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STATE SUICIDE PREVENTION
INFRASTRUCTURE RECOMMENDATIONS
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>> JULIE EBIN: Good afternoon, everyone. Welcome to this afternoon's webinar "Building Suicide Prevention Infrastructure in Your State."

We are going to go ahead and get started. So, I'm going to turn it over to start to CHELSEA PEPI, our webinar coordinator, who is going to give you some technical tips on participating in today's webinar. Chelsea?

>> CHELSEA PEPI: Thank you, Julie. Good afternoon, everyone. Welcome to today's webinar. The phone lines will be meted for the duration of this meeting. You can also listen over computer speakers. If you have any questions or comments throughout the presentation please type them into the Q & A box

located on the left side of your screen. We will be recording this meeting and slides will be available after the presentation. Thank you and I will pass it back to you, Julie.

>> JULIE EBIN: Thank you, Chelsea.

So, we're so thrilled to have all of you here today. I'd like to introduce our staff who are going to be leading the webinar today. I'm Julie Ebin, manager of special initiatives here at SPRC. I'm not sure why it says “specia,” we lost an L there. I will be presenting today. On chat and behind the scenes we have Kerri Nickerson our team Director; CHELSEA PEPI who you just heard from, and the fabulous Keri Lemoine assisting with audio.

So, what we'll cover today. First of all, why state suicide prevention infrastructure is important. What the new state suicide prevention infrastructure recommendations are from SPRC. We'll hear from Ken Norton as to what infrastructure looks like in present as well as what you can do to build suicide prevention infrastructure in your state.

The Suicide Prevention Resource Center is funded by SAMHSA. However, none of the views or opinions or policies expressed today are necessarily reflective of SAMHSA or CMF or HHS.

So, a little bit about the Suicide Prevention Resource Center, for those who are maybe a little less familiar with us. We're really your one-stop source for suicide prevention. We offer a variety of products and services, including best practice models, free online trainings, research summaries, a weekly newsletter. We serve a variety of audiences including organizations, communities, agencies, systems from health systems to justice systems to mental health systems, et cetera. And you can connect with us on the web, Facebook or on Twitter as you can see on the right.

So, we're really thrilled to have all of you here today. Thank you for taking the time out of your busy schedule. I'm going to go ahead and get started with my portion of the talk, and then a little later we will hear from, as I mentioned, Ken Norton, Executive Director of NAMI New Hampshire and Nicole Gibson from the American Foundation for Suicide Prevention.

So, why is state suicide prevention infrastructure important and what are SPRC's new recommendations?

So, to first give a little bit of context, not everyone know what's state suicide prevention infrastructure is. For suicide prevention, what does that mean. This is the definition that we use and I am going to pause for just a second so you can have a chance to read. It's that concrete or practical foundation or framework. And at the heart of this definition, is really the idea that any state can create statewide structure that supports and prioritizes suicide prevention.

So, in my portion of the presentation today I'm going to cover

the why, who and how, what and what can you do.

I want to take a moment in the midst of discussions about the structural components of suicide prevention to acknowledge the people at the heart of why this structure is needed. So, we remember those who we've lost; we recognize friends, neighbors, colleagues who have lost a loved one; and we honor those who have survived and who continue to survive.

So, in terms of the why of why develop these infrastructure recommendations, two studies coming out of the Garrett Lee Smith grant program evaluation have shown that when funding is in place, impact can happen, but the impact goes away about a year or two after the activities and funding go away. So, we can't change the growing issue of suicide without sustained support in the form of financing, dedicated positions, sufficient time, energy and resources. However, there really hasn't been any guidance to turn to for you know what kind of offices, what kind of positions, programs or resources need to be in place at a state level for suicide prevention. And these infrastructure recommendations are really meant to address that issue.

Prior to this, there were only sort of piecemeal ideas, but these are comprehensive recommendations that can help guide states, advocates, and interested individuals on policy, funding and administrative decisions.

So, the who and the how. The recommendations are really for decision makers and key influencers, including you all. We had a robust process to create these recommendations and didn't just write them on the back of a napkin. We had an advisory panel of over 25 state and national experts including people with lived experience, and we got feedback from key audiences.

Let me also say in terms of who are the recommendations for, I mean, really state-level decision makers can use these for guidance for creating funding and sustaining a strong suicide prevention plan and a strong suicide prevention program, and for advocates like many of you today, the recommendations can really help you to know what to advocate for, what steps to take first or what strategies to implement first in your state.

