

# SUICIDE PREVENTION COORDINATING COUNCIL MEETING MINUTES

October 28th, 2008/ 1:00 PM – 4:00PM

The Capitol Building, Room 2103

## FOLLOW UP TASKS:

### **Statewide Office of Suicide Prevention (SOSP):**

- Erin MacInnes will collaborate with Ellen Piekalkiewicz to find an Insurance Commission representative to speak to the Council further about the Paul Wellstone and Pete Domenici Mental Health Parity and Addictions Equity Act of 2008.
- Erin MacInnes will coordinate a 5 workshop suicide prevention track for the Adolescent Conference scheduled for February 23 -25. Topics will include self injury, psychotherapeutic medications, the Baker Act, youth suicide risk assessments, and multi-systemic treatment approaches for youth with substance abuse issues.
- Erin MacInnes will email the Suicide Prevention Resource Center's Media Reporting Guidelines to Bobby Roberts as requested. (COMPLETED)
- The Statewide Office of Suicide Prevention will email examples of our media outreach letters to the Council.

### **Suicide Prevention Coordinating Council (SPCC):**

- Lisa VanderWerf-Hourigan has volunteered to speak with the Department of Health agency heads about partnering with the 2009 Suicide Symposium/Prevention Conference.
- The Council is encouraged to contact Erin MacInnes ([Erin.MacInnes@eog.myflorida.com](mailto:Erin.MacInnes@eog.myflorida.com)) if members are interested in writing a letter of support in our United Way request.
- The Council is encouraged to contact Erin MacInnes with recommendations on whom to approach for funding to continue the Florida Suicide Prevention Implementation Project community efforts.
- The Council is asked to inform the Office of Suicide Prevention of any known conferences that may pose scheduling conflicts with the Suicide Prevention Symposium and Prevention Conference. Please also inform the Office of any conference in which it may be possible to integrate a suicide prevention track or workshop.
- The Council is encouraged to visit the website [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com), review the resources and provide feedback to the Office of Suicide Prevention. The Council is also encouraged to link to the site and inform the Office if you would like to be linked as well. If you would like to join a mailing list to receive notifications when the site is updated, please fill out the form located at <http://www.helppromotehope.com/about/signup.php>.
- The Council is asked to contact the Office of Suicide Prevention with content recommendations for the upcoming two Well Aware issues.
- The Council is asked to send content suggestions feedback on the Annual Report draft once it is emailed out.
- Jackie Rosen has expressed an interest in working with Steve Roggenbaum on the annual coalition meeting of Palm Beach, Broward, and Miami-Dade counties. They are encouraged to contact each other.
- Jackie Rosen requests that the Council contact her with recommendations for organizations/venues to speak about her physician suicide prevention initiative. ([JRosenFISP@aol.com](mailto:JRosenFISP@aol.com))
- The Council is asked to review the Florida Resources Map online at: [http://www.helppromotehope.com/resources/resource\\_map.php](http://www.helppromotehope.com/resources/resource_map.php) and send additions or edits to Allyson Adolphson ([Allyson.Adolphson@eog.myflorida.com](mailto:Allyson.Adolphson@eog.myflorida.com)).
- Steve Roggenbaum is asked to send Jackie Beck the AHCA report on deaths occurring after Baker Act release when it is available. ([Jackie\\_Beck@dcf.state.fl.us](mailto:Jackie_Beck@dcf.state.fl.us))

## 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

**2. Housekeeping Items:** Director Bill Janes

- Suicide Prevention Symposium Recap
- Adopt July Meeting Minutes

Bettye Hyle made motion to adopt the July Council Meeting Minutes; Judy Broward seconds the motion. All in favor, motion passed.

*(Please see attached July Council Meeting Minutes.)*

- National Council on Suicide Prevention Meeting in Orlando *(National update provided by Dr. Dan Reidenberg under Council Discussion section of the agenda)*

### **3. Substance Abuse and Mental Health Parity Becomes Law: Ellen Piekalkiewicz**

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008: This legislation has been in the works for 12 years now and was successfully passed this year. This year the bill had strong support from the business community which helped it pass, but is also why there are some compromises. The law will expand mental health parity and for the first time provides for substance abuse parity. An estimated 113 million Americans and 6 million Floridians will benefit from improved health care coverage. This law will go into effect on October 3<sup>rd</sup>, 2009 but because most insurance plans run on a yearly basis many will begin to see benefits on January 1<sup>st</sup>, 2009. This also includes self-insurance plans.

