying degrees over the past year. Her plans are to reach out to all of them when program plans are a bit more fleshed out. At this point, she has confirmation from three key family advocates that are interested in serving in an advisory capacity for the program.

Plans: We are working on defining family involvement activities and creating a strategic plan on what activities can involve family members at different levels. This will go hand in hand with developing the family guide; we plan to match interested family members to different levels depending on their experiences and interests. We are also working on developing an evaluation plan for the family guide to suicide prevention.

AIM 5) Social Marketing:

Accomplishments: A new firm has been contracted—Salter Mitchell, based out of Orlando. We are very happy with them as they immediately created a preliminary action plan. They have already begun individual stakeholder interviews and will be attending our next stakeholders meeting in October to get acquainted with the Florida A.S.A.P. Project. Salter Mitchell has been excellent with communicating with the team.

Plans: Salter Mitchell is in the research stage of the social marketing campaign. They are planning to do focus groups, as well as dyad and triad interviews. This includes interviews to get the “youth” perspective. They are planning to present ideas to our stakeholders in the upcoming meeting in Jacksonville. Afterwards, they are planning to put together a comprehensive strategic plan.

What Makes the Florida A.S.A.P. Project unique from other SAMHSA grants?

While all of our evaluation components are likely to add valuable knowledge to the field, what make our project most unique is the case management and family involvement pieces. It looks as though West Virginia is the only other grantee using this same model of following-up on referred youths, but they don’t have a county case manager. For family involvement, New Mexico has parent advisory boards and some focus on parental awareness and access to services, where we are working on a broader multi-level plan and developing a family guide to suicide prevention. Our evaluation has unique components looking at how training works with our examination of elements of the theory of planned behavior, trainer-trainee relationship, and implementation climate. Our QPR to adult community and agencies is similar in that most grantees are using gatekeeper training (most commonly ASIST and QPR). However, SAMHSA and SPRC like our attention to considering adaptations to evidence based programs to fit our local Florida community needs. In fact, our county case manager is viewed by SAMHSA as an adaptation of QPR to make it more effective in getting youths linked to services. As for SOS to students, with the screening component, several other states are also doing this. Several other grantees are also executing a social marketing campaign. Given all of our elements, our overall suicide prevention program is considered by SAMHSA and SPRC to be one of the most comprehensive. We’re also proud to share that in our most recent update call with SAMHSA and the SPRC they stated that the Florida grantees were unique in that we have amongst the best organization, strategic planning, partnerships, and communication (especially between programmatic and evaluation teams) as has been seen across other funded states.

We are beginning to identify key high risk areas in the state which have highly invested stakeholders who are ready and willing to champion suicide prevention efforts. We have also started an outline for statewide dissemination, focusing on the following sustainability points:

- 1) In order to sustain efforts and disseminate to others, there must be the involvement of various key stakeholder groups; for example, the American Foundation of Suicide Prevention chapter chairs in Florida have been identified as important persons to work with for later dissemination.
- 2) Any effort at sustainability and dissemination should be carefully planned to be carried out in steps—one cannot just disseminate a practice, but must get buy-in, train, and support even after training has been completed.
- 3) One of the important early steps for dissemination is that a community should have a “needs assessment” of major stakeholders. There must be identified areas of risk and lack of services. The results of the needs assessment need to be accepted and internalized by the community. Without this, prevention efforts will be rejected as unnecessary.
- 4) In sustaining or disseminating, the roles for key stakeholders need to be defined and frequency of meetings of key stakeholders needs to be determined at the beginning.
- 5) Between in person meetings, stakeholders at new dissemination sites should have calls scheduled to keep updated with one another.
- 6) Successful dissemination of prevention efforts ultimately reside in the community. Family/community involvement is vital for success.

For more information on the Florida A.S.A.P. Project, contact Dr. Marc Karver at mkarver@chumal.cas.usf.edu or visit <http://www.helppromotehope.com/initiatives/Smith.php>

5. Presentation on Mental Health Parity: Sean Shaw, Insurance Consumer Advocate

We believe that people should not go bankrupt because of health care issues. Sean has written a letter to Commissioner McCarty, Office of Insurance Regulation (OIR) asking how Florida is going to implement mental health parity. Sean Shaw, the Insurance Consumer Affairs will then take this information and educate the public through informative newspaper editorials. Employers should also understand that parity will ultimately save them money in the long run.

