

SUICIDE PREVENTION COORDINATING COUNCIL MEETING MINUTES

January 29th, 2009/ 1:00 PM – 4:00PM

Leon Human Services Conference Center, Community Room

FOLLOW UP TASKS:

Statewide Office of Suicide Prevention (SOSP):

- When legislative session is underway, Erin MacInnes will contact the Council regarding suicide prevention legislative advocacy.
- Allyson Adolphson will contact Charlie Waters about continuing suicide prevention training for the Agency for Workforce Innovation.
- Allyson Adolphson will contact Clint Rayner regarding the promotion and marketing of Suicide Prevention Day at the Capitol.
- The SOSP will contact Jackie Beck for more information about the EBI grant “Workplaces that Thrive” model.

Suicide Prevention Coordinating Council (SPCC):

- Ellen Piekalkiewicz is asked to provide the SPCC with her analysis of both state and federal parity bills.
- Council members are asked to contact Marlene Jehs at mj6pelican@aol.com if they would like a display table on April 22, 2009 for Suicide Prevention Day. Members are also encouraged to publicize the event activities throughout their organizations.
- Senta Goudy will meet with SOSP to discuss tools from the Strategic Prevention Framework that could be applied to institutionalizing suicide prevention in state agencies.

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

2. Housekeeping Items: Director Bill Janes

- Adopt October 2008 Meeting Minutes

Lisa VanderWerf-Hourigan made motion to adopt the October 2008 Council Meeting minutes, Bettye Hyle seconded the motion. All in favor, motion passed.

3. Legislation

- Suicide Prevention Education: Erin MacInnes

For the second year, the Statewide Office of Suicide Prevention is proposing a suicide prevention education bill. This legislation adds suicide prevention education to the menu of options 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. If passed, this is still a step forward for suicide prevention because it makes it available to teachers, whereas before there was no option. The SOSP is already 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.

Senator Fasano and Representative Legg had committed to sponsor the bill, but recently had to back out so we are currently looking for new sponsors. Senator Ted Deutch has recently agreed to sponsor in the Senate. This bill will be the Council’s legislative priority this year.

(For more information, please see the attached Suicide Prevention Education Legislation information sheet.)

- Health Education: James Mosteller, American Heart Association.

Few school districts in Florida include comprehensive health education in their elementary or middle school programs. Therefore, when Life Management Skills was eliminated as a graduation requirement approximately half of all K-12 students now receive no health education. It will be costly to replace health education teachers once they are gone. With no required health course in Florida, the existing group of certified health education teachers is rapidly dissipating. With the obesity epidemic, it is now more important than ever for all students to be physically active and health literate. The 2007 Youth Risk Behavior Survey asked high school students if they thought it was important for schools to help students address problems such as drug abuse, violence, HIV/AIDS, teen pregnancy, and suicide – 87% of high school students responded that it was very important.

There are two parts to the Health Education bill:

1. Require one semester (.5 credits) of health education for all high school students. Students may meet this requirement through a variety of health education courses, dual enrollment, or through virtual high school. This bill aims to allow broad flexibility to districts, schools, and students to meet this proposed requirement.
2. Creates a rigorous state-developed secured health education assessment that students may take to waive the health education requirement. Similar to the Personal Fitness test that student athletes may take and pass to waive Personal Fitness, students who pass this new health education assessment would waive the .5 health education requirement.

(For more information, please see the attached Health Education Legislation information sheet.)

- Coverage for Mental Health and Nervous Disorders/MH Parity: Linda Rayner

Mental Health and Substance Abuse Parity in Florida, HB 147 sponsored by Representative Ed Homan mandates that there must be equal benefit levels and limits for health insurance coverage for mental health and substance abuse treatment disorders as there is for regular medical treatment and surgical procedures. Federal parity legislation does not apply to employer plans for employers who employ less than 50 employees. This legislation would apply to such plans. The bill specifically defines those mental health conditions that must be covered with the mandated health insurance in Florida to include all diagnostic categories of mental health conditions listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM – IV). The bill deletes current law limiting mental health and substance abuse benefits by specific service areas, such as inpatient benefits and inserts a general statement that the mental health benefits may not be more restrictive than the treatment limitations and cost-sharing requirements that are applicable to other diseases, illnesses, and medical conditions. According to the United States General Accounting Office, most private health insurance plans limit mental health coverage in three areas: 1) lower annual or lifetime dollar limits, 2) lower service limits, including number of covered hospital days or outpatient office visits; and, 3) higher cost-sharing for mental health benefits.

