

# SUICIDE PREVENTION COORDINATING COUNCIL MEETING MINUTES

June 23, 2009/ 1:00 PM – 4:00 PM

The Capitol, Room 2103; Tallahassee, Florida

*This meeting was recorded by the Florida Channel.*

## FOLLOW UP TASKS:

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

- The SOSP will follow-up with Dr. Gene Cash on ideas for bill sponsors in 2010.
- For the next meeting, a presentation will be arranged from Department of Insurance or Insurance Commission to educate the Council on mental health parity and its effects.
- The SOSP will work with Pam Mezzina and Dr. Jay Reeve on formalizing a response team to assist Leon County after a suicide.

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

- The Council is asked to provide recommendations and ideas for bill sponsors for the 2010 legislative session.
- Please provide suggestions for future web-training topics.
- The Council is encouraged to make content suggestions on the SOSP website, <http://www.HelpPromoteHope.com>.
- Larry Baxter may contact Kate Lyon ([Kate.Lyon@dcf.state.fl.us](mailto:Kate.Lyon@dcf.state.fl.us)) at the Department of Children and Families for access to the report released on senior living communities to be released in October by the National Association of State and Mental Health Program Directors.
- Jackie Beck asks that the Council members assist by testing suicide prevention training modules and provide feedback before it is available to the public. An invitation to do so (with instructions) will be sent through the SOSP within the next month.

## AGENDA ITEMS AND NOTES:

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

- Myron L. Rolle Wellness and Leadership Academy

One hundred Florida foster children between the ages of 12 and 14 spent June 15-19 at the first ever Myron L. Rolle Wellness and Leadership Academy at Camp Blanding, in Starke, Florida. The teens participated in wellness and leadership activities in a camp-like setting led by nationally recognized athletes and volunteer mentors, including Myron Rolle, a Florida State University (FSU) graduate, Seminole football All-American and Rhodes Scholar. The academy included instruction, personal interactions, leadership opportunities and age-appropriate events. The camp was designed to be fun and educational, and to provide a stepping-stone to the future.

This camp is of particular interest to the Council, because one of the foster children participating at the camp attested that he had previously been considering suicide, but had been inspired by the camp to see that his life was worth living. This is just another example of how suicide prevention can be incorporated at all levels through social connectedness, support networks, strong leadership, coping skills, and resiliency.

*Please view the attached video file to see Department of Children and Families Secretary George Sheldon rappelling over a 50 foot wall.*

**2. Follow Up Items:** Director Bill Janes

- Adopt January 2009 Meeting Minutes

Ellen Piekalkiewicz made motion to adopt the January 2009 Council Meeting minutes, Steve Roggenbaum seconded the motion. All in favor, motion passed.

- Legislative Charter for Suicide Prevention Coordinating Council

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 our website (<http://www.helppromotehope.com/about/spcc.php>). This form may be submitted to Erin MacInnes by email ([Erin.MacInnes@eog.myflorida.com](mailto:Erin.MacInnes@eog.myflorida.com)) or in person at coordinating council meetings.

*Please see the attached Council Recommendation Form.*

### **3. Legislation Session Debrief**

- Prescription Drug Monitoring Program: Bill Janes

The Prescription Drug Monitoring Program Bill passed in the Senate 36-0, and in the House 113-10. Mr. Claude Shipley was integral in getting this legislation passed. The Office of Drug Control is pleased to move forward in implementing this program.

This legislation creates a prescription drug monitoring program that will reduce the time for pharmacies to report from 35-15 days, requires a PDMP Implementation and Compliance Workgroup, and requires an annual plan to Governor Crist, the President of the Senate, and the Speaker of the House of Representatives regarding implementation and compliance. The prescription drug monitoring database is HIPAA compliant; only physicians and pharmacies will be able to access the database.