The law prohibits group health plans for employers with more than 51 employees that offer coverage for mental health and substance-use conditions from imposing treatment limitations and financial requirements on the benefits that are stricter than for medical and surgical benefits. For example, if a physician co pay is \$25 then a mental health/substance abuse co pay must also be \$25 where in the past these specialized services would often cost more. Now these services are more accessible and not a greater financial burden than physical care. However, group health plans can also choose not to provide mental health and substance abuse coverage. This builds upon the 1996 Mental Health Parity Act which provided limited parity for lifetime and annual dollar limits for mental health but not substance abuse treatment.

The new legislation does not impose a requirement as to what conditions must be covered, but whatever is covered must be at parity with medical coverage (except to the extent that state parity law requires broader coverage). This was one compromise that advocates conceded to the business industry, as it was previously asked to cover conditions in the DSM-IV.

A major concern about this legislation is the possibility that physical benefits will be reduced so mental health benefits won't have to be matched. How will this affect the amount of treatment people receive? Employers can choose to provide unlimited visits or none at all. Benefits must be at zero or at parity. Although some people that have benefits currently may lose benefits, the common consensus from the business industry is that this law provides a fair compromise and most providers believe that coverage will successfully continue.

The bottom line is that this is something that we never had before and a huge step for substance abuse in particular. It is better to have passed this legislation with its compromises now, and then go back later to make amendments for true parity. The challenge now is to inform consumers that it is politically incorrect for anyone to be discriminated against receiving mental health or substance abuse coverage. Employees need to be educated and demand from their employers that they include mental health benefits in their insurance plans.

*(For more information, please see the attached information sheet provided by Ellen Piekalkiewicz.)*

### **4. Funding Update: Erin MacInnes**

- Garrett Lee Smith SAMHSA Grant

One of the roles of the Statewide Office of Suicide Prevention is to bring in funding to Florida for suicide prevention. We submitted the Garrett Lee Smith Early Prevention and Intervention of Youth Suicide grant proposal in January and have been awarded the full amount of \$1.5 million over three years. The first meeting with SAMSHA will be held in January. This grant will fund Duval County, one of the pilot sites for the Florida Suicide Prevention Implementation Project so it will be easy to sustain the already established efforts there. Some of the project activities will have statewide applications. Thank you to the Florida Mental Health Institute (FMHI) and the Duval community partners for their participation and support.

*(For a listing of the SAMHSA approved activities, please see the attached Garrett Lee Smith Abstract.)*

- Foundation Grants

In order to fund Pasco (the other pilot site from the Implementation Project) to carry on suicide prevention efforts, we submitted three foundation grants and are waiting to hear back from them all.

A proposal was submitted to the Nick Traina Foundation for \$20K to develop and sustain 2 survivor support groups for at least one year in the Pasco area. We also requested \$15,000 from the Charles Lafitte Foundation, and \$5,000 from Albertsons to conduct widespread gatekeeper training and implement RESPONSE, a comprehensive school-based program that teaches youth tools to enhance their personal competencies and social support resources. Pasco Aware, FMHI at USF, and the Harbor Behavioral Health Care Institute are the community partners in this effort.

We also plan to submit a request to the United Way in Duval and Pasco Counties for funding to sustain the community efforts during the gap in state funding. If you are interested in supporting this effort please contact Erin MacInnes.

- Funding for Florida Suicide Prevention Implementation Project (FSPIP)

The Florida Suicide Prevention Implementation Project is the mechanism by which we implement our state plan at the community level. This project is crucial to sustaining suicide prevention efforts locally and keeping this from being a completely state run initiative.

The funding for the FSPIP that was provided by the Legislature ended September 30<sup>th</sup> and we are looking for \$225,000 to continue this project and expand into other communities. It does not look like we will be able to get this into the Governor's budget under our office, nor into the DCF budget until FY 2010/2011. We have been told by the Legislature that they will not accept another CBIR either, so private funding is the only way to continue this project. Erin MacInnes has sent out a few requests to private organizations but no response yet so it is critical to pursue other options. Any recommendations on whom to approach are greatly appreciated.