For more information, please contact Ellen Piekalkiewicz, Executive Director of Florida Substance Abuse and Mental Health Corporation, at (850) 410 – 1576.

- Prescription Drug Monitoring Program: Bill Janes

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.

This legislation creates a prescription drug monitoring program that will reduce the time for pharmacies to report from 35 to 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.

At least 38 other states have already created a prescription drug monitoring program or enacted enabling legislation to create one. Florida is now the most populous state without a Prescription Drug Monitoring Program, and is seen as a key state in preventing drug abuse; our legislative efforts are having national impact. We are receiving reports that drug dealers from Alabama (which has a monitoring program) are coming to Florida to obtain prescription drugs because they are not controlled. States using the program are receiving positive satisfaction ratings from doctors (81% in Kentucky). Additionally, the Office of National Drug Control (ONDCP) strongly supports the prescription drug monitoring programs; this bill is also formally supported by the Florida Medical Association. This legislation is a priority for the Florida Office of Drug Control.

(For more information, please see the attached Prescription Drug Monitoring Program Legislation speaking points.)

- Veterans Initiative: Erin MacInnes

The Statewide Office of Suicide Prevention is working with Senator Deutch again this year to create a comprehensive strategy implementing veterans' services in a community based pilot setting. Representative Zapata has offered to assist with securing funding for this initiative which he is well suited to do as the Chair of the Health and Human Services Appropriations Committee. It is uncertain if this initiative will be proposed as a bill or a line item.

The purpose of this project is to help reduce suicide and increase access to mental health services and supports for veterans and their families by coordinating mental health care in the Army, Air Force, Navy and Marines with post-discharge care through the Veterans Administration. It will focus on prevention, outreach, assessment, referral and linkage to veterans in need of services and supports.

The main components of the initiative are:

1. Fund up to three pilots in the Pasco/Pinellas/Hillsborough area, Miami-Dade, and Jacksonville.
2. Identify veterans in the pilot areas who may be in need of mental health services and are not currently served or under-served by the Veterans Administration (VA). This will not duplicate services that are in place.
3. Develop a veteran-to-veteran peer support program that will reach out to veterans on a continual basis via phone, email, and mail to reduce isolation through regular and ongoing, long-term contact. Research findings show that maintaining contact, even through periodic mailings, can significantly reduce suicide risk. This support program will also conduct informal assessments over the phone to determine if a referral is needed; assist in connecting the veteran to local resources, identify a cadre of veteran peer specialists, and develop a statewide certification process through the Florida Certification Board.

4. Conduct a needs assessment of local substance abuse and mental health providers to ensure local providers/clinicians are trained to meet the increase in demand for services and the specific needs of veterans.
5. Establish a Veterans' Information Program (VIP) which will be a resource for college and university personnel to assist student veterans and faculty. Each pilot site will follow the model created for the VIP. A VIP will provide education and prevention, as well as early intervention and counseling, assisting student veterans with personal problems.
6. Offer post-deployment reintegration sessions for veterans who were deployed in Operation Iraqi Freedom and/or Operation Enduring Freedom through community substance abuse and mental health providers to complement the reintegration efforts that the Department of Defense (DOD) oversees. Veterans show signs of trouble at various times; not always immediately upon returning home from deployment, so continual contact with them over time is essential. The exact timing of the reintegration sessions could vary for each pilot to determine what the best model is.
7. Design an independent evaluation to measure efficacy and develop a best practice model.

- Hispanic Outreach: Erin MacInnes

Representative Zapata is interested in public awareness efforts targeting suicide prevention, substance abuse, and domestic violence that the Hispanic Caucus could support this session. The Office of Suicide Prevention provided him with four different proposals and he is interested in all of them. Meetings are in place to discuss how these projects can be moved forward, and also to see if he can assist in securing funds to continue the Florida Suicide Prevention Implementation Project.

Dr. Dan Reidenberg, Executive Director of Suicide Awareness Voices for Education (SAVE), has arranged for Texas to use the remainder of their Noven grant to reproduce Spanish educational materials on suicide prevention and mental health specific to Florida. These materials will be disseminated throughout South Florida.

