



Region 5 Suicide Advisory Board

September 25th, 2019

10-11:30am

AGENDA

- | | |
|--|------------------------------------|
| I. Welcome | Allison Fulton and Jennifer DeWitt |
| II. Introductions/Agenda | Allison Fulton |
| III. Purpose of the R5SAB | |
| IV. Discussion of Current Capacity for Evidence-based Prevention and Postvention | Group |
| V. School Grantees Updates | R5 GLS Grantees |
| VI. Upcoming Events | Group |
| VII. Quarterly Meeting Calendar | |
| VIII. Adjourn | |

Mission

Our mission is to promote the behavioral health continuum of care and to enhance the quality of life at every stage for all people

Vision

Foster communication, networking, partnerships, and relationships to promote inclusive coordination and collaboration.

Include people impacted by and having an impact on behavioral health.

Education and advocacy, and assessment and continuous improvement, to achieve our mission.

Values

Collaboration, Respect, Cultural Humility, Efficiency, Timeliness, Strategic Prevention Framework

Region 5 SAB Meeting
Roster

Meeting Date 25-Sep

First Name	Last name	Email	Organization	Sign In
• Melissa	McShane	melissa.mcshane@ct.gov	WCTMA N-Dubuy	Melissa McShane
• Greg	Simpson	gregory.simpson@beaconhealthoptions.com	DMHAS Beacon Health Options	Greg M. Simpson
• Chris	Marino	cmarino@cmha.org	CMHA	Chris Marino
• Jill	Pluta	jpluta@newtownyouthandfamily.com	NVFS	Jill Pluta
• Paula	Carowson	carowson@newtown.k12.ct.us	Newtown BOE	Paula Carowson
• Deborah	Malloux-Petersen	petersend@newtown.k12.ct.us	Newtown BOE	Deborah Petersen
• Jules	Calabro	julie.calabro@beaconhealthoptions.com	Beacon Health Options	Jules Calabro
• Nicole	Wiley	sunerougatuckspauthservices.org	WCTC	Nicole Wiley
• Kathy	Harley	kharley@wctcoalition.org	WCTC	Kathy Harley
• Allison	Fulthor	afulton@wctcoalition.org	WCTC	Allison Fulthor
• Skala Lewini	Lewini	levines@bethel.k12.ct.us	BPS/WCTC	Skala Lewini
• Savaria	Carroll	tsavaria@wctcoalition.org	WCTC	Savaria Carroll
• Gabriel	LOMAJ	LOMAJ@wctcoalition.org	WCTC	Gabriel LOMAJ
• Jennifer	Dewitt	jdewitt@wctcoalition.org	WCTC	Jennifer Dewitt

Statewide Connecticut Suicide Advisory Board

Second Thursday of the Month Middletown Armed Forces Reserve

Vision: We seek to eliminate suicide by instilling hope across the lifespan

Connecticut Statewide Suicide Advisory Board Priority Areas:

- Raise statewide awareness of suicide prevention with the *“1 Word, 1 Voice, 1 Life Be the 1 to start the Conversation* initiate;
- Develop a Statewide Network that links state-level with Regional Suicide Advisory Boards and local grass-root efforts;
- Promote Evidence-Based Best Practices for Suicide Prevention and Response;
- Revise, enhance and update Connecticut Strategies for Suicide Prevention.

Connecticut’s Five Goals:

1. Integrate and coordinate suicide prevention activities across multiple sectors
2. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
3. Promote suicide prevention as a core component of health care services.
4. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
5. Increase the timeliness and usefulness of state and national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information.
- 6.

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Southwest CT Suicide
Advisory Board (Reg. 1)

South-central CT Suicide
Advisory Board (Reg. 2)

Eastern CT Suicide Advisory
Board (Reg. 3)

North Central CT Suicide
Advisory Board (Reg. 4)

Western CT Suicide Advisory
Board (Reg. 5)

Each Regional SAB is unique and self-autonomous but supports the overall vision of the statewide Connecticut SAB and provides the local and regional infrastructure for suicide prevention and post-vention activities.