For suicide prevention coordinators who many of you are here today, the recommendations can help you guide your work around strategies to support local and state level, data to track and analyze, et cetera.

So, some of you might be saying to yourself, wait a second, I thought we already have great guidance on suicide prevention in states. Some of you may be familiar with the national action alliance for suicide prevention transforming communities guide or the CDC's technical package for preventing suicide. Which are really great resources if you are not familiar with them. I highly encourage you to check them out.

So, the state infrastructure recommendations add on those two resources by explaining what kind of funding, what kind of resources, what agencies, staff and more need to be in place in order for those other strategies to really be able to kind of, you know, sink their teeth in at a state level.

So, where these accommodations live. If you go to our website and hover your mouse over the effective prevention part of our website, as you hover then you will go over to the state infrastructure section over here.

All right. In those recommendations we've grouped them by six essential elements. The action to take to establish the state infrastructure. It's highlighted by authorize, partner, build, et cetera. Each of those --

[Audio breaking up].

We sorted out which are foundational infrastructures, if All States should have a minimum and which are more advanced that we highly recommend but realize some states need to focus on basics first. And then on the website you can see that all of the -- each recommendation under each essential element has real life examples with it. And each has -- and it will expand out and you can see what that means on each recommendation.

[Audio cutting in and out; please standby.]

So, I'm going to briefly talk about the essential elements. I'm not going to go through each one of them in details because I know that you all can read them on your own and I want to make sure we have enough time for all of our presenters today. But I wanted to just highlight a few things that may be helpful to understand about the recommendations. The green bar on the side are the foundations that I mentioned and the gold ones are a little more advanced. So, authorize is about getting official designations. So, funding, a state plan, authorization and accountability.

One piece of the foundational level of authorize is having the state or suicide prevention leadership designate a lead agency. This is really important because a lot different people are in suicide prevention, state actions, nonprofits, et cetera but the efforts may not be coordinated. At a state agency in particular as a designated physician or designated office or division, they often have multiple priorities. Like they're responsible for all energy prevention or substance abuse and suicide, et cetera. So, having one lead will help partners to connect with will help that lead agency prioritize suicide prevention as a critical piece of the mission. And also, to provide.

You can work with your state suicide prevention coalition or coordinator if you have one to prioritize all of the issues and authorize especially the first three foundational ones. If you

don't already have that in place.

So, lead, maintain a dedicated leadership position. I talked a little bit about that earlier, but within that designated lead agency to really have that specific dedicated position for suicide position. Lead is about overall helping suicide prevention efforts to succeed by having enough staff and enough resources. The recommendations also highlight the types of skills that suicide prevention leaders need. Not just the content but the program management types of skills, et cetera. On a foundational level it's really about beyond just designating that lead organization, designating and funding prevention staff to dollars that are not dependent on grants. Because when the grant goes away you have to be able to still have things in place in order to be able to sustain suicide prevention. So, dollars not dependent on grants.

On a more advanced level it's important the lead agency housing the staff are strongly connected to other government agencies and to coalitions and nonprofits.

Essential element 3 is partner. And I'm thinking probably a lot of you on the call know about this. But as described in the national strategy for suicide prevention, we really require a multi-faceted approach that focuses on risk and protective factors at various levels. Not just the one to one level. This is a big job, right. No one person can do that alone. No one agency can even do that alone.

So, prevention efforts are more likely to succeed when multiple partners are involved from the public and private sectors. And the voices of people with lived experience with suicidality and I know there are folks in the room here today or suicide loss must be part of this coalition to bring your knowledge and passion to the table.

The fourth essential element is examine. And it's about data. Some of us are, you know, maybe shy away from data but suicide prevention at a state level has to be data driven in order to be effective. On top of that, to determine effectiveness and to continuously improve the efforts need to be evaluated, right. It's not just a let's throw that out and there just we think it's working.

So, at a basic level your state needs to be able to identify what are the data sources that exist. You have to be able to connect with those. And then to strengthen those data sources. Because sometimes they need some help. And then at the state level, people need to be able to analyze and use the data. So, state leaders need to be able to analyze and use the data and then communicate it back with advocates, to decision makers, to local programs in order to advance suicide prevention efforts across the state.

And in the early winter, I'm really excited to say, we'll

be putting out a data supplement to help state epidemiologists dig even more into the weeds on what would be the data infrastructure that is needed at a state level for suicide prevention.