Prescription drug deaths are those caused by benzodiazepines, carisoprodol/meprobamate, and all opiates except heroin. People abuse prescription drugs for a number of reasons: to produce euphoria and ease pain, depression and anxiety; curious or risk-seeking behaviors in an attempt to alter consciousness; and the mistaken belief that prescription drugs are safer because they have legitimate legal uses, just to name a few. Individuals obtain prescription drugs for abuse through doctor and pharmacy shopping; illegal purchases without a prescription over the Internet; unscrupulous doctors who, knowingly or carelessly over-prescribe; channels of the black market; the medicine cabinets of family and friends; stolen, forged, counterfeit, or altered prescription forms. In 2007, prescription drugs accounted for 8,735 occurrences where there was the presence of a drug found in a decedent, (the prescription may or may not have been the cause of death). When alcohol is excluded, prescription drugs account for 69% of all drug occurrences in the Medical Examiners Report. Prescription drug diversion costs lives, increases crime and misery from drug addiction, and accelerates costs connected to treatment, medical expenses and Medicaid fraud.

- Suicide Prevention Education; Veterans’ Initiative: Erin MacInnes

For the second year, the Statewide Office of Suicide Prevention proposed a suicide prevention education bill (SB 2008). This legislation adds suicide prevention education to the menu of option provided to teachers by school districts when determining how to fulfill in-service training requirements. The training is not mandated, so there is no fiscal impact. Other states have passed legislation that mandates the training; however, this was not feasible for Florida because of the existing Department of Education system. The SOSOP has already been working with school districts to make them aware of free online trainings that we have approved. Two are currently available to anyone on our website, [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com).

Unfortunately, this bill did not pass this year. The House and Senate sponsors that confirmed with us last year had to back out at the last minute due to other responsibilities. We were able to secure Senator Deutch as a sponsor but it was too late to transfer the bill in the House because the bill drafting deadline had already passed. The tactic then was to amend the language onto one of Senator Fasano's education bills, and he was amenable to that. That problem was that his bill was not moving in the Senate, and despite his and our efforts; the chair of its first committee did not want to hear Fasano's bill.

We are currently looking for House and Senate sponsors to reintroduce this bill in 2010. Marlene Jehs has offered to talk with Representative Hooper in her district about sponsorship. The Council is asked to provide recommendations or ideas for sponsorship. Dr. Gene Cash has offered to follow-up with the SOSOP to recommend possible sponsors.

The Veterans' Initiative (SB2462 and HB1443) did not pass largely due to that fact that we'd have to find money to fund it. We are still moving forward encouraging communities to implement the strategies outlined in the bill with grant money that has recently become available.

The bill would have put into statute a proposal which aims to reduce suicide and increase access to mental health services and supports for veterans and their families through a comprehensive, holistic approach implemented in community-based settings. It focuses on prevention, outreach, assessment, referral and linkage to veterans in need of services and supports.

This proposal is a step forward implementing the Green Paper that the Department of Children and Families and the Department of Veterans Affairs release in January, which outlines areas where services for vets need to be strengthened, what might be done to improve care for veterans and their families and emphasizes the need for communities to be a part of the safety net for vets—it shouldn't be and it can't be up to the VA to meet all the veterans' needs.

- Coverage for Mental Health and Nervous Disorders/MH Parity: Ellen Piekalkiewicz

A bill was introduced this session for state mental health parity and substance abuse treatment services. It did not pass or receive a hearing, although Senator Crist has indicated he would like to introduce it again next year. In every state with a mental health parity law, the grassroots effort has been extensive. Florida too will need an intense grassroots support; it must be made a priority for the state. At this time, over 40 other states have some form of their own parity bill.

An article published by Florida Health News, "Docs protest Blues' new rule (available at <http://www.healthnewsflorida.org/index.cfm/go/public.articleView/article/12528>) states that, "Blue Cross and Blue Shield of Florida has ordered mental-health providers who treat their company's patients to begin getting permission before doing so if they want to get paid." Essentially, psychiatrists are now required to receive higher authorization before administering mental health care. Many psychiatrists are upset by this rule and protesting the change. Other BCBS physical procedures also require prior authorization, such as a radiology exam, etc. This change does not affect primary physicians who will not have to seek authorization to administer mental health care. This creates a concern that more people will go to their primary doctor for care, when many general practitioners do not have the sophisticated, intricate knowledge of a psychiatrist.

The new authorization paperwork is 4 pages long. As a result of this change, some mental health agencies are deciding to no longer accept BCBS.