## **5. 2009 Suicide Prevention Symposium: Bill Janes**

- Council Recommendations

The Council was asked to provide feedback on the 2008 Suicide Prevention Symposium and Prevention Conference. Comments and brainstorming included:

- > On behalf of the Office: This year scheduling issues were in place that caused conflicts with the Jewish holiday. This is unacceptable and will be remedied in the future.
- > The Symposium was excellent. The people who attend are always very invested; the sad part is that more people couldn't be there due to budget constraints. Many have been directed to the conference website to take advantage of the content posted there. The Symposium doubled nicely with the Prevention Conference, an event that is amazing in its own right. Maybe next year, instead of having separate conferences with one day of overlap it could just be one big event with complete overlap, a true prevention conference.
- > The combination of conferences was a great way to save money and increase knowledge. With these economic times, we should begin looking at ways to make this a universal prevention conference including

both intentional and unintentional forms of injury and violence. Taking this approach spans across generations and all spectrums of prevention. In the future, we should incorporate more health issues, taking a mind and body holistic approach. This also provides possibility for more constituent attendance.

- > Another area to tap into is women's health. The current women's conference includes very little in the way of suicide prevention, mental health, or substance abuse and it would be great to include the viewpoint of how these issues impact women. Women are pivotal players in all health because they influence children, spouses, friends and co-workers.
- > The plenary speakers were exceptional and did a remarkable job. This year the first day plenary focused on suicide prevention while the second day plenary focused more on prevention. A concern in doing only one large conference is designing both plenaries to give a broader focus to each session. We will need to look for less silo-minded speakers and seek those who can speak to the broader vision.
- > This year, on the overlap day we had approximately 750 people seated at lunch when normally there would be close to 1,000. We need to be cognizant of these financial issues and the Council is needed to mobilize and bring more people to these conferences. Orlando is a premier spot to hold conferences but there are also stringent contracts to be met, seats to be filled, and a great deal of up front risk. Despite this, it is still important to hold these conferences and combining them provides potential for huge impact emotionally and educationally.
- > From the viewpoint of those who traditionally only attend the Prevention Conference, many were pleased to have such a wide selection of workshops they were interested in on the day of overlap. Likewise with traditional Symposium attendees.
- > In the future, we need to find better ways to market this event. If more people understood the value of the content they would be more likely to attend. We also need to draw in more businesses from the private sector that can contribute to our efforts.
- > Although the planning committee was very helpful, the pragmatic aspects of registration need to be improved in the future. Many experienced difficulty with the website and web applications.

Dr. Martin Von Holden made motion to charge Erin MacInnes and Bill Janes, dependent on funds, with holding the Suicide Prevention Symposium and Prevention Conference together with a component embracing women's health, accidental and intentional injury, and including the Department of Health in planning; Jackie Beck seconds the motion.

The Council made note that religious holidays are avoided in the scheduling.

All in favor, motion passed.

- Attendance Commitment

Please continue to encourage attendance at these conferences. Your participation is crucial to the continuation of these events. We will work to make it as affordable as possible. Please email Erin MacInnes with any conference that may pose scheduling conflicts so we do not double book.

We would also like to be informed of conferences in which it may be possible to integrate a suicide prevention track or workshop. It is important to weave a holistic approach into every conference. From treatment to universal prevention to changing norms within communities everything is tied together.

## **6. Existing Initiatives:** Erin MacInnes

### Public Awareness

- Suicide Prevention Website

We have launched our new website [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com). It is designed to be used by the Council, school personnel, state agencies, community members, faith-based organizations, employers and others as a resource for suicide prevention. The primary goals of the website are to: build collaboration and facilitate cooperation between the State and communities; assist in the implementation of the *Florida Suicide Prevention*

*Strategy*; ensure accessibility to suicide prevention resources statewide; and provide updates to the public on current initiatives and activities overseen by our office and the Council. You received an email that included some instruction on how to navigate through the site. We encourage you to look through the site and become familiar with the resources on there. Specifically, please note that under the Events section you can see future Council meeting dates, times, and locations. Check back frequently because we will also be posting education tools for public use.