The fifth essential element is build. And this is about programming. State suicide prevention programs oversee implementing and evaluating a state plan. And state suicide prevention programming, you know, in a larger way. To really maximize the resources there has to be a combination of strategies that has the best available evidence and makes the most sense for your state; including what can reach the groups of people most at risk in the state.

Build can really only happen if essential element 5 because it can only happen when the first four elements are in first. The data from examine should guide the strategies in your state's build. You need to have the people, the personnel in place. You need to be working with multiple partners from partner. So, at a foundational level there should be a lifespan, multi-faceted approach. And that should include policies and regulations to support prevention and crisis intervention, postvention and upstream, and, again, authorize. We need funding to do all this in the areas.

And lead. We need the skills and staff to examine and evaluate the impact of what you are doing. So, I really encourage you to work with your state leaders to help identify prevention strategies to put in place that will put a dent in the rising rates and to push to evaluate the impact of those efforts.

Think about what groups you are start of personally and professionally and how can your group be part of developing that state plan that builds on your particular strengths.

Lastly, we have guide. And state suicide prevention program plays a really critical role in providing guidance, consultation and training to local Health Departments, to local coalitions and many others at the state and local levels. So, this might include figuring out what's needed at a state level. What's needed at a County or local level in terms of things like postvention guides and education and figuring out how to help support it happening. Not that the state coordinator or coalition does it all themselves, but they see what's needed, help figure out what needs to get in place and do it through working with County coalitions or doing a training or working with the state coalition to see what they could advocate for, to the legislature, for example.

So, just to really highlight, to bring this home, what can you do. If your state has little infrastructure you need to start with that partnership piece. Make sure you have a state coalition. And, you know, a lot of people aren't sure where to start, so I wanted to kind of highlight here are some places where you can

start. Depending on whether you have a little in place or some in place. For that examine piece, use your data to make a case to decision makers to form a coalition or for funding, for a suicide prevention coordinator or for a focus within the department. Maybe to, you know, a Commissioner of behavioral health or Public Health.

If your state has some infrastructure in place, you know, keep working on that authorize piece. Maybe, you know, updating your state plan. And for lead try to get, you know, enough staff in place that they can really support everything that's going on, not just that one person.

And if you have all of this in place, you can go on to those more advanced pieces of infrastructure. Both in the partner authorize and lead sections as well as examine, build and guide.

All right. So, I'm going to -- if anybody has -- I think we probably have time just for maybe one question, if anyone has a burning question right now, we will take that question and then we'll go on to our next section. So, we'll have a moment for questions after each of our presentations then a longer session for Q & A at the end of today's webinar.

Kerri, are there any questions?

>> KERRI NICKERSON: Yeah. So, Julie, one question that we received is how do I know if my state has a suicide prevention coordinator.

>> JULIE EBIN: That is a great question.

So, on SPRC's website you can go and find your state and look at -- each state has one or two contacts on our website, and you can see on there what the person's position is. So, they may be officially designated state suicide prevention coordinator; They may say, you know, South Carolina coalition co-chair or AFSP Chapter head or something like that. So, usually, you can tell from that. And, if you are not sure, you can always contact that person or people and ask them. Another way that you can tell that, I believe, and Nicole you might need to chime in here, is that AFSP has state fact sheets.

Nicole, do the state fact sheets -- here is where I am a little rusty -- do they say whether or not you have a state suicide prevention official coordinator?

>> NICOLE GIBSON: No, it doesn't go into that much detail. We talk about the different initiatives that are currently active in the state. But we don't go to the coordinator level. So, I think your previous answer about going to SPRC.org/states is what we would recommend for folks.

>> JULIE EBIN: Great. Thank you, Nicole.

Okay. So, if there are additional questions, Kerri, maybe we can hold those until the broader Q & A section.

>> KERRI NICKERSON: Sounds great.

>> JULIE EBIN: Great.

So, I am thrilled to introduce Ken Norton who is the Executive Director of NAMI New Hampshire. I've worked with Ken for a really long time, and he's just an amazing fountain of knowledge on many things and has been a really great source of support for suicide prevention in New Hampshire. He was the creator of the Connect program. He has been professionally and personally touched by suicide. And I'm really excited to hear all of what he has to share about New Hampshire's state infrastructure.

So, Ken, I'm going to turn it over to you.

>> KEN NORTON: Well, thanks. And thank you for that introduction. And I think what we've experienced in New Hampshire really fits perfectly with the infrastructure recommendations because we've had very few state resources, but in the absence of those resources through collaboration and having a structure in place, we've really had a lot of collective impact and innovation in your state.