4. Existing Initiatives: Erin MacInnes

- Garret Lee Smith Youth Suicide Prevention and Early Intervention Grant (A.S.A.P. Project)

In October 2008, Florida was awarded a Garrett Lee Smith Youth Suicide Prevention and Early Intervention Grant which provides \$1.5 million dollars to be disseminated over a period of 3 years for youth suicide prevention. To date, there have been 54 state and tribal grants awarded and dozens of college campus grants. There is an excellent Executive Team in place to implement the grant. Five members of this team, including Erin MacInnes, attended the mandatory Phoenix SAMHSA meeting in Phoenix where all grantees gathered to discuss what will be happening over the next three years.

The last team meeting took place on Tuesday, January 27th. All of the subcontracts are in place and the critical positions have been filled, including a local county case manager. The county case manager position is unique to Florida (none of the other grantees have created this position) so SAMHSA was pleased by this development. This position will help to ensure that the youth don't "fall through the cracks" and referrals aren't being generated into a system that cannot meet the demand.

One of the things at the Phoenix meeting was that Florida is ahead of the curve with our implementation timeline because there has already been a great deal of coordination and communication between the programmatic partners, the evaluators, and the federal partners. Florida has also put measures in place to ensure sustainability locally and is working to figure out how we could expand each component into other counties.

Mental Health America (MHA) is taking the lead on the gatekeeper training component of the grant; SAMHSA approved the QPR model. MHA have been conducting the training for months and are including everyone in the community such as foster parents, DCF childcare workers, LGBTQ, the faith community, the

Department of Juvenile Justice, sheriff's offices, school resource officers, pediatricians, county health departments, coaches, guidance counselors and others. MHA will also oversee implementation of the Signs of Suicide (SOS) Program which the school system has already committed to allow. This is great news because typically the biggest hurdle in gaining access to implement school-based education or screenings.

The new Jeffrey Johnston Stand Up For All Students Act for bullying that passed last year has created an opportunity in that it requires schools to provide instruction to all teachers, parents, and employees on bullying, so the team is working with Duval County Schools to integrate suicide prevention into this training. A large effort is being put into the social marketing component of the grant which will begin with convening focus groups to determine safe and effective messaging and avenues to deliver those messages. There is a large parent and youth involvement piece as well as mentoring aspect that will be weaved into everything. The community in Duval has really rallied around this grant and around suicide prevention which allows for the implementation to go very smoothly. Hopefully, this process will provide the field with valuable information and results. To get the latest updates on the grant implementation as it happens, please visit www.HelpPromoteHope.com.

(Please see the attached Garrett Lee Smith Grant Logic Model, Components Model, and Proposed Approach documents.)

- Suicide Prevention Website

The Statewide Office of Suicide Prevention official website is <http://www.HelpPromoteHope.com>. Launched last year, this website 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.

Please continue to visit and provide feedback on the Statewide Office of Suicide Prevention official website www.HelpPromoteHope.com. Routinely check back for updated resources and tools, especially council meeting dates under the events section.

- Annual Report

The 2008 Annual Report content is complete – thank you to those who took time to respond with feedback. At this time we are unable to use funds to print hard copies for distribution; however, a graphic layout is being developed in-house and will be posted on the office website, www.HelpPromoteHope.com, upon completion.

- Well Aware Issue 4 and 5

Well Aware is a bulletin we send out to school administrators to educate them on the link between suicide prevention and academic achievement. It focuses on building resiliency, enhancing coping skills, promoting protective factors and reducing risk. We are hoping to use the next two issues of Well Aware to augment the efforts occurring as part of the Garrett Lee Smith Grant. The three previous issues are available for download on the office website www.HelpPromoteHope.com.

- Public Awareness Segments

The Department of Corrections Suicide Prevention Campaign was run in collaboration with DOC to educate their employees about suicide. It had three components; training in assessing suicide risk for direct care staff; dissemination of public awareness materials; and distribution of monthly educational newsletters. The campaign ended in December of 2008.

The monthly awareness segments were initially part this initiative, but even though the campaign has wrapped up we will continue to put out monthly articles that are posted on the website that anyone is free to use and integrate into your own agencies.

(Please see attached November and December segments.)

- Media Response Effort

We are continuing our media response effort which reaches out to media outlets as articles on suicide are run. We send letters to try and establish a relationship with them and educate them on the proper ways to write and report about the issue.