Some issues raised at the meeting that will need to be addressed by the Commissioner: 1) What does the federal law require in regards to pre-authorization, 2) Are there too many opt-out provisions so companies will avoid implementing parity, and 3) Does the federal parity bill eliminate state-mandated coverage for autism treatment.

For more information on Mental Health Parity, please contact Sean Shaw at (850) 413-5923 or Sean.Shaw@myfloridacfo.com

6. Gabriel Myers Case: Dr. Jim Sewell, Department of Children and Families

Dr. Jim Sewell is the former Assistant Commissioner of the Florida Department of Law Enforcement, has served as an advisor to the Secretary of the Department of Children and Families since 2007, and headed up the Gabriel Myers work group. The following information was provided by Dr. Sewell on the events surrounding the death of 7-year-old Gabriel Myers.

Gabriel Myers was taken into custody in June 2008. His mother was a substance abuser and she had passed out in her car with Gabriel outside a diner. Gabriel walked into the diner by himself, the police were called. During his time in the DCF system, Gabriel moved around to many different placements and his behavior began to deteriorate.

In the four months before April 16th, Gabriel had been in 3 different homes, lost his toy privileges, couldn't take toys to school, was not allowed to go on the family vacation, and his visitation rights to see his mother had been revoked. He also had episodes at school where he had acted out in a sexual manner with the other children. (Gabriel had previously been abused by a 12 year old boy in Ohio.)

On April 16th, Gabriel was at his foster home with an 18 year old son of the family who was not authorized to be there. The son had fixed lunch for Gabriel who threw it in the trash and then went into the bathroom. The son looked into the bathroom through an outside window and saw Gabriel start to hang himself with an extended shower hose. The son tried to break down the door and called his father, but Gabriel had died. The police investigation is not concluded at this time.

When it was revealed that Gabriel was on several psychotropic drugs at the time of his death, Secretary Sheldon established a work group consisting of Dr. Jim Sewell, Bill Janes, Anne Wells, Robin Rosenberg, Dr. Rajiv Tandon, Mike Haney, Judge John A. Fruscianta, Theresa Flury, and Betty Busbee. The work group met in several different locations around the state and all meetings were open to the public. Three main goals were established for the group: 1) Determine what happened to Gabriel, 2) Examine psychotropics among foster children, and 3) Prevent child on child sexual abuse.

The group produced 148 findings in 10 different areas. The final recommendations have not been issued yet. One major issue they uncovered was that there was inadequate communication between the many services agencies helping Gabriel. For example, his psychiatrist was not talking to his behavioral therapist, who was not talking to his teachers, etc. Gabriel was over-served but in an under-coordinated way. There are too many gaps in the system and Gabriel did not have a champion.

The final report will be presented to the Secretary on November 19th and should be released shortly thereafter. All the materials will be made available on the DCF website.

For more information on the Gabriel Myers investigation and workgroup recommendations, please visit: <http://www.dcf.state.fl.us/admin/GMWorkgroup/>.

7. Florida Suicide Data Presentation: Kyla Shelton, Department of Health

Please see the attached PDF to view the Suicide Data Presentation.

8. Legislation

- Suicide Prevention Education Bill: Erin MacInnes

During the 2010 Legislative Session, the Statewide Office of Suicide Prevention and Suicide Prevention Coordinating Council will again propose legislation that adds suicide prevention education to the list of options that school personnel have when choosing how to fulfill their in-service training. There is no fiscal impact and it does not mandate any training. We are secured Senator Eleanor Sobel as a sponsor and are trying to secure a House sponsor.

It seems that last year there was some misunderstanding about the intent of the bill among a few committee staff that was just brought to our attention. Some believed that the bill was mandating more training; despite how much we explained the training would be optional. The next step is to talk with staff and members of the House Education Policy council to address any misinformation and get their buy-in.

Edited language has been given to Senate bill drafting who may come back with recommended changes. Once we hear from them, we can share the language that will be filed to those who are interested.

Judy Broward and Dr. Gene Cash have actively been participating in this advocacy. If you would like to be included in this please contact Erin MacInnes at Erin.MacInnes@myflorida.com or (850) 922-0498.