- Well Aware Issue 3

Well Aware is our campaign aimed at dispelling stigma and lowering resistance on the part of school administrators to implement suicide prevention programs. This is done through the creation and distribution of a bulletin designed to educate them on the link between academic achievement and suicide prevention by fostering resiliency, enhancing coping skills, and deterring violence. Issue 3 was delivered to schools mid-September. Please note there is a small typographical error on the first page – instead of reading 43,000 it should read 343,000. This was corrected on the electronic version but is still present on the printed version.

We are planning to continue this initiative for two more issues since we have received such a positive response from schools. We are developing content for the next two issues now. Please contact the Office of Suicide Prevention if there is something you would like to see in these issues.

*(Please see attached Well Aware Issue 3.)*

- DOC Educational Campaign Newsletters 8, 9, and 10

This campaign was run in collaboration with the Department of Corrections to educate their employees about suicide. It has three components: training in assessing suicide risk for direct care staff; dissemination of public awareness materials; and distribution of monthly educational newsletters. The campaign will end in December but we are going to develop the public awareness pieces and make them available on our website. Everyone is free to use these pieces and integrate them into newsletters, websites, etc.

*(Please see the newsletters for August, September, and October.)*

The Statewide Office of Suicide Prevention had an editorial in the Tallahassee Democrat on October 13<sup>th</sup>. This piece was to let people know that in times of economic stress there are resources available and we were able to promote the new website.

*(Please see the attached article “Economic crisis demands more attention to mental health”)*

### Education and Training

- Medication Adherence Project

Florida was given a grant by Noven pharmaceuticals for a medication adherence project. NAMI and the Florida Psychiatric Society are taking the lead on a project which aims to educate physicians and patients on the importance of medication adherence to reduce the suicide risk. We need to teach doctors how critical it is to closely monitor patients during the first few weeks of taking a new medication. The project will develop a tool for physicians and another one for patients to educate them on the importance of taking psychotropic medications as instructed. A group of experts are currently developing content; the tool will be developed, printed and disseminated this spring.

- AMSR Training

Part of building capacity is educating professionals and increasing their competency to assess suicide risk. The day before the Symposium we hosted the Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals (AMSR) training created by the Suicide Prevention Resource Center and the American

Association of Suicidology. Maureen Underwood was the trainer. Both she and the training overall received very positive evaluations. A list of the people who are now officially certified in this training can be found at <http://www.helppromotehope.com/initiatives/capacity.php>

## **7. Planned Initiatives:** Erin MacInnes

- Media Response Effort

Another component of our state plan is educating the media on responsible coverage of suicide to not only create awareness, but reduce the risk of contagion. We have begun proactively reaching out to various media outlets educating them on how to responsibly cover the topic and we have letters that we send to reporters and editors each time they run a piece on suicide. If they have done a good job, we congratulate them and thank them for their advocacy and if there were some ways they could have improved their article they receive a different letter that addresses how they might change and report in the future and links them to a media reporting guidelines guide.

*(Please see two attached media letters.)*

- Annual Report

We are currently drafting the 2008 Annual Report for the Office and Council which we will turn in to the Governor and Legislature mid December. Allyson will be emailing out a draft to the Council for edits in the next few weeks. Your feedback on this is appreciated.

- Planning for Suicide Prevention Day Begins in December

Allyson Adolphson will be heading up this event again in 2009 and we are open to changes in how we have done things in the past. April 22<sup>nd</sup> is currently the scheduled day but we are considering holding a few events instead of just the one press conference, or maybe on a weekend or evening event to allow for more folks to attend. Please note that this is the week after the AAS conference. In November, an email will be sent to the Council to see who is interested in being on the planning committee. Please also check out the press conference video from Suicide Prevention Day 2008 on our website [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com) under Archived Events.

## **8. Florida Suicide Prevention Implementation Project: Duval and Pasco Communities:** Steve Roggenbaum

The Florida Suicide Prevention Implementation Project (FSPIP) was an allocation from the Florida State Legislature that began in June 2007 and was supposed to run for 12 months, although they were able to stretch the funds until September 30<sup>th</sup>, 2008 so it lasted a bit longer. This project consisted of several initiatives that the Council was included and updated on such as the brainstorming and concept-mapping process which led to an awareness brochure with a call to action for individuals and groups to begin advocating for suicide prevention. A Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR) training workshop was funded and organized through the FSPIP to enhance capacity for Florida clinicians. It also helped to fund the Well Aware campaign through paying for the printing and distribution of two issues.