State mental health parity is needed to supplement the federal legislation already in place, set to take effect in January. For example, federal legislation only provides parity for employers with over 50 individuals; state parity would cover companies with less employees. Although it is a major step forward for substance abuse parity to be mentioned in law, the federal legislation just provides a baseline for the progress that needs to be made. Hopefully, the federal parity law currently in place will make legislators more attuned to what is needed in future mental health and substance abuse parity packages.

Jackie Beck made a motion for the next Suicide Prevention Coordinating Council meeting to include a presentation from the Department of Insurance on substance abuse mental health parity; Dr. Martin Von Holden seconded the motion. All in favor, motion passed.

- Discussion of 2010 Legislative Priorities and Plan

This year, Judge Steven Leifman's Substance Abuse and Mental Health Crime Reduction Act did not pass. This core issue was funding implications. The Department of Children and Families will continue to work with Judge Leifman on this legislation next year, likely as its number one priority. This bill translates deep end funding to the front of the community, and helps to address the continuum of care for those in the child welfare system, veterans, addicts, and other priority populations.

#### **4. National Update: Dr. Dan Reidenberg**

Congratulations to the Crisis Center of Tampa Bay who was awarded by Non-Profit of the Year by the Tampa Bay Business Journal. Kudos especially to Debra Harris of the Crisis Center, who is a member of the National Suicide Prevention Lifeline Steering Committee.

The Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) is scheduled to come out in a few years. A lot of work is being done nationally to have suicide included in some form or fashion. Currently, suicide is listed as a symptom of mood disorders. Work is being done with the American Psychological Association to have suicide categorized separately, possibly to codify that specifically or presently upon diagnosis, or possible as an adjunct diagnosis. Dr. Jan Fawcett did discuss the idea of suicide being added to the DSM-V, which shows hope for the future, however there are still issues to work out such as reimbursement rates, stigma, etc.

Garrett Lee Smith Youth Suicide Prevention and Early Intervention grant funding was reauthorized at an appropriation of \$40 million. Grants awards will be announced in August or September for a similar amount to Florida's award of \$1.5 million over a period of three years. \$315 thousand dollars was allocated for the National Violent Death Reporting System in 17 states. The National Suicide Prevention Lifeline also received \$4.5 million to continue that program. Three million was given to Indian Health Services for Indian suicide prevention across the country. The Indian Health Service has created methamphetamine and suicide treatment protocol. A toolkit is available for substance abuse and suicide centering on the American Indian population (<http://library.sprc.org/item.php?id=659>)

The National Suicide Prevention Steering Committee recently met in Washington. Calls to 1-800-273-TALK continue to rise and is now at 50,000 calls per month. The Veterans Lifeline received approximately 11,000 calls per month, totaling about 61,000 calls. There is also a significant increase in people calling the 1-800-SUICIDE, although this line is likely to end in August of this year. A study is underway to determine if the names of the hotlines (suicide vs. talk) play a role in people choosing to call. So far, it seems that those in imminent distress will call the 1-800-SUICIDE line first, and others will choose the Lifeline. Despite this, the number of reported rescues (when someone is sent to do a health and welfare check) is about equal.

Phone numbers that include letters are called vanity numbers. Unfortunately, the design of more technologically advanced phones (such as Blackberrys), does not allow people to dial vanity numbers, only numerical numbers. The

government is slowly going to begin eliminating vanity numbers from government sources – so in the future you will be seeing 1-800-273-TALK promoted as 1-800-273-8255 and the letters will slowly be removed.

SAMHSA is concerned about the economy and people's well-being. Anecdotally from the National Violent Death Reporting System, suicide and suicide attempts appear to be on the rise raising concern over the need to find more funding for crisis centers within hospitals and communities, and especially the National Suicide Prevention Lifeline. The White House currently receives approximately 30 letters per week indicating someone is suicidal, which is an increase over the previous administration. The Lifeline receives these letters and responds within five days.

The National Association of State and Mental Health Program Directors has developed a toolkit for senior living communities to be released in October. With Florida's elderly population, this may be of use within the state. The Suicide Prevention Resource Center has also has a new tool for rural primary care. As studies have indicated, primary care is the main source of education in these areas, and consistency is key.