Each Regional SAB should develop their own priorities based on local and regional needs and be able to be responsive the local and regional communities. This includes the development of a Regional Suicide Advisory Board or collaborative, with regularly scheduled meetings, a leadership team, and priority activities.

Additionally, a governance structure and a decisions making process should be articulated. (see sample)

Minutes of the Region 5 SAB Meeting

September 25, 2019

Attendees: Melissa McShane, Greg Simpson, Chris Marino, Jill Pluta, Paula Greyson, Deborah Mailloux-Petersen, Jules Calabro, Nicole Wiley, Kathy Hanley, Allison Fulton, Sheila Levine, Valerie English Cooper, Gabriel Lomas, Jennifer DeWitt, Dawn Fawcett

Allison opened the meeting at 10:05. This group will meet quarterly. Everyone went around the room and introduced themselves.

We would like to put together local teams in each community that know what to go to in regard to suicide and that everyone around knows who to go to.

What is the purpose of R5SAB?

Allison went over handout s– Statewide priorities and goals were handed out. (see attached)

Camp Comfort Zone – is a camp for grieving children

Hope Squad – Peer to Peer training in Utah. Paula and Deb are going and will report back

Jules said it would be good to have State of CT here

Allison went through parts of the Epi Profile – males are higher than women but women's numbers are going up in regard to suicide. We are 46th out of 50 states. We have lower numbers because of our restrictive gun laws. Other places that have more access to guns the rate is higher.

Bridge the gap in school system. Lots of schools have zen den's

It would be helpful to have a list of local resources for different groups for people who are looking for support in different areas

A lot of people don't know about 211. When we put together a resource list, be sure to send it to 211.

Not all parents want to use 211. Kids are reluctant to go to school counselors.

Emergency rooms are designed for medical emergency's and not equipped to handle kids with mental health issues. Kids sit there and then get released without talking to anyone or getting help.

St. Mary's Hospital has the 3rd highest volume in seeing kids with mental health issues in the emergency room and they do not have psychiatric staff.

Gabe says that Long Island has an emergency room just for kids with mental health issues.

Greg said we need to get Cathy to the table. Cathy Scheidel and her e-mail is CSheidel@wellmore.org

EMPS - Emergency Mobile Psychiatric Services – Wellmore runs it for 3-17 year olds or up to 18 if they are still in school

How would you improve the EMPS service?

Nurses need training in QPR

There is a lack of grief support for children of loss

We will publish the resource list to our websites.

The Columbia Lighthouse Project screening card was handed out.

Valerie said we need to bring the community up to literacy. Make them all aware they can all help. Even if its just sending the police to do a wellness visit. There is a pilot program for teens in mental health first aide that will be out next academic year. It will focus on maintaining friendships and supporting peers. Cheshire Academy is one of the schools testing it out.

Greg says we need to train physicians. Most people who take their life have seen their primary doctor within 90 days.

Police might hand out crisis info if we have it on a small card they can put in their pockets

We need to put together a law enforcement packet

50% of towns have seen an increase in people talking about mental health

Allison says maybe an LBGQT scholarship or awareness for next year

Gizmo curriculum was released. Where do we get it? Book can be downloaded free!

The next quarterly meeting will be on December 18th from 10am – 12pm.



Region 5 Suicide Advisory Board

December 18th, 2019

10-11:30am

AGENDA

- | | |
|---|-----------------|
| I. Welcome | Allison Fulton |
| II. Introductions/Agenda | |
| III. Discussion of Current Capacity for Evidence-based Prevention and Postvention -review draft | Group
Abby |
| IV. School Grantees Updates | R5 GLS Grantees |
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Minutes of the Region 5 SAB Meeting

December 18, 2019

Attendees: Melissa McShane, Allison Fulton, Gabe Lomas, Jill Pluta, Jules Calabro, Kathy Hanley, Sheila Levine, Tina LoRusso, Abby Wood, Dawn Fawcett, Sarah Lorenzini

Goals: Have a person/group in place in each area that know what to do when an incident happens

Andrea Duarte sent an email with what the other regions are doing.

If anyone is interested in Suicide Advisory board meetings each month
Zero Suicide – Meeting held in Meriden, CT

Ally Nadeau will come and talk at a next meeting as to what is happening over the next 5 years.