Please see the attached handout for additional information on this legislation.

- Substance Abuse Mental Health Crime Reduction Act: Ellen Piekalkiewicz

This bill was introduced during the 2009 legislative session. It looks at a targeted population of individuals who come into contact with the criminal justice system and are incompetent to proceed. This bill will be a DCF priority in 2010.

- Baker Act: Jackie Beck

The Department of Children and Families (DCF) plans to submit a major revision of the Baker Act (Part I of s.394, F.S.) for the 2010 legislative session. The proposed changes aim to strike a balance among civil liberties, mental health needs, and public safety, while using limited resources efficiently. Some highlighted revisions include:

- Show respect for service recipients by adopting person-first language throughout the Baker act (e.g., “individuals” instead of “patients”).
- Allow the court to give a guardian advocate power to consent to medical procedures, including electroconvulsive treatment (ECT), at the competency hearing, instead of requiring a separate hearing on these issues.
- Clarify the scope of the Baker Act by excluding traumatic brain injuries and dementia from the definition of mental illness.
- Protect the safety of the Baker Act service recipients by requiring a Level 2 background screening of all personnel who provide services for mental illness in receiving facilities.
- Expedite the release of individuals who do not need Baker act services by requiring a psychiatric examination within 24 hours of arrival at a receiving facility.

To view the full list of revisions, please see the attached handout. For more information on this bill, please contact Jackie Beck at Jackie_Beck@dcf.state.fl.us.

Jackie Beck and Steve Roggenbaum (FMHI/USF) have been working together to create a suicide prevention training module. Alpha testing has been completed and beta testing will begin soon. The beta test will include a much larger group of testers so Council members are encouraged to participate and provide feedback. The training is free, and CEUs will be offered for \$25. Please contact Jackie Beck if you would like to participate.

9. Yearly Planning Calendar: Erin MacInnes

January 13, 2010- 1:00 PM – 4:00 PM: Suicide Prevention Coordinating Council Meeting, the Capitol, Room 2103

March 23, 2010- 10:00AM – 12:00PM: Suicide Prevention Coordinating Council Meeting, the Capitol, Room 2103

March 24, 2010: Suicide Prevention Day at the Capital

April 21-24, 2010: American Association of Suicidology Conference, Orlando, FL

June 30, 2010- 1:00 PM – 4:00 PM: Suicide Prevention Coordinating Council Meeting, the Capitol, Room 2103

In order to accommodate travel freezes and budget problems, we did not hold a Suicide Prevention Symposium or Prevention Conference this year. We are working on hiring a conference planner to begin preparing for the 2010 conference. Larry Kearley wrote a proposal for the SAMHSA Conference Grant, and we should know by the end of November if we will be awarded. We are working towards a fall 2010 combined conference to be held in central Florida.

MOTIONS:

- Wayne Dreggors made motion to adopt the June 2009 Council Meeting minutes, Bettye Hyle seconded the motion. Motion passed.

NEXT MEETING:

Wednesday, January 13, 2009 Council Meeting 1:00 PM – 4:00 PM, the Capitol, Room 2103.

ATTENDEES:

Allyson Adolphson

Jackie Beck

Judy Broward

Dr. Gene Cash

Marie Dudek

Bettye Hyle

Dr. Marc Karver

Dr. Marshall Knudson (via conference)

Joe Marino

Pam Mezzina

Michele Mule'

Carolyn Riggs (via conference)

Jackie Rosen (via conference)

Dr. Jim Sewell

Tracy Shelby (rep. Dr. Martin Von Holden)

Lorie Simmons (via conference)

Lisa VanderWerf-Hourigan

Frank Zenere (via conference)

Gil Barnes (rep. Pam Denmark)

Andy Benard

Caitlin Burns

Wayne Dreggors

Stacy Howard (rep. Barbara Griffin)

Marlene Jehs

Larry Kearley

Erin MacInnes

Bonnie McClelland

Dee Miller

Ellen Piekalkiewicz

Steve Roggenbaum

Patricia Rutherford (rep. Lee Condon)

Sean Shaw

Kyla Shelton

Dr. Rajiv Tandon

Christina Ward