*(To view the toolkit for rural primary care, please visit <http://www.sprc.org/pctoolkit/index.asp>)*

As part of the National Strategy for Suicide Prevention, the Action Alliance is quickly moving forward. Surveys have gone out to providers and key informant interviews have been conducted. There are eight core areas that the scan is investigating including cultural competency issues, coordination of care, public perception and awareness, and training and research. The scan is looking at what programs have been started or tried and reported on. This survey should end in July with a report coming out in August or September that will delineate what programs exist with evaluation to support its work. This will also set up a framework for ongoing public and private partnerships to manage suicide prevention. It will be less of a government run group, but still comprehensive.

About three years ago SAMHSA talked about funding a television commercial for teenagers that is just now getting underway. This has taken several years because of the nuances of creative effective messaging. The new media summit and the Ad Council, partnering with Inspire USA, have a creative brief for the new campaign. A website is in development for troubled youth who are considering suicide or have some other mental health issue. This idea was a springboard from youth surveys that indicated youth are looking for resources in new media and new technology. Young adults are looking for help, especially peer run, in new media like social-networking sites such as Facebook, Myspace, and larger social blogging sites.

Dan Reidenberg will be heading a media taskforce over the next eight months to revise and update the current media reporting guidelines. These will be broadened to include new media, as many people are receiving their information in this new fashion. Radio, TV, and billboards are becoming less and less effective; whereas internet advertisements are having more impact for raising awareness of mental illness.

The U.S. Preventative Services Task Force is now recommending annual mental health checkups with physical exams. Talk at the national level indicates that there will soon be broader support for screening programs that many have already fought for in the past.

Money still continues to be issued in support of military suicide prevention program – suicides are now at an all time high of 20 per 100,000. Another \$50 million was disseminated among the various branches. The Department of Defense continues to communicate with experts such as Dr. Aaron Werbel on how to help returning veterans in particular, such as more monitoring after discharge, not just during the first and third weeks. The most recent research shows that calls and letters are the most effective methods of reaching out.

Indian Health Services has announced competitive grant applications for the Methamphetamine and Suicide Prevention Initiative (MSPI) for American Indian and Alaska Native Youth (MSPI-Y). The purpose of the MSPI-Y is to expand community-level access to effective methamphetamine and suicide prevention programs through Tribal, youth-residential, transitional/discharge, and aftercare services. Resources will enhance existing transitional/discharge, and aftercare programs with a specific focus on methamphetamine and suicide prevention.

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

Please note that all of these updates tie back to the legislative mandate of the Office and the Council. We are charged with developing a statewide plan to reduce suicide in Florida and implementing it with \$138,000 (8% cut). It's helpful to keep what we are doing in perspective by continually relating it back to the *Florida Suicide Prevention Strategy*. The following updates are broken down by Areas of Focus in the Strategy, which are public awareness; education and training; screening and intervention; addressing treatment needs; creating safer environments; postvention and research. The first two updates are listed under capacity building which, while it's not an area of focus in the Strategy, the Council, through the concept-mapping process, indicated that this was an essential element in Strategy implementation on the state and community level.

### Capacity Building

- State Agency Integration Project

The State Integration Project will complement the Florida Suicide Prevention Implementation Project which was the initiative started in 2007 with USF/FMHI that aimed to turn the state plan into action at the community level throughout Florida. It is an effort to root the Strategy on the local level, so there isn't a solely government run initiative. As well all know, real transformation happens in the community.

With the help of a \$200,000 appropriation from the Legislature, the process for community mobilization was created and two pilot communities began actively and comprehensively implementing suicide prevention. FMHI was able to stretch the money for 1.5 years, but unfortunately there is no more funding for this, but the plan and process have been developed and are online for any community to utilize; so even though there is no money to help communities with the action steps that require funding, it is a very valuable mechanism that we need to keep using.

The State Integration Project is the counterpart to the Implementation Project, with the intent to help systematically integrate the *Florida Suicide Prevention Strategy* throughout state agencies. After discussing this with Senta Goudy at the Department of Children and Families who has wanted to do a similar initiative for substance abuse, it was determined it would be best to combine the efforts since there is such a high correlation between substance abuse, mental health, and suicide.