The FSPIP team worked with two counties, Pasco and Duval, which were selected by the Council to begin piloting community efforts. They worked with Pasco's coalition, Pasco Aware, to help expand their base, re-energize and start tackling issues again. Some of the materials used with the Coalition are available on the project website including sample newsletters that they used to sustain attitudinal changes within the group. Pasco-Hernando Community College in Pasco County is now considering submitting a Garrett Lee Smith Campus Grant proposal. In Duval County, the FSPIP helped to identify key individuals who then formed a task force by combining existing groups who now meet on a semi-regular basis. The hope is that each community can keep building on these experiences, use their tools, and adapt as needed and move ahead with suicide prevention actions and activities despite the funding for this project having ended. This preliminary work sets up Duval County to hit the ground

running and Pasco has plans to continue meeting and sustaining their efforts. Pasco recently held suicide prevention week activities and garnered a wonderful turnout which is a promising sign for the future.

Please note the Lessons Learned section on page 19 of the Final Report. These were primarily written through the work with the pilot communities. The Council had performed an unofficial assessment in selecting the pilot communities labeling one “ready” and the other “not ready”. In the future this assessment needs to be more thorough because the reverse of what was suspected came to be true. When developing relationships for coalition building, being invited into the community is critical to success. Obviously, it is much easier to enter a community where relationships are already established. Flexibility and the ability to look at issues from many perspectives is essential. It is also paramount that each community have a champion – someone who can do a lot to drive suicide prevention activities forward, someone who is heavily involved in advisory board and other activities, someone that people will listen to. This also ties into issues of sustainability because eventually old leaders move on and new champions need to emerge. Finally, collaboration is key. You have to meet folks halfway and find ways to integrate your efforts into the systems that are already in place.

Currently the project website is still up and running. The tools on this website can be used by any community and people can move ahead. Although the project is not funded, these efforts can still move forward.

The Statewide Office of Suicide Prevention and Suicide Prevention Coordinating Council formally thank the project team and the Florida Mental Health Institute for their efforts.

*(Please see the attached Florida Suicide Prevention Implementation Project: Final Report, also available on <http://preventsuicide.fmhi.usf.edu>.)*

## **9. Yearly Planning Calendar:** Erin MacInnes

October 29 – November 1, 2008: Florida Association of School Psychologists Conference; Orlando

November 22, 2008: National Survivors of Suicide Day

January 29, 2009: Council Meeting 1:00 PM – 4:00 PM, Leon Human Services Conference Center, Tallahassee, FL

April 15 – 18, 2009: American Association of Suicidology Conference

April 22, 2009: Suicide Prevention Day at the Capitol

Early May 2009: Future Council Meeting

## **12. Council Discussion**

- National Update: Dr. Dan Reidenberg (*submitted via email*)

1. The National Council for Suicide Prevention (NCSP) met last week in Orlando, Florida. Dan Reidenberg will continue as the Managing Director of the Council.

Following up on the presidential survey, Senator Obama did not respond and Senator McCain did only to say that he does not respond to surveys. This was disappointing because we sent the survey electronically and hard copy to several people within each campaign. The NCSP will develop a plan for working with the new administration in 2009 so that suicide prevention becomes a higher priority.

The NCSP also met with Dr. Tom Insel, the head of the National Institute of Mental Health (NIMH). We shared with Dr. Insel that we were disappointed the word suicide was only listed in the NIMH Strategic Plan document one time and that after a review of the NIMH grants, we felt more needed to be done in suicide prevention. (NIMH currently spend \$36 million of a \$1 billion on suicide prevention.) Dr. Insel was very nice and receptive and agreed to talk more about suicide in the future and work with the NCSP on future research grants and issues.

NCSP is meeting with the Federal Work Group in December to discuss various federal agencies responses to the National Strategy.

Some great news is that the long-awaited Action Alliance is now a reality! SPANUSA and the SPRC will lead this project. Phase I will include a meeting held in early December to determine participants; a review of the country will take place in January/spring and a report will be produced in summer 2009. Phase II will be implemented beginning in 2010.

2. As most know, Mental Health Parity passed, however it's a long way to being implemented and tested. This will take a period of years and basically all boils down to if a company offers mental health coverage it must be at the same level as other medical illnesses. Several national agencies are looking at ways to develop response plans to companies that may now drop mental health to save money.

