



## SW Regional Suicide Advisory Board Meeting Minutes

**Meeting Date:** 9/13/19

**Location:** Norwalk, CT

**Present:** Art Mongillo (CCPG), Jeffrey Santo (RIPPLE), Deanna D’Amore (Norwalk Health Dept), Jules Calabro (Beacon Health Options), Walter Krauss (Greater Bridgeport Community Mental Health Center), Madeline Mantilla (Child Guidance), Paige Morrisroe (Stratford Community Services), Gary Vertulua (Child Guidance), Laura Cleary (Weston Youth Services), Kate Venison (Jordan Matthew Porco Foundation), Julie DeMarco (Fairfield Human Services), Christophe Armero (Support Each Other), Nancy von Euler (Horizons @ NCCDS), Susan Sherrick (Boys & Girls Village), Ellen Brezovsky (New Canaan Cares), Megan Grasso (Kids in Crisis), Stephanie Paulmeno (C4A and CT Nurses Assn), Meagan Bell (Health 360), Carissa Peckrul (Health 360), Scott Harvey (Greenwich Dept of Human Services), Ali Ramsteck (Darien Human Services), Cornelia Morris (Trumbull Counseling Center), Leigh Goodman (Trumbull EMS), Kristen Mulhearn (Greenwich Public Schools), Allison Lisbon (Weston Social Services), Kendra Epps (Stratford Partnership for Youth & Families), Colleen Fawcett (Wilton Youth Services), Allyson Nadeau (CT Suicide Advisory Board), Sheila Wylie (Prevention Corps), Francesca Quettant (GBAPP), Denique Weidema-Lewis (Positive Directions and AFSP CT), Yania Padilla Sierra (Health 360), Giovanna Mozzo (The Hub), Margaret Watt (The Hub)

AGENDA ITEM	SUMMARY OF DISCUSSION	OUTCOME / ACTION/RESPONSIBLE
I. Welcome & brief overview of purpose of SW SAB	<p>The state is establishing these new Regional Suicide Advisory Boards (RSABs) as affiliates of the CT SAB. In each region, the RSAB 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. <b>Topics for this group:</b></p> <ul style="list-style-type: none"> <li>• Discuss existing areas of prevention, postvention, intervention, and gaps in Region 1</li> <li>• Further the suicide-related recommendations from The Hub’s Regional Priority Report</li> <li>• Update the CT State Suicide plan: how this group’s goals should be aligned with the state.</li> </ul>	Regional priorities report at <a href="http://thehubct.org/data">thehubct.org/data</a>
II. Introductions	<p>Meeting participants introduced themselves, stating their name, agency or group, role, and purpose for attending. Individuals in attendance included suicide attemptors, loss survivors, family members, providers. Examples of 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.</p> <p>Reasons cited for attending: Linkage to resources; keeping private practitioners updated with resources and transitions; address young adult needs; concern about gambling (gamblers have highest risk of suicidality among addictive disorders); gather resources to provide to families in a prehospital setting</p>	



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<p>III. Overview of CT SAB and 2020 State Plan (presented by Ally Nadeau)</p>	<p>The CT Suicide Advisory Board was created through the integration of DPH injury prevention and the youth suicide advisory board in 2011/12. Importance of advisory board because suicide currently has no line item in the state budget. Monthly 2-hour meetings: 1st hour for presentations, 2nd hour for topic groups. Open to all. Members include loss survivors, American Foundation for Suicide Prevention (AFSP), Jordan Matthew Porco Foundation, etc.</p> <p>CT SAB topic Groups (committees) available to join:</p> <ul style="list-style-type: none"> <li>• Access to Lethal Means</li> <li>• Armed Forces</li> <li>• Student Wellbeing</li> <li>• Postvention (including safe messaging and role of media)</li> <li>• Data &amp; Surveillance</li> <li>• Zero Suicide Work Group</li> </ul> <p>Current 5-year State Plan runs through 2020 and available at <a href="https://www.preventsuicidect.org/wp-content/uploads/2015/04/Suicide-Prevention-Plan.pdf">https://www.preventsuicidect.org/wp-content/uploads/2015/04/Suicide-Prevention-Plan.pdf</a></p> <p>Working on 2025 State Plan now. Identifying stakeholder groups and resources to support current efforts. Five goals:</p> <ul style="list-style-type: none"> <li>• Integrate efforts across sectors</li> <li>• Development and evaluation of prevention programs</li> <li>• Zero Suicide framework</li> <li>• Reducing access to lethal means</li> <li>• Improving data collection &amp; accessibility</li> </ul>	<p>To join the CT SAB listserv, visit <a href="http://preventsuicidect.org">preventsuicidect.org</a></p> <p>SW SAB will also ensure there is an update from the CT SAB at each quarterly meeting</p> <p>For Safe Messaging guidelines: <a href="https://www.preventsuicidect.org/resources/media/">https://www.preventsuicidect.org/resources/media/</a></p> <p>To reach Ally: <a href="mailto:a.nadeau33@outlook.com">a.nadeau33@outlook.com</a> / Phone # 860-921-8390</p>