We are fortunate to have Mr. Larry Kearly at the Department of Children and Families who will be taking on this project full-time. He has been out for a few months dealing with medical issues so the project has somewhat been on hold, although several meetings have taken place to keep things moving until Larry is available to take over.

The next steps are for Larry to create a document outlining the purpose of the project to include a detailed process and timeline. He is also going to use the instruments that were created under the Adolescent Treatment grant as a guide to develop the interview tools and databases that will be used for this project. Hopefully, Larry will be able to join us at the September 30<sup>th</sup> meeting to go over things in detail and what will be needed from the Council.

- Garrett Lee Smith Grant (A.S.A.P. Project)

Last year, Florida was awarded a Garrett Lee Smith Youth Suicide Prevention and Intervention grant, which is a federal funding that gives the state \$1.5 million over 3 years for youth suicide prevention activities. This is listed under capacity building because although this entails many of the Strategy components, it really focuses on building infrastructure between all the local partners in Duval as well as those of us at the state level and in academia. Every month we post grant progress updates on our website so you can check back to see what is happening. (<http://www.helppromotehope.com/initiatives/Smith.php>)

Dr. Marc Karver, the principal investigator on the grant will be presenting on the progress at the September 30<sup>th</sup> meeting.

## Education and Training

- Postvention for Leon County

After 3 youth in Leon County from two schools died by suicide in a six month period, we knew we needed to enact some postvention measures. Frank Zenere with Miami Dade County Schools came up to Tallahassee and held a series of trainings. One was for Leon High School faculty to teach them how to handle the death with the students, how to heal, and how to prevent future suicides. This was complemented with training for all parents and community members which was very well attended. Then he trained a large group of mental health providers and guidance counselors to equip them with the skills to handle the aftermath and provide continued support to the grieving students and families. The final training was for Lincoln High School faculty, the school that lost two of the three students.

Pam Mezzina at the Caring Tree of Big Bend Hospice has coordinated a series of grief counseling sessions for any students who would like continued support. It has been very encouraging to see the community come together and be so open to receiving outside help, although it has been concerning that at Lincoln, after the second suicide, almost no student have sought out the guidance counselor, so Pam is working on ways to reach out to students to give them a channel for support. Pam is also heading up building a team here in town that can respond when an event like this happens. Early intervention is key to preventing suicide, but when it does happen, we want to be equipped to respond quickly.

- Webinars and Webcast

With budget and travel restrictions, we have been trying to find economical ways of continuing to provide education to the suicide prevention field. We were able to fund two webinars in May: one on school safety and school crisis presented by Richard Lieberman, and one on competent school communities by Maureen Underwood. Over 800 people from five countries signed up for the first one, so it is clear that people want to take advantage of these types of opportunities. They are not without their technical difficulties, but exploring these avenues is critical to accommodating people's financial situations.

On June 30<sup>th</sup>, there will be a webcast on self-injury presented by Dr. Scott Poland. Details are on our website at [http://www.helppromotehope.com/events/Self\\_Injury.pdf](http://www.helppromotehope.com/events/Self_Injury.pdf). Special thanks to the Department of Health for financially making this possible. This webinar will be archived on our website by the end of July.

As we are able, we will continue to provide easy to access training and education for people all across the country and we welcome feedback on future topics to be covered.

## Addressing Treatment Needs

- Medication Adherence Project

This project, lead by NAMI and the Florida Psychiatric Society, aims to educate physicians and patients on the importance of medication adherence to reduce suicide risk. We need to teach general practitioners how critical it is to closely monitor patients during the first few weeks of taking a new psychotropic medication. Patients also need to be educated on the benefits and risks associated with taking them. Content and graphic layout for the physician tool is complete and NIMH has given their stamp of approval. Content is still being tweaked for the patient tool. Both tools are estimated to be completed and disseminated by July 31<sup>st</sup>.

## Public Awareness

- Suicide Prevention Website

HelpPromoteHope.com is intended to be used as a resource for anyone in the field, for the Council, and even the media. Trainings are archived so people can earn CEUs. The state plan and the details on the mechanisms

for implementing the plan are there as well. Photos and video of various symposiums and press conferences are available. Resources, information and tools for different disciplines are there for anyone to use, as well as data/statistics, project updates, and initiatives that the Office and Council are working on. If there is anything else that you would like to see, please let us know.