Our early efforts started in the 1990s with a legislative study committee to look at youth suicide. And that study committee recommended there be a permanent committee established but with no funding. From that, the youth suicide prevention assembly started looking at youth suicide up to age 18. Then in 2003 expanding to age 24.

In 2003, the youth suicide prevention assembly came up with the concept for the connect suicide prevention program and found a small grant from a family foundation who had lost a loved one in New Hampshire to suicide. And that -- the Connect program focused on best practice protocols and trainings across all disciplines and really looking at a community-based socio ecological model. So, looking beyond the individual to the community risk and protective factors and using the trainer program to build sustainability and also having training like survivor voices to share the stories of suicide loss from those bereaved by suicide.

And then we developed our suicide prevention plan in 2004. And it was driven by injury prevention and Public Health and other folks. It was based largely on the national strategy for suicide prevention but it was enforced by our Commissioner of Health and Human Services. At this time, it was a little unusual there were other state plans sitting on his desk for a variety of reasons weren't being approved. So, we were really glad to get that approval. And we've been updating it every three or four years. And the current plan was developed in 2017. We just had a meeting this week to talk about updating that in the coming year.

We established the New Hampshire Suicide Prevention Council as part of the first round of Garrett Lee Smith grants which was NAMI New Hampshire was designated by the state to be the applicant. And we formed it as one of the deliverables of that grant.

Although, really what the grant had called for was strengthening YESPA. But when we got into the sort of specifics of that, there were some turf issues involved and for a variety of reasons decided that we would create a new council that focused across the lifespan and really following one of the key recommendations of the national strategy that it would be a strong public and private partnership. That council was also sanctioned and approved by our Health and Human Services Commissioner. And we went around then and developed a memo of understanding for participating organizations and got people to sign off. When I say people to sign off, I mean Commissioners and heads of agencies and organizations. So, the MLU really had two key pieces. That we would all work collaboratively towards implementing the goals and objectives of our state suicide prevention plan, and that people participating on the council would act as a liaison with their organization and gauge stakeholder groups and be an active participant in those meetings.

So, again, from that public/private partnership which is so important, we had our Department of Health and Human Services, our Department of Corrections, Department of Justice, Department of Education, Department of Safety, our state hospital, County corrections, legislators and later on our national guard and VA. Then we had a number of private organizations from community mental health centers to energy prevention to local hospitals and survivors of suicide loss.

So, towards the end of that first GLS grant we looked to sustain that council and to legislatively establish it. And that was somewhat controversial. Again, there were sort of turf issues. And well, if we restrict membership by legislatively establishing it or if we're legislatively established is that going to impact on our ability to advocate; But, ultimately, we brought a bill forward, that passed, and there were 24 stakeholders and legislated members; Some designated by the governor, some by the commissioners of various departments and some of those are designated by the individual organizations. There was no funding approved or appropriate with that legislation, but that was a big step forward for us as a state.

I should add, while there are designated members as the council has operated, anyone who comes to the meeting is welcomed and we've never sort of taken a vote of the legislatively established members only.

There are a number of committees that are part of the Suicide Prevention Council and they include a public policy committee, a communication and media committee, data committee, then we've added committees for survivors of suicide loss, veterans and military, law enforcement and we're now adding first responders to that. A suicide fatality review committee and a conference

committee. And as Julie talked about, data has been a really important driver for us as a Suicide Prevention Council. We put out an annual report. And that report comes out around ten months after the beginning of the calendar year. So, it's going to be coming out in the next week or so for 2018.

And like everything else that the Suicide Prevention Council does, the report is a collective effort of a number of different organizations. But rather than sort of one organization take the lead or sign their name to it, it's really done on behalf of the Suicide Prevention Council. And we became a national violent death reporting state. I think in 2016. It might have been 2015. They have an active seat on the Suicide Prevention Council as well as the data committee and that's been a great asset for the state.

The council together with YESPA puts on an annual suicide prevention conference. It's coming up next week. It's sold out. It's the second largest venue in the state. And it is a collaborative effort of advocates, providers, loss survivors, and people who have experienced suicide intensity. And it really attracts a diverse audience. From veterans and military and law enforcement to educators, to providers, to loss survivors and people with lived experience.

