



Regional Suicide Advisory Board (RSAB) Kickoff Meeting Minutes
September 13th, 2019 12pm-2pm

Facilitators: Margaret Watt & Giovanna Mozzo, co-directors of the hub

I. Welcome and brief overview of purpose of SW SAB – Giovanna

- A. The state is establishing these new regional SABs as affiliates of the CT SAB. In each region, the SAB will be facilitated by the Regional Behavioral Health Action Organization--in Southwest CT, that's The Hub. This regional group is intended to replace smaller meetings previously organized by Heather Spada through a state grant. The SW SAB's purpose is to share state and regional initiatives and data, coordinate prevention efforts, develop suicide postvention policies/plans in our towns, and collaborate to discuss gaps in the region. (Our recent needs assessment identified gaps including lack of a peer respite and no support group similar to Alternatives to Suicide.) For the first-year meetings will be held quarterly but once the SW SAB is established, we will revisit the frequency.

II. Reasons for Meeting/Discussion

- A. Discuss existing areas of prevention, postvention, intervention, and gaps in Region 1
- B. Disseminating the Regional Priority Report that was submitted in June (see our website for the entire report www.thehubct.org or attached are the recommendations specifically to Suicide from the report.
- C. Updating the CT State Suicide plan and how some goals of the group should be aligned with the state.

III. Introductions

- A. Name, agency, role, purpose for attending
- B. Ex. agencies present: Beacon Health Options, Connecticut Nursing Association, Horizons program, Greenwich Dept of Human Services, Greenwich Suicide Prevention Support Group, EMS, Youth Services, Sandy Hook Promise, RIPPLE, AFSP, etc. (Attendance sheet at end of document)
- C. Reasons for attending:
 - 1. Linking to resources
 - 2. Keeping private practitioners updated with resources and transitions
 - 3. Emphasis on young adults
 - 4. Gamblers highest risk of suicidality among addictive disorders
 - 5. Gather resources to provide to families in a prehospital setting

IV. CT SAB Overview and 2020 State Plan - Ally Nadeau (a.nadeau33@outlook.com / Phone # 860-921-8390)

- A. Brief overview

1. Integration of DPH-Injury prevention + YSAB in 2011/2012
 2. Suicide currently has no line item in the state budget
 3. Monthly 2-hour meetings; 1st hour-presentations, 2nd hour-topic groups
 4. Members based are survivors, AFSP, Porco Foundation, etc.
- B. Topic Groups / committees
1. Access to Lethal Means
 2. Armed Forces
 3. Student Wellbeing
 4. Postvention
 - a) Including safe messaging and role of media
 5. Data & Surveillance
 6. Zero Suicide Work Group
- C. State Plan 2025
1. Identify/include stakeholder groups
 2. Identify resources to support current efforts
 3. Five goals:
 - a) Integrate efforts across sectors
 - b) Development and evaluation of prevention programs
 - c) Zero Suicide framework
 - d) Reducing access to lethal means
 - e) Improving data collection & accessibility
- D. Contact
1. preventsuicidect.org
 2. Join listserve for updates and minutes
- E. Resources
1. Suicide Advisory Board website: www.preventsuicidect.org
 2. Current State Plan 2020: <https://www.preventsuicidect.org/wp-content/uploads/2015/04/Suicide-Prevention-Plan.pdf>
 3. Safe Messaging guidelines: <https://www.preventsuicidect.org/resources/media/>

V. AFSP

- A. Brief overview
1. National foundation, largest private nonprofit of suicide support
 2. Founded in 1987
 3. Funds suicide-related scientific research, aid to those affected, education, and advocacy
 4. Southern CT Chapter and Northern Chapter of AFSP merged in 2016
 5. Previously all-volunteer board; new full-time staff director
 6. Allocates fundraising for certain regions and statewide
- B. Education/Advocacy programs
1. SafeTalk and SafeTalk Training for Trainers
 2. Mental Health First Aid (MHFA)
 3. Applied Suicide Intervention Skills Training (ASIST)
 4. Talk Saves Lives (including youth, veteran, LGBTQ+, etc. modules)