## **6. Update from Evening of Remembrance and Day at the Capitol: Allyson Adolphson**

The Evening of Remembrance Candlelight Vigil for Those Lost to Suicide was held on Tuesday, April 21<sup>st</sup>, 2009 at 7:00 PM at Lake Ella Park in Tallahassee. Approximately 100 people from the Council, local human service organizations, and survivors from the general public participated in the event. From these people, 25 names of lost loved ones were gathered at the check-in table and read during the ceremony. Attendees were provided with candles and pinwheels for children, and also provided the opportunity to post photos and messages to a memory board which will be displayed at future Suicide Prevention Day events. Speakers included Erin MacInnes who hosted the event, Dr. Dan Reidenberg who eloquently provided the key message, Bonnie McClelland reading “We Remember Them,” and Judy Broward reading the names of loved ones. Media coverage was provided from two television stations as well as newspapers. To see a brief video clip of the vigil, please visit <http://vimeo.com/5023824>.

The following day, Wednesday, April 22, 2009 marked the 7<sup>th</sup> annual Suicide Prevention Day at the Capitol. Fourteen human service and mental health organizations took part in the event by manning a booth in the Capitol Plaza Rotunda to educate others. One of the participating booths was held by the Florida Youth Delegation who gave out free hugs throughout the day, demonstrating that even simple acts of kindness are essential to increasing social connectedness which is a part of suicide prevention. At 2:00 PM a press conference was held in the Cabinet Room, featuring speakers Director Bill Janes, Lieutenant Governor Jeff Kottkamp, DCF Secretary George Sheldon, Senator Evelyn Lynn, Representative Juan Zapata, and Erin MacInnes. Bonnie McClelland was awarded the 2009 SPAN USA Sandy Martin Grassroots Award. For this award, SPAN USA seeks “unsung heroes” working at the local or state level who clearly exemplify sustained commitment to the mission of suicide prevention. As a grassroots advocate for suicide prevention, she has devoted time and energy, at a great sacrifice to herself, her family, and friends, to further the mission of preventing suicide. Bonnie has worked relentlessly to prevent suicide in her local community, in the state of Florida, and in the nation, since the suicide of her dear son, Tim on January 21, 2002. A few other tasks Bonnie has taken on are: founding the Suncoast Yellow Ribbon Suicide Prevention Chapter; diligently advocating for the establishment of an Office of Suicide Prevention; and supporting SPAN USA for over six years to help get several suicide prevention bills passed nationally. Thank you.

## **7. Community Updates**

- Online Training for Crisis Stabilization Unit Staff: Jackie Beck

Jackie Beck has been focusing on mental health workforce development issues over the past couple years as it pertains to the Baker Act, Florida’s voluntary/involuntary commitment law. As a result, there are four online training opportunities currently available developed in partnership with the talented staff at USF/FMHI. These include: Introduction to the Baker Act, Law Enforcement and the Baker Act, Emergency Medical Conditions and the Baker Act, and the Baker act and Long-term Care (for nursing homes and assisted living facilities). Jackie and FMHI are currently working on the following modules which will be posted soon: The Baker Act and Minors, Individual Rights, and Guardian Advocate Training (which will meet the four-hour training requirement for all Guardian Advocates; expected completion in 2010).

Additionally, Jackie Beck is working with Steve Roggenbaum at FMHI to develop a suicide prevention module that include risk/protective factors, signs and symptoms of suicide, environmental safety questions, and risk assessment. This module is being developed with instructional settings in mind (like Crisis Stabilization Units, residential facilities, foster homes, hospitals, etc.), but can be helpful to everyone. It is expected to be available by September this year. Jackie asks that the Council members assist by testing the draft module and provide feedback before it is available to the public. An invitation to do so (with instructions) will be sent through the SOSF within the next month. Jackie is also thinking about developing and advanced module this next fiscal year on suicide risk assessment that would be geared for licensed

mental health practitioners. All training is free and licensed mental health professionals can earn Continuing Education Credits (including Certified Peer Specialists) for a nominal fee of \$25. All training can be found at <http://www.bakeracttraining.org>