Early on we work to engage our New Hampshire National Guard. And there was some difficult conversations about how do we penetrate that wall. We don't have an active military base in our state, but we have a reservation for the National Guard here in Concord with a big wall around it. And we really didn't know how to get inside that wall. But we, you know, we started to work that angle. And this was really before military and veteran suicide became a crisis. And we started to do some collaborative training with them. And from that then they became involved with the Suicide Prevention Council and with other initiatives. And that became a model for the Department of Defense and the National Guard bureau that's been used nationally. Particularly, in the area of responding after a suicide death but just the whole collaborative engagement has been important.

And then more recently, we've been involved in the Mayor's veteran and military challenge Manchester which is our largest city. And we were one of I think 7 state selected for the governor's challenge in 2018.

We legislatively established the suicide fatality review community through the Suicide Prevention Council. That was done in 2010. We were the first state in the country to legislatively establish one. There were existing child fatality, domestic violence, fatality review committee; So, this was really focused on suicide. It meets quarterly and reviews suicide as well as some deaths that might be determined accidental or undetermined. So, those kind of gray area deaths. And it has multi-disciplinary

members and it reports to the Suicide Prevention Council which also reports back to the legislature.

We have very strong links with our medical examiner's office which is through our Department of Justice and we have a designated person from the Department of Health and human services bureau of mental health services who has daily contact with the medical examiner about suicides. That helps to alert specific regions or community mental health centers for suicide deaths or alert other folks for deploying perhaps a postvention response. If there's been a youth suicide or high-profile suicide death. As well as to prepare for media calls if there's something high profile. It also collects data and coordinates loss survivor packets. We again, a collaborative effort through YESPA the youth suicide prevention center, NAMI and the Suicide Prevention Council. We send out a packet to the next of kin about two weeks after a suicide death that has a lot of resources and information. And that person also identifies potential cases for review for the fatality review committee.

We worked the legislation through the suicide prevention council to get a bill to require completion of continuing education credits for people licensed through our board of mental health practice. I think we were the fourth state in the country to do that. And it rivers three credits every two years in suicide prevention intervention or postvention. That's for licensed social workers, marriage and family therapists, clinical mental health counselors and pastoral counselors. The psychologists were separating out from that board at that time so it does not include them.

This year, after 20 years of different pieces of legislation to try to bring forward legislation to encourage or require schools to develop suicide prevention training we were able to pass legislation this year that in typical New Hampshire style requires schools to develop plans for suicide prevention training. Because there's no funding appropriated with this bill. In New Hampshire that would have been considered an unfunded mandate if it had required the actual training. So, the language is that it's planning for training. But it's for teachers, administrators, staffs, students, and volunteers and we're pretty excited to see this move forward.

For some of our additional infrastructure, we've had Garrett Lee Smith grants in 2005, 2009, 2013. We've really tried to focus on how are we going to sustain our efforts when those grants end. And there have been a lot of ongoing work in that regard.

Many of you have heard about the gun shop project that came out of New Hampshire. That came from the liaison with the medical examiner's office noticing that there had been three suicides

within an 11-day period where people had purchased firearms from the same gun shop between 24 hours of their death. And that brought together the suicide prevention advocates and gun shop owners and firing range owners who had conversations which then resulted in putting out national suicide prevention lifeline posters and cards in some shops, and then developing videos and posters for encouraging people when they know somebody at risk, a friend or family member, to temporarily remove that firearm.

We've also done a lot of work with meet yeah and journalism students over the years. And that's been an ongoing effort of our communications committee. And we've had an annual suicide prevention week press conference. We've been very fortunate to have governors participate in that on a regular basis.

And we had a zero-suicide academy in 2017 that was funded by one of our local hospitals who then opened it up and we had teams from all across the state -- military veterans, mental health centers, other organizations.

And we head rest in our state provides the lifeline for our state. And more recently a really important initiative that we did was we had training for people who have experienced with suicidal intensity or who have previously made suicide attempts. And we did that through Eduardo Vega, activating hope and growing through, to really try to build infrastructure for those voices that we have not had a seat at the table for so long of people with lived experience; many of them are now serving on mobile crisis response teams or working at peer support agencies or assertive community treatment teams and other areas in the state.

Moving forward we had a very successful legislative session with a number of different initiatives where we were able to get increased funding and legislative attempts. And probably the biggest thing is that we now have funding perhaps for suicide prevention coordinator in our state. And we use the summary recommendations for state suicide infrastructure to send a letter to our Commissioner requesting that position.

So, this is my contact info and I don't know if there's time for one question or not.

>> I think we probably have time for one question. Kerri, do you have a question for Ken?

>> KERRI NICKERSON: Sure. So, there was a question that came in around the positions on the council. Are any of those paid positions or are they usually fulfilled by volunteer hours? How does the kind of funding for that piece work?