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<p>IV. Overview of the American Foundation for Suicide Research (AFSP) – CT Chapter (Denique Weidema-Lewis, state chair)</p>	<p>AFSP is a national foundation, largest private nonprofit of suicide support, founded in 1987. Funds suicide-related scientific research, aid to those affected, education, and advocacy. <a href="http://www.AFSP.org">www.AFSP.org</a></p> <p>Southern CT Chapter and Northern CT Chapter merged in 2016. Previously all-volunteer board; new full-time staff director. CT Chapter allocates fundraising for certain regions and statewide.</p> <p>AFSP supports Education &amp; Advocacy programs:</p> <ul style="list-style-type: none"> <li>• SafeTalk and SafeTalk Training of Trainers</li> <li>• Mental Health First Aid (MHFA)</li> <li>• Applied Suicide Intervention Skills Training (ASIST)</li> <li>• Talk Saves Lives (including youth, veteran, LGBTQ+, etc. modules)</li> </ul> <p>AFSP is piloting research programs in primary care and hospital settings.</p> <p>AFSP’s signature fundraisers are the Out of the Darkness Walks held throughout the country and several in CT. Walk Season is during the fall. Walk lawn signs are available. Tables and volunteers needed for walks. Locations/dates:</p> <ul style="list-style-type: none"> <li>• Niantic-9/14</li> <li>• Woodstock-9/22</li> <li>• Hartford-9/28</li> <li>• Hamden-10/6</li> <li>• Brookfield-10/20</li> <li>• Westport-10/26</li> </ul> <p>AFSP Survivor Day will be on 11/23 – events at Niantic, Silver Hill Hospital, and more</p> <p>New branding brochure</p>	<p>To volunteer to put up lawn signs, have a resource table at the upcoming Westport walk, or volunteer with AFSP, contact Denique at <a href="mailto:dlewis@positivedirections.org">dlewis@positivedirections.org</a></p>



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V. Jordan Matthew Porco Foundation	<p>The Porco Foundation, based in CT, was founded by Marisa Giarnella-Porco after her son Jordan died by suicide. Their focus is on young adult mental health.</p> <p>Signature program is Fresh Check Day: a mental health check-in day on college campuses, offering information and resources in a fun fair environment. FCD started with one college in CT and is now in many states, including being integrated as part of the University of Georgia system’s freshman orientation. Some high schools have created wellness day fairs in school based on the FCD model.</p> <p>New program is “4What’sNext” – a 5-session curriculum on coping skills, able to be integrated into a typical high school period. They are also working on a middle school version.</p>	<p><a href="http://www.rememberingiordan.org">www.rememberingiordan.org</a></p> <p><a href="http://www.freshcheckday.com">www.freshcheckday.com</a></p>
VI. Suicide Related Trainings	<p>Most commonly available training is Question-Persuade-Refer (QPR). The Hub recently offered a QPR training of trainers through the State Opioid Response grant (SOR). 4 of the trainers are Spanish-speaking to build capacity to offer suicide prevention training in Spanish.</p> <p>AFSP offers the More Than Sad curriculum with units for students, parents, and teachers. Focus on prevention. No credentialing required for trainers.</p> <p>LivingWorks has a 2-day suicide <i>intervention</i> training called ASIST. AFSP and SWRMHB held 3 ASIST trainings in this region 3-4 years ago. AFSP CT just trained 4 new ASIST trainers who must teach at least 3 classes in the next year. To set up a training, contact Denique. Health360 is also supporting ASIST trainings at 5 schools across CT. DCF just held a training of trainers on ASIST.</p>	<p>For QPR trainings, contact The Hub</p> <p>For More Than Sad or ASIST contact Denique</p>