- Economic Costs of Drinking in Florida Study (includes suicide estimates): Senta Goudy

Underage drinking is a persistent public health problem that generates significant costs to society from alcohol-related consequences such as criminal activity/delinquency, antisocial behavior, academic difficulties, risky sexual behavior, health problems, unintentional injuries, and traffic crashes. Florida faces a particularly tough challenge in this regard as Florida youth have higher rates of alcohol use than the national average (Florida's State Epidemiology Workgroup (FL SEW), 2007.) Moreover, Florida is a popular tourist destination, attracting thousands of youth each year for Spring Break, sporting events and other holidays. According to the 2007 Florida Youth Substance Abuse Survey (FYSAS), alcohol is the most prevalent substance used by Florida students; 55.6% reported any lifetime use and 31.2% reported past 30 day use. More than 78% of high school seniors report having tried alcohol at least once. 9.9% of 6<sup>th</sup> graders and more than 48% of 12<sup>th</sup> graders report using alcohol in the past month, and about one out of six Florida students (16.4%) report binge drinking within the past two weeks. Policies and programs that successfully target underage drinking have the potential to generate significant savings to state government, taxpayers, businesses, schools, and other segments of society by reducing many of the negative consequences that are associated with underage drinking.

The present study developed Florida-specific estimates of the costs associated with underage drinking across numerous domains. The estimates can be used for a variety of purposes, but they are particularly geared toward state and local government. The methods, data, results and policy implications of the cost analysis are described therein.

This study was an opportunity to create a state epidemiology profile of problems surrounding substance abuse in Florida – trends, patterns, consumption, and consequences of consumption behaviors, specifically, what are these behaviors costing us. A health economist team at the University of Miami, including Dr. Michael French, has completed the initial work on costs of underage drinking. The cost of suicide completion and injury *in relation to underage drinking* is 4.83 million dollars. Forty percent of the cost is borne by the taxpayer. The full report is available online. This study was built from the county level up; therefore the tables are organized by consequence by county. The UM team is working in the complete study on alcohol consumption behaviors across the lifespan and hopefully in two quarters more information will be available on adult and youth use and abuse of alcohol related to suicide. The full study is broken into tangible and intangible costs (such as life years lost) – making it easier to use when speaking with local and state policy makers, as well as grant applications. If the Council has further feedback on suggested methodologies to produce specific needed data that would be valuable.

*Please review the attached Executive Summary for further information.*

- Additional Updates:

- Treatment Improvement Protocol (TIP) 50, *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*, is a new resource from SAMHSA for substance abuse treatment professionals and administrators. Designed to increase understanding about this issue, TIP 50 describes the reasons individuals with substance use disorders who are in treatment are at high risk of suicidal thoughts and behaviors, including: 1) They enter treatment at a point when their substance abuse is out of control, increasing a variety of risk factors for suicide, 2) They enter treatment when any number of life challenges (e.g., a pending divorce, run-in with the law, or loss of a job may be happening), 3) They enter treatment at a peak in their depressive symptoms, 4) Mental health problems associated with suicidality—such as depression, post-traumatic stress disorder (PTSD), anxiety disorders, and some personality disorders—often co-occur among people who have been or are being treated for substance abuse disorders, and 5) Crises that are known to

increase suicide risk sometimes occur during treatment (e.g., relapse, treatment transitions). Steve Roggenbaum contributed to this report as a field reviewer.

To order a free copy, please visit: <http://www.kap.samhsa.gov>.

- National Suicide Prevention Week will be held on September 2<sup>nd</sup>-8<sup>th</sup> this year. The Statewide Office of Suicide Prevention will ask the Governor to issue a proclamation recognizing this day. We encourage communities to take action during this week and will provide the Council with the American Association of Suicidology's recommendations for local activities to highlight the week. The SOSF focuses our efforts on the statewide Suicide Prevention Day each spring while the legislature is in session. If you would like your Suicide Prevention Week events highlighted on our website, please contact Allyson Adolphson.