>> KEN NORTON: There is no funding for the council per se, but, you know, most people that participate on the council, not all, but most people are doing that as part of their work for an organization or a state agency. But we do have some volunteers

that participate, particularly some of the folk with lived experience or suicide -- and/or suicide loss survivors.

>> JULIE EBIN: Great. Thank you, Ken.

I didn't see we had one or two other questions, but I think we'll save them at this point until the Q & A period at the end.

So, thank you so much, Ken; really appreciate your sharing your experiences in New Hampshire.

So, I am very pleased to introduce Nicole Gibson from the American Foundation for Suicide Prevention.

Nicole, I'm so sorry, I'm trying to find your bio and introduction. Totally unprofessional over here. But Nicole has been really great to work with. She is a senior Director of State policy and grassroots advocacy for the American Foundation for Suicide Prevention. She has expertise in a number of areas and used to work on the state level in Maryland prior to coming to AFSP. Nicole has been personally touched by suicide after the loss of her brother. And we're so grateful to have you here with us today to be talking about how folks can use these state infrastructure recommendations.

So, take it away, Nicole.

>> NICOLE GIBSON: Great. Thank you, Julie.

Hello everyone. I will start today by giving you a summary of who we are here at the American Foundation for Suicide Prevention or AFSP.

So, in brief, AFSP brings together people across communities and backgrounds to understand and prevent suicide and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything that we do. I can use my own experience as an example of this.

As Julie just mentioned, I lost my younger and only brother Gregory to suicide back in 2004. My family got involved with AFSP's out of the darkness overnight walk the following year. And then transitioned into hosting local community walks in Maryland and eventually we helped to start a Chapter of AFSP in the D.C./metro area. Our story is not unique. And many, if not most, of my fellow staff and volunteers have been touched by suicide and/or mental health conditions in some personal way.

Just like all of you on this webinar today, our AFSP volunteers are incredibly passionate and dedicated. They include people who have lost a loved one to suicide, people with their own lived experience with a mental health condition or suicide attempt, people who have helped loved ones through a mental health crisis, mental health professionals, first responders, funeral home directors, educators, faith leaders and many others.

Our AFSP chapters are run by these dedicated volunteers who carry out the mission of AFSP in local communities across the

country. Our mission is to save lives and bring hope to those affected by suicide. To fully achieve this mission, we engage in the following core strategies. We fund research. AFSP is the leading private funder of suicide prevention research in the country. We invest in this research. Because understanding the causes of suicide is vital to saving lives. We educate others about mental health conditions suicide prevention to foster understanding and inspire action. We support and offer a caring community to those who have been touched personally by suicide or mental health conditions and involve them in the work of the foundation. And we advocate to ensure that federal, state and local decision makers do all they can to prevent suicide and to support and care for those at risk.

Through this work at the national, state and local levels and through the work of our AFSP chapters and volunteers, we hope to reduce the rate of suicide 20 percent by the year 2025. In total, saving 36,000 lives.

In my role with AFSP, I support AFSP chapters and volunteers in advocating for changes in public policy. Part what we're asking all are volunteers to do in the coming weeks and months is to work with folks like all of you on today's webinar to figure out how to best utilize the great information and resources within the new SPRC state infrastructure recommendations and to bring those recommendations to the attention of key decision makers in their Chapter areas.

So, the bulk of my comments today will center on the following topics: How AFSP Chapter volunteers and other stakeholders, like all of you, can use SPRC's new recommendations and what resources are available to help you make your case for more advanced implementation of those recommendations statewide.

To reiterate, there is a role for all of us in bringing these recommendations to the attention of state lawmakers and other public officials where we live and where we work, or those that we already have a relationship with. For our AFSP folks who are on the webinar today, the hope is that you will schedule at least one or two meetings with decision makers before the end of this year to get the ball rolling.

The purpose of these meetings will be to help decision makers assess which of the six essential elements that Julie talked about at the top of this presentation are being carried out in your state and where more advanced implementation is needed.

So, I'm happy to report that we will have a new AFSP resource coming out in the coming days that will help guide you in this work. The resource will help guide you in determining what prep work to complete prior to requesting your meetings with decision makers, what talking points to use for those meetings, and what follow-up might be needed afterwards. While I won't go through all of these

in detail today, I will give you some short examples on the following slides.