Jules said thank you to Allison for presenting at the Children Behavioral Health Network. They really appreciate her coming.

8 schools out of 20 in the state got suicide prevention funding in our region

Sheila reported for Bethel:

All staff has been trained in QPR. They will be training bus drivers and cafeteria staff next.

SOS – they screened 200 kids in 9th and 11th grades and about 15 out of about 200 kids said they needed to talk with someone. They were surprised at that number.

They would like to bring QPR to kids. Sheila said she would like to see a refresher to the staff on what to do with someone after you identify that they need help.

Jules talked about the CONNECT grant

Donna reported for Newtown

They are doing SOS for 9 & 11 graders, they are rolling out QPR to staff.

They have written a new suicide postvention prevention plan that is going for approval

They also are going to do QPR at the next prevention council meeting in January

Allison would like to hear from the people who attended HOPE Squad.

Gabe has interns that he wants to place in the area. There are 2 reps from each school on the regional crisis team. The regional team is set up to help the local teams if they need it.

Gabe's next meeting is January 14 at 9am at WCSU- the topic is Eating Disorders.

Threat Assessment event is \$20 per person – Feb.5th from 8am-12.

Allison introduced Abby to the group.

Melissa reported that there is a disconnect in her area. The website she referred someone to is hard to navigate. She recently had a situation with multiple deaths by suicide in one family.

Caring cards. There is a program that is being piloted that sends out cards after someone has been in the hospital. The group is very interested in pursuing this as a project and involving others.

To do: Group to look at the draft postvention one-pager and take a week to review it.

ASIST training – Allison will get the calendar out.

We will be revising the calendar for the next two meetings because there are so many people who have conflicting schedules.

Next meetings- March 25th, 10-12 pm
June 24th, 10-12 pm

What is postvention?

“Postvention” is a term used to describe the range of timely, coordinated, and appropriate activities following a suicide, that are designed to provide support to loss survivors and to prevent suicide contagion. Effective postvention can reduce distress among those impacted by a death and offers opportunities to educate the community at large about warning signs and how to help, potentially reducing the risk of future suicides (California Mental Health Services Authority, 2016).

Who should be prepared to assist with the response to a death by suicide in your community?

If your community does not have a coalition focused on suicide prevention and postvention, it may be helpful to create one. Possible members include:

- Schools (which often have their own Crisis Response Teams internally)
- Law enforcement
- Government (the mayor’s office, medical examiner’s office, or public health department)
- Parents who have demonstrated community leadership in addressing drug and alcohol abuse, bullying, or other related issues
- Mental health community
- Social service agencies
- Faith community leaders
- Funeral directors
- First responders and hospital emergency department personnel
- Media (as coalition members, not to cover it as a news event)
- Grief support group facilitators
- Primary health care providers and clinics

Who should be prepared to provide support after the death of a young person?

Depending on the size of the school or district, a school Crisis Response Team should have at least 5 or 6 people (but no more than 15), chosen for their skills, credentials, and ability to work compassionately and effectively under pressure with all members of the school community. Ideally the team will be a combination of administrators, counselors, social workers, psychologists, nurses, and school resource officers. It can also be useful to include a member of the school’s information technology staff to help with social media. The Crisis Response Team coordinator is usually a leader at the administrative level, often the principal. The coordinator:

- Has overall responsibility throughout the crisis
- Is the central point of contact
- Monitors overall postvention activities throughout the school
- Handles communications with the different parties

To learn more about appropriate postvention strategies for schools, go to sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf.

How do you safely report on the death by suicide?

Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help. To learn more about *Recommendations for Reporting on Suicide*, go to reportingonsuicide.org.

How does the community safely memorialize the individual who has died?

Those effected by a suicide may want to plan a memorial observance or other event to honor their lost loved one. Planning a religious service or other memorial observance under these circumstances provides several challenges. To learn more about recommendations for planning a safe memorial observance, go to sprc.org/sites/default/files/migrate/library/aftersuicide.pdf.

Some things to consider when assessing your community's ability to implement the steps around a postvention

- What services are available in your community for everyone who might be effected?
- Will services be available for 30. 60. 90 days out and beyond?
- Who is already involved? Who is missing?