3. The National Suicide Prevention Lifeline selected a new steering committee and members of sub-committees. To learn more about those selected please visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

4. Many of the national experts have been interviewed by the media recently on the economy and its impact on suicide. The bottom line is that we simply don't yet have enough information to say what the downturn in the economy might do to the suicide rates. All of the data, including what was released last week, is from 2004-2005 and reporters should not connect those numbers with the current economic crisis. There is anecdotal information and reports about the financial impact on people, but there isn't any hard data to refer to yet. Probably the best we can say is that there is information to suggest that those more vulnerable and/or impacted greater by this may be at greater risk, but necessarily saying they will die by suicide isn't substantiated.

5. The Golden Gate Bridge barrier will finally be installed! After many years the location in the world with more suicides than anywhere else will get a mesh, stainless steel next that will be installed. This may take years as they first need to raise the \$40-\$50 million needed for the project.

6. The National Violent Death Reporting System (NVDRS) did not receive enough support in the Senate for additional funding for FY09.

- Physician's Initiative Update: Jackie Rosen (*impromptu, not noted on previous agenda*)

At the July 2008 Council meeting Jackie Rosen proposed an initiative to education family physicians on suicide prevention and suggested that screening become a mandatory state law. Since that meeting, Jackie presented to a meeting of 200 osteopathic physicians on how they can approach their patients in a quick way and two possible scales they could use. The physicians responded with tremendously positive feedback. One physician noted that one question every doctor should ask their patient is "Have you thought of hurting yourself?" Often patients will just gush open because they have been waiting for someone to ask that question. This needs to be incorporated into how we can educate physicians. The Florida Association of Family Physicians currently have three conferences but no suicide prevention component – they will contact her to speak if this changes. Jackie is currently writing a grant to get travel money to promote this initiative.

Jackie is requesting help in contacting organizations about this initiative. We know that 45 percent of people who die by suicide have seen a physician within a month of their death. It is critical to find a way to impact not only general physicians but pediatricians, gerontologists, nurse practitioners and more. One problem to tackle is dealing with insurance and the amount of time spent with patients. We need to come up with a quick way that physicians can screen their patients and ask people the right questions. Another issue is teaching physicians how to talk with other physicians about this problem, how can they take care of each other? The Council raised another concern that after a screening is done, there is no community safety net to take care of these patients, there is simply no where to go. Available referrals and resources are simply lacking – patients need to have access to specialists when the physicians deem it necessary, not after being on a waiting list for three months. The Statewide Office of Suicide Prevention offers a statewide resource map on their website. Additions and edits to this list are welcomed and encouraged.

The American Association of Suicidology is developing a training that will be available in January that covers this issue from a task force perspective and offers CMEs. The training will be web-based and offered at set intervals throughout the year.

- Veterans Update: Joe Marino (*impromptu, not noted on previous agenda*)

Since the last Council meeting, a group of 12 people went to Bethesda, Maryland for a meeting organized by the Substance Abuse and Mental Health Services Administration and the Department of Defense to assist states in what they can do for veterans in need of substance abuse and mental health treatment. Our group represented five state agencies, included Doug Leonardo from Bay Care, and a returning veteran. The meeting lasted three days; one conference style day and the next two in group discussion for action planning. The two following months were allotted for each state to finish an action plan. Last week Florida's action plan was submitted, focusing on outreach, continuum of care, funding, and public and private support. Although the SAMHSA imposed requirements are completed, the state group will continue to meet in an effort to move this plan forward. They will be meeting with Admiral Collins to continue this over the next year.

- Baker Act Update: Jackie Beck (*impromptu, not noted on previous agenda*)

The Senate Committee on Children, Families, and Elder Affairs just released their Interim Report "Review of the Baker Act" with two main considerations. 1) The Baker Act should be more lenient and include a need-for-treatment clause which would allow someone to be involuntarily committed if they fail to see their need for treatment but there is no imminent danger present. The report also cited case law that supports reasons for the Baker Act remains the way the currently stands – to protect individual rights. There is discussion of possibly considering this new clause just for at-risk young adults, mainly in the 18-21 age groups. Many of this age are considered an adult but are often still claimed as dependents. 2) On a court order, the judge should be able to consider the individual's past behavior. Currently, judges can only consider recent behavior, but this addition would broaden the scope to consider, for example, behavior that occurred 10 years ago.