Once you've had a chance to become familiar with the SPRC recommendations, you will likely find that there is a wealth of information included online and in the printable resources that you can read and digest. And you might find it helpful to work with one or two other people or ideally to put together a local coalition of stakeholders as Julie was talking about to review the recommendations together and to brainstorm ideas for your meetings.

To put the recommendations in perspective, we suggest that you do some homework or prep work so that you have a full picture of the scope of suicide in your state and what suicide prevention work is already being done. That should include reading and printing your state's current suicide prevention plan; and your AFSP state fact sheet. So, links to both of those are included on the screen for you.

State plans often have very detailed histories of suicide prevention work in your state, relevant facts and statistics, and goals and objectives for action. While your state fact sheet from AFSP will detail relevant state laws and current statewide activities that are often guided by those laws.

We also suggest that you connect with your local AFSP Chapter and your state suicide prevention coordinator, if you have one, to help connect the dots between what is included in the state plan and then what activities are actually being funded and happening on the ground.

Other examples not on the slide here of prep work activities could include: Investigating what crisis lines are currently active in the national suicide prevention lifeline network in your state and what their instate answer rates are; or investigating what other state or local coalitions or commissions, nonprofits or task forces are involved in related work in your area.

Once you have completed this homework as outlined here, and also in the new AFSP resource that's coming out, you can take what you've learned and apply it to the SPRC state infrastructure recommendations. So, work together with those stakeholders that you identified at the beginning of this process to collectively discuss what your state is doing well and what your state could be doing more of and come up with your top three to 5 recommendations to bring to your scheduled meetings with decision makers. Discussing what your state is doing well will help you highlight the parts of your state's work that you are most proud of and what you want to see continue. And it will also be helpful for your meetings to frame the what could your state be doing more of conversation as an opportunity to bring folks together across the state to address any identified gaps or to more efficiently

address certain areas within the recommendations.

Once your prep work is complete and you have your top recommendations identified, it will be time to actually hold your meetings with decision makers. Our new AFSP resource will have specific talking points spelled out for your use and a suggested order or flow for your meeting. So, please feel free to use all or part of those.

Part of our suggested talking points do include sharing your personal story and connection to the cause as you feel comfortable of course. Particularly, if you haven't met with that particular lawmaker or public official before. We also suggest that you print and bring with you several documents including the SPRC's state infrastructure recommendations summary sheet, it is a front and back, and the full report, your AFSP state fact sheet, your state suicide prevention plan, and, of course, your own contact information and info about your local AFSP Chapter.

You will want to make sure to follow up with decision makers after your meetings as well to answer any outstanding questions, act on any action items, and to make local connections. This initial meeting should also just be the start of the conversation. So, we really suggest that you schedule a follow-up meeting within about four to six weeks to discuss next steps.

Please remember that these recommendations can guide improvements or enhancements within your state over the long term. So, make sure to connect with others working on suicide prevention for these meetings. Find common ground and work together to help decision makers and serve as a resource for them as they work with you to implement one or several recommendations over time.

So, in closing I want to leave you with some AFSP resources that can help supplement the work you are doing with the new SPRC recommendations. We will have our new how to use the SPRC state infrastructure recommendations resource posted in the coming days. And the link is not actually on the screen, but it will be the state suicide prevention initiatives and plans section of AFSP.org/priorities. I know that's long so I think we'll share that link elsewhere on the platform.

We also encourage you to connect with your local AFSP Chapter if you haven't already and to take a look at your AFSP state fact sheet and national fact sheet. We also offer state policy issue briefs on our website. And there are links here to view our speaking out about suicide training which teaches how to share your personal story safely and effectively and also where to sign up to be an AFSP field advocate volunteer.

With that, I'll turn it back over to our friends at SPRC and thank you all so much. We at AFSP look forward to working with all of you to bring these recommendations to decision makers in the coming weeks and months. So, thank you.

>> JULIE EBIN : Great. Thank you so much, Nicole.

So, I am now going to open it up to questions for the whole group. Let me go back to my questions slide here.

>> KERRI NICKERSON: So, there's been a couple of questions related to what kinds of efforts states fund. So, I'm going to ask kind of a general question for the whole group, but maybe starting with Nicole.

Where can folks get the most comprehensive information about what kinds of efforts are funded in their state?