- C. Pilot research programs
 - 1. Primary Care Settings
 - 2. Hospital Setting
- D. Walk Season
 - 1. Walk signs available
 - 2. Tables and volunteers needed for walks
 - 3. Locations
 - a) Niantic-9/14
 - b) Woodstock-9/22
 - c) Hartford-9/28
 - d) Hamden-10/6
 - e) Brookfield-10/20
 - f) Westport-10/26**
- E. Additional Info
 - 1. Survivor Day, 11/23; Niantic, Silver Hill Hospital, and more?
 - 2. New branding brochure
 - 3. www.AFSP.org

VI. Jordan Porco Foundation

- A. Focus on young adult mental health
- B. Fresh Check Day: mental health check-in day on college campuses, offering information and resources
- C. Many high schools have created wellness day fairs in school based on the fresh check day model.
 - 1. Now integrated as part of UofGeorgia system's freshman orientation
- D. 4What'sNext program in development and piloting

VII. Additional Trainings

- A. Other languages?
 - 1. As part of the HUB sponsored, State Opioid response grant (SOR), Spanish QPR trainers have been trained (4) in our region.
- B. More Than Sad (AFSP)
 - 1. Curriculum for students, parents, teachers, etc.
 - 2. Focus on prevention
 - 3. No credentialing required for trainers
- C. ASIST
 - 1. AFSP CT just trained 4 new trainers that must teach at least 3 classes in the next year
 - 2. To set up a training, contact Denique
 - 3. Health360 is also supporting ASIST trainings at 5 schools across CT
 - 4. DCF just had a TOT as well

VIII. Regional Needs Assessment Review – Margaret Watt & Giovanna Mozzo

- A. Completed 65+ page document - See document, Epidemiological Profiles and Info graphs on our website www.thehubct.org

- B. 2019 Epidemiological Profiles on Mental Health, Suicide, and Substance Use in Southwest CT
 - 1. 90% of suicides related to depression, only ½ of individuals who died by suicide identified as depressed
 - 2. ½ individuals estimated to have a mental health issue in the US in any given year; Region 1: 16.2%
 - C. Datahaven subregion surveys identified that depression and anxiety have increased and life satisfaction has decreased in the past 3 years
 - D. MI increasing in YAs since mid-2000s
 - 1. Poor sleep hygiene
 - 2. Comparative social media use
 - 3. Digital device use increases risk
 - E. Lunch and Learn, Oct. 4th, 12-1:30 Free Play Initiative, at HSC Norwalk
 - F. No respite care/peer respite
 - G. School level efforts/Teen Talk counselors increase
 - H. Many local support groups for various MH issues
- IX. Suicide deaths per town**
- A. New Canaan vs Wilton
 - B. Majority are white, middle-aged males
 - C. ⅓ drug overdose are estimated suicides
 - D. Now offering QPR and Narcan trainings together.
- X. Regional recommendations**
- A. Regional CTSAB meetings (next one: 10/10/19)
 - B. Maximize efficiency through coordination
 - C. Alternatives to suicide support group
 - D. advocacy, crisis lines
 - E. coordinating trainings
 - F. improve discharge planning
 - G. supporting PCP training
 - H. First episode psychosis program development
 - I. new facilitators and funding for support groups
 - J. postpartum support gap
 - K. “friendship benches”
 - L. piloting a peer respite in the local area/ living room
- XI. Mapping Activity** - As a group we looked at continuum of care from prevention to postvention – to see where gaps were. (see pictures) Post-it examples of prevention/intervention/postvention/grief support by color based on CSAP strategies: Blue: skills (training), Bright Yellow: Information dissemination (hotline info, resource lists, etc), salmon: environmental (policies), pale yellow: supports available
- A. Strong areas:
 - 1. support groups, NAMI, Smart Recovery, Peer SE supports
 - 2. Suicide spectrum
 - 3. Mostly Blue and Prevention/Intervention

4. Few Salmon, postvention and grief support
- B. Gaps
1. Gerontology
 2. Education on reaching out by providers (training called Connect)
 3. Re-package trainings as conversations
 4. Respite care – instead of sending to ER, peer-run respite “living room”
- C. Concerns raised by group re: depression/suicide
1. poor sleep hygiene, use of social media specifically comparisons, use of devices replacing face-to-face time with others and lack of outdoor time

XII. Take-away

- A. Bring resources/opportunities/information back to your communities

In Attendance:

| Name | Agency | Email |
|-------------------|-----------------------------------|--|
| Art Mongillo | CCPG | artm@ccpg.org |
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