- Medication Adherence Project

The medication adherence project which NAMI and the Florida Psychiatric Society are taking the lead on is still in the content development stage. It aims to educate physicians and patients on the importance of medication adherence to reduce the 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 medication. This project will develop a tool for physicians and another one for patients to educate them on the importance of taking psychotropic medications as instructed. We are working on the content and estimate that the final product will be completed and disseminated by this summer.

- Understanding and Helping Suicidal Callers Presentation

In December, former Council Member Charlie Waters, Training Manager for the Agency for Workforce Innovation, contacted our office and said that they were receiving calls to their employment assistance line from people who were suicidal. Allyson Adolphson created a presentation to educate on how to deal with suicidal callers. This presentation is not on the website because this training should not be given by someone without a crisis background. However, if you would like to know more please contact the SOSF and we will be happy to share our information.

5. Planned Initiatives

- Suicide Prevention Day: Allyson Adolphson

Suicide Prevention Day at the Capitol is Florida's annual statewide event dedicated to raising suicide prevention awareness and promoting mental health education. Presented by the Statewide Office of Suicide Prevention and the Florida Suicide Prevention Coalition, advocates, survivors, grassroots organizations, youth and state agencies all come together to bring suicide to the forefront as a public issue, and to save lives over time that may otherwise be taken by their own hands.

Traditionally, Suicide Prevention Day activities have been encapsulated into one single day, but this year it is our hope to expand suicide prevention activities over the span of a week to reach more of the public who may not normally participate in this event. On January 12th, 2009 the Suicide Prevention Planning Day Committee comprised of Council members and volunteers held a conference call to discuss which activities would have the most impact and the following is the result of their discussion.

Monday, April 20th will begin with an education film screening with the intent of promoting hope and resiliency. This will be paired with a clinician available after the film for a short presentation and to answer questions. The film has not been decided upon so suggestions are welcome.

Tuesday, April 21st features an afternoon workshop on building and sustaining survivor support groups. Following this training a candlelight vigil will be held at a local park. It has been suggested that adults will carry a candle and small children will be given a pinwheel. Further details for this event are in development.

Wednesday, April 22nd is the official Suicide Prevention Day and will follow the format we have historically seen in years past. Beginning in the morning, organization will gather in the Plaza Rotunda to set up display tables and memorial quilts. (If you would like a table, please contact Marlene Jehs at mj6pelican@aol.com.) On this day many constituents take the opportunity to advocate for pending legislation or to meet with their legislators for the purpose of education on the public health issue of suicide and how our state is affected. A press conference will be held at 2:00 PM in the Cabinet Room. Confirmed press conference speakers include DCF Secretary George Sheldon and ODC Director Bill Janes. The Governor has been invited and we are awaiting a response.

Thursday, April 23rd and Friday, April 24th we hope to collaborate with the FSU Police Department to facilitate an ASIST Training.

We also hope to welcome back the rolling board that Lamar Advertising so graciously sponsored for free over the past two years.

- 2009 Suicide Prevention Symposium: Erin MacInnes

This event will be combined with the Statewide Prevention Conference again this year. Currently, the event planner is negotiating hotel contracts and dates. Virtual conferencing is being investigated to accommodate travel constraints. Feedback is needed on the ability of each agency to participate.

6. Council Discussion on Future Priorities

- Focus On Institutionalizing Suicide Prevention at the State Level: Erin MacInnes

Over the next year, it is proposed that the Statewide Office of Suicide Prevention centers its focus on institutionalizing suicide prevention by integrating it into the policies, procedures, and practices of state agencies. In order to adequately address suicide, efforts must be integrated throughout the services delivered by state government into the agencies themselves.

This needs to happen with local organizations as well; but since we can't move forward with everything at once, we need to accomplish this in phases. The Office and Council need to take advantage of our position in the Governor's Office with open access to DCF and the partners we have at the table to make those changes at the state level first. There are 10 state agencies represented on the Council: AHCA, AWI, DCF, DJJ, DOC, DOE, DOEA, DOH, FDLE, and FDVA.

Essentially, we will determine what an agency will look like in five years if suicide prevention is integrated into daily practice and what steps need to be taken to make this happen.