>> NICOLE GIBSON: That's a really good question and that's part of what we cover in this new resource or kind of the questions to ask about funding and where you might need to go to look for it. I wish there was kind of a central place where you could go and just click on your state and see exactly where all the suicide prevention moneys come from, but I don't think that exists. I wish that it did. But there are certain places that we tend to go to look for, for example, federal grant moneys that go towards suicide prevention activities. So, that could include Garrett Lee Smith, state and tribal grants, zero suicide grants, national strategy for suicide prevention grants. There's a suicide prevention lifeline crisis center grant. Community mental health block grants and others. So, I know there's a place on the SPRC website that you can go to figure out who has been funded in those areas. There are also several states, or many states that have dedicated line items for suicide prevention or related activities within their state budgets. But, again, there's not really a central place to go to look for that. So, it would be a matter of connecting with your state suicide prevention coordinator. I think that would probably be the best source to help guide you through where to look to find those more detailed funding amounts for your state.

>> KERRI NICKERSON: Great. Thank you. That's very helpful.

Julie or Ken, do you guys have any additional thoughts you want to adhere?

>> JULIE EBIN: Just, you know, agree with everything that Nicole said. Although unfortunately on the SPRC website we don't detail how much of the community mental health block grant is dedicated to suicide prevention but we do list which SAMHSA-specific funding streams are active in your state at any one point. So, a Garrett Lee Smith grant, national strategy for suicide prevention grant, et cetera. We also don't post the suicide prevention lifeline crisis center grant, unfortunately.

>> KERRI NICKERSON: Great. Thank you.

So, now I'd like to turn to a question for Ken.

How did you get your medical examiner to share realtime information with you all?

>> KEN NORTON: It is a great question and we've had a long-standing relationship with them. But there were some information sharing legalities that we had to work through because our medical examiner is through our Department of Justice and our bureau of mental health services is part of our Department of Health and Human Services.

We don't necessarily exchange names, but they provide sometimes just enough information for responding. It might be the region or the town where a suicide has taken place and the age of that individual. Those kinds of things. But relative to the suicide fatality review committee, obviously, that legislation has a confidentiality piece built into it under quality assurance type rules and so that's where we are able to use that data.

That said, for our fatality review committee, like most fatality review committees, we won't investigate or review a case where there's a potential for legal liability or a civil action until -- while we might identify them they're often not reviewed until two years later.

>> KERRI NICKERSON: That's helpful. Thank you.

Julie, do we have time for another question?

>> JULIE EBIN: Yes, I think we have time for one last question. And while you are choosing one, I will also add in terms of the funding, which I should have mentioned earlier, that CBC recently conducted a study on the states of suicide prevention and they will be publishing some information on aggregate funding levels across the United States as well as other aggregate data. And, hopefully, that will be forthcoming this winter. And we will certainly put information about it on our website and in our sources as well once that is out.

Kerri, did you have one final question for us?

>> KERRI NICKERSON: Sure. Yeah. So, Ken, just one more kind of clarifying question.

There was a question about the level of training that folks have to be part of the fatality review team. So, are those conducting the fatality review, have the psychological autopsy training certification and kind of a bit about the training to be part of that.

>> KEN NORTON: Sure. That's a great question. I think there is one person that's had the psychological autopsy training. Folks from the medical examiner's office participate. We have law enforcement who participate. We have legislators who participate. Providers and loss survivors. So, there's kind of a mix of folks. Public Health and data folks also participate. So, it's really a multi-disciplinary team that looks at those reviews. And that legislation was based on similar composition to the fatality review committees that previously existed for children and for domestic violence fatalities in our state.

>> JULIE EBIN: Great. Thank you so much, Ken. So, unfortunately, we are almost at the end of our webinar. So, we're going to end the Q & A section there. And we do have the ability to follow up with individuals who had specific questions; So, we'll follow up with you afterwards.

I just wanted to draw your attention to on our state infrastructure sort of micro-section of our website, we do have a section on state infrastructure tools. You can get to it by clicking on that little toolbox on the bottom. And the first tool that is listed there is the state infrastructure mailing list. So, if you like and if you haven't already you can sign up to receive updates. Because we're continually adding new content and tools. So, new examples from different states. We will be having -- we will be posting a guide to getting started in the next, you know, couple of months. And we will also be linking to the AFSP talking points on this section of our website as the suicide state fact sheets are already on here as well. This is where you can find that summary that Ken mentioned which is a great two pager to give to decision makers who don't have the time to read all of the details, as well as a checklist. So, definitely go and sign up for that.

So, I just want to say a huge thank you to Ken and to Nicole for coming and sharing your expertise with us today. And thank you to all of you in the audience for joining us and for asking such great questions. Have a great rest of your day and your week and happy pre-Halloween. Take care, everyone.

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