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<p>VII. Regional Needs Assessment</p>	<p>Over the summer The Hub completed the Regional Needs Assessment and Priority Plan. The 65+ page document is available at <a href="http://www.thehubct.org">www.thehubct.org</a>. It includes ten 2- to 3-page Epidemiological Profiles on different behavioral health topics as well as infographics on six topics, including mental health and suicide. (These were distributed.) Some key points in our 2019 Epidemiological Profiles on Mental Health, Suicide, and Substance Use in Southwest CT:</p> <ul style="list-style-type: none"> <li>• 90% of suicides related to depression, only ½ of individuals who died by suicide identified as depressed</li> <li>• 1 in 5 individuals estimated to have a mental health issue in the US in any given year; Southwest CT: 16.2%</li> <li>• Datahaven subregional surveys in 2018 identified that depression and anxiety have increased and life satisfaction has decreased in the past 3 years</li> <li>• Mental illness has been increasing in young adults since mid-2000s; risk factors include poor sleep hygiene and social media use - Digital device use increases risk</li> <li>• No respite care/peer respite</li> <li>• School level efforts/Teen Talk counselors increase</li> <li>• Many local support groups for various MH issues</li> </ul> <p>Suicide deaths by town within the region: New Canaan (highest rate) vs Wilton (lowest rate). Majority are white, middle-aged males. ½ drug overdose deaths are estimated to be suicides. As a result, statewide initiative to provide QPR and Narcan trainings together (raise awareness about how to save a life from suicide and overdose).</p> <p>Regional recommendations (see handout) include:</p> <ul style="list-style-type: none"> <li>• Regional SAB meetings</li> <li>• Maximize efficiency through coordination</li> <li>• Alternatives to suicide support group</li> <li>• Advocacy around crisis lines</li> <li>• coordinating trainings</li> <li>• improve discharge planning</li> <li>• supporting primary care provider training</li> <li>• First episode psychosis program development</li> <li>• new facilitators and funding for support groups</li> <li>• postpartum support gap</li> <li>• “friendship benches”</li> <li>• piloting a peer respite or “living room” model in the region</li> </ul>	<p>Report and infographics available for download at <a href="http://thehubct.org/data">thehubct.org/data</a></p> <p>The Hub is offering a Lunch and Learn, Oct. 4th, 12-1:30, on Wilton’s Free Play Initiative, at HSC Building in Norwalk</p>



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VIII. Mapping Activity	<p>Meeting participants did a mapping activity using stickies to identify suicide-related activities that have been done in their town/agency and placing them on a continuum prevention to intervention to postvention and grief support to visualize where the strengths and gaps are. Post-it colors were based on CSAP strategies: Blue: skills (trainings); Bright Yellow: Information dissemination (hotline info, resource lists, etc); Salmon: environmental (policies); Pale yellow: supports.</p> <p>Analysis of map: Suicide prevention work is where the most work is happening. Also some suicide intervention work. The most common color was blue indicating training and skills-based activities. Few Salmon stickies indicating little (recognized) work on environmental policies and strategies. Postvention is a gap. Grief support groups do exist in the region: 2 peer-led and 1 clinical group within the 14 towns. Other supports include: Suicide loss groups, NAMI, SMART Recovery, Peer social emotional supports, DBSA etc.</p> <p>Discussion: Gerontology is an important area to focus on. Need to focus education on postvention (training called Connect). Consider re-packaging suicide trainings as conversations. Need for respite care – instead of sending to ER, peer-run respite “living room.” Concerns raised by group re: depression/suicide: Poor sleep hygiene, use of social media specifically comparisons, use of devices replacing face-to-face time with others and lack of outdoor time</p>	
IX. Next Steps	<p>Take-away: Bring resources/opportunities/information back to your communities</p> <p>We will meet quarterly</p>	<p>Next meeting Friday, December 13<sup>th</sup></p>