The proposed strategy:

1. Review the missions, policies, and procedures of various state agencies, starting with an informal web review. Instead of forming a subcommittee, the Statewide Office of Suicide Prevention could head up the project and call on each agency representative as we begin work with that agency.
2. Conduct an in-depth inventory of suicide prevention related activities and programming that is taking place among all state agencies. Years ago, the task force reviewed suicide prevention activity within each agency and we still have those documents although they are now outdated.

3. Analyze the results of the review identify similarities amongst agencies as well as areas of gaps in suicide prevention activities' coverage of the state and state entities. Using this information, develop recommendations for the incorporation of suicide prevention into each state agency's mission, policies, and procedures.

4. Reference the National Strategy for Suicide Prevention, the action items developed by the Council through the Florida Suicide Prevention Implementation Project's concept mapping process, legislation in other states, and Illinois' agency suggestions in order to come up with recommendations.

5. Create a report, including the results of the interview and the recommendations, to be submitted to the Governor, Legislature and state agency heads. The Statewide Office of Suicide Prevention and the Council would then prioritize implementing the recommendations throughout the state agencies.

Illinois, which is the only state to attempt this in a coordinated manner, hired a consultant to develop the interview tool and conduct the interviews and it has taken them three years to produce a draft of their review and recommendations.

7. Community Updates

- Strategic Prevention Framework: State Incentive Grant (SPFSIG): Senta Goudy

The Strategic Prevention Framework State Incentive Grant is about creating community dialog around a synergistic approach to changing population level behavior. The grant helps the state and communities develop needs and resource assessments; develop targeted, collaborative action plans; and fund some implementation of programs, practices and policies.

In the year 2000, only seven substance abuse coalitions existed in Florida counties, but the substance abuse rates in those counties was much lower than expected. This grant was used to fund 35 community coalitions, and other resources were used to increase this number even further to 51 coalitions in 48 counties. These coalitions were trained in a five step process emphasizing community dialogue. Each community was asked to map out the consequences in the community, what is costing the most money, and causing the most problems; for example, teenage pregnancy, juvenile delinquency, etc. This was documented and then an analysis was performed to determine to what extent was substance abuse a factor behind that behavior. This information was prioritized and then used to perform a resource assessment.

This process helped to identify local conditions that have impacted student behavior – what is the age of initiation, points of access and so forth. It illustrated that most parents are unaware of where their children are accessing alcohol and helped to ensure these access points were being curtailed.

Success of the project includes:

1. Shares resources among coalitions: financial, research, evidence-based strategies, policy change ordinances, media advocacy, and social marketing campaigns.
2. Communication to overcome barriers:
 - Working with specific stakeholders i.e., law enforcement, schools, business communities
 - Financial barriers – finding other avenues to get strategies accomplished, match or in-kind services.
 - Problem solving – sharing with other coalitions how they worked to overcome those problems.
3. Coaching:
 - Providing assistance with the SPF process. This includes looking at data and needs assessment of community, resource and gap analysis, planning, implementation and evaluation.
 - Providing assistance to help coalitions understand the process.
 - Meeting with key stakeholders in communities to assist in engaging champions in the community.

- Identifying evidence-based strategies that best fit the community's needs.
- Providing assistance with each SPF process to ensure fidelity of a sound community action plan.
- Support communities who are working to create change with local ordinances.
- Support communities by working with state leaders to form collaborations that filter down to a community level
- Provides training in sustainability of the SARG process to ensure that this practice becomes a norm.

One of Florida's statewide social marketing campaigns is Be The Wall. It is designed to engage parents of 10-17 year-olds by introducing brain science and adolescent development into parental decision-making. This campaign is coordinated by the Office of Drug Control and the Department of Children and Families. Thus far all of the community substance abuse coalitions are supporting the campaign.

8. Yearly Planning Calendar: Erin MacInnes

February 14, 2009, 8:00 AM: Orlando AFSP Out of the Darkness Community Walk (*see attached flyer*)

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

April 20-21, 2009, 9:00 AM – 5:00 PM: Mental Health First Aid Training, Orlando (*see attached flyer*)

April 22, 2009: Suicide Prevention Day at the Capitol

May 19, 2009, 1:00 PM – 4:00 PM: Suicide Prevention Coordinating Council Meeting, the Capitol, Room 2103

9. Council Discussion

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

Dan Reidenberg is the Executive Director of Suicide Awareness Voices for Education (SAVE), a national non-profit organization, and Managing Director of the National Council for Suicide Prevention.