- The Florida Initiative for Suicide Prevention has partnered with Nova Southeastern University to present the Tri-County Conference on Suicide Prevention next May at the Nova campus. This will hopefully include vendors, teachers, doctors, and CEUs. For more information, please contact Jackie Rosen at [jrosenfisp@aol.com](mailto:jrosenfisp@aol.com). Jackie is also publishing a book of poetry about the grieving process, divided into sections by type of grief.

- The American Foundation for Suicide Prevention has released a new 25-minute video for teens on teen depression called "More Than Sad." A second related video for teachers will be available in the fall.

For more information, or to order a copy of the video, please visit the AFSP website at [http://www.afsp.org/index.cfm?fuseaction=shop.productDetails&product\\_id=8780046C-ECC0-4B4F-31F0953C976A60EB](http://www.afsp.org/index.cfm?fuseaction=shop.productDetails&product_id=8780046C-ECC0-4B4F-31F0953C976A60EB).

## **8. "In Our Own Voice" Presentation from the National Alliance on Mental Illness: Rose Delaney**

This is a presentation by consumers that creates awareness about what is involved in recovery from mental illness. It is a powerful anti-stigma tool to change hearts, minds, and attitudes about mental illness; an opportunity for consumers to gain self-confidence, self-esteem, and income while serving as role models for the community. It serves as living proof that recovery from mental illness is an ongoing reality.

The presentation provides the opportunity to hear from people who have struggled with disorders such as depression, schizophrenia, bipolar disorder and other severe mental illnesses. A brief video features consumers speaking about the topics of Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes, and Dream. One will gain insight into how people with serious mental illness cope with the realities of their disorders while reclaiming productive lives and can ask questions of the real experts—the consumers who "have been there." A take home folder is distributed to all attendees, which includes resources and an opportunity for program evaluation.

The audience includes 1) Consumers in day programs, inpatient settings, support groups, and other community settings who can share, learn, and find hope for successful living, 2) Family and friends who may need further reassurance of the possibility of recovery for their loved ones, 3) Health care providers who desire strengthened communication with their clients and improved outcomes, 4) Law enforcement officials to increase awareness of an sensitivity to behaviors triggered by mental illness, 5) Faith communities to increase responsiveness to people with mental illnesses who may first turn to their spiritual community for guidance, 6) Students of various age levels, who wish to expand their knowledge of living with mental illness, and 7) Any community or civic organization who may be interested in learning more about mental illnesses and recovery.

For more information on this program or when and where it is offered, please contact: NAMI at (850) 671-4445 or [www.namifl.org](http://www.namifl.org).

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

September 30, 2009, 1:00 PM – 4:00 PM: Suicide Prevention Coordinating Council Meeting, the Capitol, Rm. 2103  
March 24, 2010: Suicide Prevention Day at the Capital

## **MOTIONS:**

- Ellen Piekalkiewicz made motion to adopt the January 2009 Council Meeting minutes, Steven Roggenbaum seconded the motion. All in favor, motion passed.
- Jackie Beck made motion for the next Suicide Prevention Coordinating Council meeting to include a presentation from the Department of Insurance on substance abuse mental health parity; Dr. Martin Von Holden seconded the motion. All in favor, motion passed.

## **NEXT MEETING:**

Wednesday, September 30, 2009 Council Meeting 1:00 PM – 4:00 PM, the Capitol, Room 2103

## **ATTENDEES:**

Allyson Adolphson  
Larry Baxter (rep Michele Mule')  
Courtney Bennett  
Caitlin Burns  
Rose Delaney  
Marie Dudek  
Senta Goudy  
Bettye Hyle  
Gwen Johnson (via conf., rep. Lee Condon)  
Erin MacInnes  
Adam O'Connor  
Clint Rayner  
Dr. Dan Reidenberg (via conference)  
Steve Roggenbaum  
Claude Shipley  
Lisa VanderWerf-Hourigan  
Jacqueline Young

Gil Barnes (rep. Pam Denmark)  
Jackie Beck  
Judy Broward  
Dr. Gene Cash  
Wayne Dreggors  
Judi Evans  
Rebecca Hartzler  
William H. Janes  
Dr. Marshall Knudson  
Pam Mezzina  
Ellen Piekalkiewicz  
Dr. Jay Reeve  
Bob Rihn  
Jackie Rosen  
Lorie Simmons (via conference)  
Dr. Martin Von Holden