The Department of Children and Families is has submitted suggested revisions to the Baker Act, specifically Chapter 392, Part 1, but hasn't heard anything back yet. Some suggestions include the re-writing of the involuntary exam section paying attention to making the language more respectful and that during notification parents, guardians, or guardian advocates are told immediately. Another change is that Baker Acts can no longer be open-ended, there must be a time frame for how long the Baker Act can last; 14 days is suggested. It is suggested that the state attorney has access to mental health records but not ancillary records. Currently, during child voluntary hearings, the parent must give consent – this will be replaced by a clinical evaluation. There are some other revisions such as striking obsolete language and clarifying things that are confusing. Hopefully these changes will be passed this session; the revisions are moving parallel to the semi-interim report.

A workgroup met last week with representatives from CSU receiving facilities all over Florida to examine medical exclusionary criteria. CSUs are publicly funded, freestanding facilities often not associate with particular hospitals and there are some limits on what they can handle for medical issues. This meeting tried to come up with some guidelines and it was determined that they need to be determined on the local level dependent on each CSU's staffing capabilities. The CSUs and hospitals will have to work together to decide when it is appropriate to refer. A report from this meeting is in the final stages.

Steve Roggenbaum reported that he is currently working with AHCA to determine the number of deaths occurring 4 days to 4 years after a Baker Act admission among the Medicaid population. This report is not yet released.

*(Please see attached Senate Interim Report Review of the Baker Act and Summary of DCF Proposed Chapter 394, Part 1 Changes for 2009 Legislative Session. Please note that this is draft language ONLY, and it is not necessary to advocate with your legislators until the bill is sponsored.)*

- The Office of Program Policy Analysis and Government Accountability (OPPAGA) Report : Erin MacInnes (*impromptu, not noted on previous agenda*)

OPPAGA is the government agency who provides oversight for the legislature. The Statewide Office of Suicide Prevention submitted a full formal report on everything that we have done since May 2007. The report included everything from statewide initiatives, to how we spend our day, to how we interact with DCF. Our main focus was that integration is key. This was a good opportunity to educate the legislature on our suicide prevention efforts; they were particularly surprised that we are able to do so much with out budget. OPPAGA had some follow-up questions but overall seemed very happy with the work the Council has done. They did not express a desire to interview Council members at this time.

- RCPI Grant: Teresa Tate (*impromptu, not noted on previous agenda*)

The Florida Regional Community Policing Institute (RCPI) received a \$391,531.00 grant from the Bureau of Justice Assistance (BJA) and Department of Justice (DOJ) to conduct a national law enforcement suicide prevention training program in various regions of the country. It is anticipated that the training programs will begin in 2009.

### **MOTIONS:**

- Bettye Hyle made motion to adopt the July Council Meeting Minutes; Judy Broward seconds the motion. All in favor, motion passed.
- Dr. Martin Von Holden made motion to charge Erin MacInnes and Bill Janes, dependent on funds, with holding the Suicide Prevention Symposium and Prevention Conference together with a component embracing women's health, accidental and intentional injury, and including the Department of Health in Planning; Jackie Beck seconds the motion. All in favor, motion passed.

### **NEXT MEETING:**

Thursday, January 29th, 2008 Council Meeting 1:00 PM – 4:00 PM, Leon Human Services Conference Center

### **ATTENDEES:**

Allyson Adolphson

Jackie Beck

Judy Broward

Judy Buonauro

Pam Denmark

Marie Dudek

Nancy Hamilton

Bill Janes

Gwen Johnson (rep. Lee Condon)

Erin MacInnes

Michele Mule

Carolyn Riggs

Bobby Roberts

Jackie Rosen

Mark Thomas

Dr. Martin Von Holden

Rene Barrett (via conference call)

Brittany Berkin (rep. Barbara Griffin)

Frank Buonauro

Dr. Gene Cash

Wayne Dreggors

Senta Goudy

Bettye Hyle

Marlene Jehs

Dr. Marshall Knudson (via conference call)

Joe Marino

Ellen Piekalkiewicz

Kim Riley (rep. Pam Denmark)

Steve Roggenbaum

Teresa Tate (via conference call)

Lisa VanderWerf-Hourigan

Frank Zenere (via conference call)