Funding/Legislation: The federal government has basically been “on hold” since the election. Some hold-over legislation has been tabled until now, but nothing significant has happened in this respect. Health and Human Services has not passed anything yet and there are no anticipated cuts for suicide prevention, but this is not guaranteed.

Garrett Lee Smith Memorial Act: As of now there are a total of 54 state and tribal grants (including Florida!) Some of the college campus grants are ending. It is uncertain if there will be additional/new funding for a third round of these grants.

The Ad Council continues to make progress on their national suicide awareness campaign. This youth-oriented campaign is anticipated to begin in late 2009.

The Federal Work Group is updating the listing of government departmental activities and actions for suicide prevention which will later be posted on the SAMHSA website. The first draft of this document was sketchy, at best, to represent what has been done and by whom. The National Council for Suicide Prevention has asked that this be done with baseline data. Further information and detail on this will be available in the future.

The Action Alliance work group began last month to begin its work. This group included 12 people representing private and public interests in suicide prevention. The SPRC, SPAN, and SAMHSA coordinate the work group. Members included non-profit leaders, for profit and foundation leaders, experts in suicide prevention and members of the Federal offices. Using a document prepared a couple years ago called “Moving Forward,” the group looked at priority areas and gave feedback on directions for a national scan to take place looking at what state, community and non-profit work has been done in the field. This will hopefully be done by spring and further announcements will be coming on the next step in the development of the Action Alliance will be coming (who will it be comprised of, what will it be doing, timelines, etc.).

The National Council met with Dr. Insel (the head of the National Institute of Health). We're asking him to make suicide a higher priority for them, specifically in research, but also in the NIMH strategic plan.

SAMHSA has now created a branch devoted entirely to suicide! This is really quite important news in that they continue to see this as a high-priority issue, one that has found its way to a dedicated branch.

VA Hotline (part of the National Suicide Prevention Lifeline): From July of 2007 to December of 2008, 101,394 total calls were received, broken down into 45,337 veterans, over 6,000 family/friends, made 10,000+ referrals, and 2,600 rescues. Recent data shows that there are approximately 1,000 attempts per month by veterans in some type of care (medical, mental, etc.)

The National Suicide Prevention Lifeline now has over 400 avatars created with stories anyone can watch in the Lifeline Gallery (<http://www.lifeline-gallery.org/Default.aspx>). They are putting out a new media campaign that includes Terry Wise. The hotline is receiving more calls from 1-800-273-TALK than from 1-800-SUICIDE. Call volume is approximately 46,000-52,000 total calls from both numbers per month.

The FCC issues another temporary reassignment order of the 1-800-SUICIDE line to the National Suicide Prevention Lifeline in November. A decision on this reassignment is expected in May, 2009.

Many people continue to raise the question of whether there is a connection between the economy and suicide rates. There is no known connection between economic recession or depression and suicide. There is, however, a connection between unemployment and suicide.

MOTIONS:

- Lisa VanderWerf-Hourigan made motion to adopt the October 2008 Council Meeting minutes, Bettye Hyle seconded the motion. All in favor, motion passed.

NEXT MEETING:

Tuesday, May 19, 2009 Council Meeting 1:00 PM – 4:00 PM, the Capitol, Room 2103

ATTENDEES:

Allyson Adolphson	Gil Barnes (rep. Pam Denmark)
Amy Barulic (Guest)	Jackie Beck
Mary Booker	Judy Broward
Colette Cimino (Guest)	Marie Dudek
Dr. Tolu Falaiye (Guest)	Dr. Forlenza (Guest)
Senta Goudy	Dr. Nancy Hardt (Guest)
Susan Horky (Guest)	Bettye Hyle
William Janes	Marlene Jehs
Gwen Johnson (rep. Lee Condon)	Dr. Marshall Knudson
Virginia Laguna (Guest)	Erin MacInnes
James Mosteller	Clint Rayner
Linda Rayner (rep. Ellen Piekalkiewicz)	Bobby Roberts
Jackie Rosen	Desiree Schnoor (Guest)
Thalia Smith (Guest)	Claudia Tamayo (Guest)
Lisa VanderWerf-Hourigan	Dr. Martin Von Holden
Charlie Waters (rep. Barbara Griffin)	