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## February 2017 Newsletter FLORIDA SUICIDE PREVENTION COALITION

*A statewide, grassroots organization  
of survivors, crisis centers, & interested citizens*

### WHAT DID SHE SAY?



*"I feel it is critical to bring together voices from across the state to strengthen the fight against stigma, encourage discussion about suicide in marginalized groups, and to collaborate on efforts to increase Tallahassee's support for suicide prevention in our state."* Alexandra "Ali" Martinez, FSPC Region 3 Director

### FSPC NEWSLETTER SIGN-UP

Don't miss the latest update. FSPC encourages you to sign up with your email address to receive an email announcement directly to your inbox when each Newsletter is posted on the FSPC website. Email Steve Roggenbaum, Vice Chair, to register at [roggenba@usf.edu](mailto:roggenba@usf.edu)

### FSPC MINI-CONFERENCE

FSPC encourages you to make plans to attend *FSPC's 2017 Florida Taking Action for Suicide Prevention 2nd Annual Mini-Conference*. The event will be held April 4<sup>th</sup> (pm) and 5<sup>th</sup> (am), 2017 at Florida's Department of Children and Families (DCF) in Tallahassee.

### NEWSWORTHY

Article from *Miami Herald*, by Douglas Hanks (11/1/16)

#### ***Switchboard Miami shutting down after financial crisis***

Hit by a "major financial emergency," Switchboard of Miami plans to shut down by Dec. 1 as it transfers staff

from crisis hotlines and counseling services to a better-funded operator.



Charity executives shared sparse details about Switchboard's pending demise at Tuesday's meeting of the Miami-Dade County Commission, which approved shifting about \$300,000 in county funds to Jewish Community Services, which is taking over Switchboard's headquarters and operations.

"These programs will not go away," said Fred Stock, CEO of North Miami-based Jewish Community Services of South Florida. "And we're going to save as many jobs as we can."

Marlene Erven, a consultant for nonprofits who was hired two months ago as interim director at Switchboard, said the 45-year-old charity faced a "cascading" string of financial problems that the board tried, but failed, to address. She did not provide details, but said Switchboard missed fundraising targets and recently lost a federal grant worth more than \$1 million a year.

"We were fortunate to find Jewish Community Services," Erven told commissioners.

With a budget topping \$15 million, Jewish Community Services is twice the size of Switchboard. Stock said Switchboard's local backers, including government agencies and the United Way, are shifting grants to Jewish Community Services and that his organization has the funds to absorb the new programs.



Incorporated in 1971, Switchboard runs hotlines that focus on suicide prevention and mental-health counseling, along with finding help for people facing problems with housing, hunger and other needs. Specialized hotlines target seniors, veterans and LGBTQ people seeking help. The most popular number run by Switchboard is 211, a social-services version of 911 that draws nearly 200,000 calls a year in Miami-Dade, according to data posted on 211counts.org. More than half of Switchboard's 211 callers in 2016 sought help for their mental health or addiction.

Switchboard also provides family counseling, companionship services for seniors, youth-health programs and other social-service offerings. Stock said Jewish Community Services is in the process of taking over all of the programs offered by Switchboard.

A summary prepared for the county's Children's Trust board, which administers a property tax dedicated to youth services, showed the first public sign of trouble at Switchboard came in May when once-a-week furloughs began. By July, Switchboard warned it might not be able to make payroll without more funding. Management slashed a staff of 146 down to 95. (It's now down to about 70, Erven said Tuesday.)

Catherine Penrod, Switchboard's director during the crisis, left in August, according to the summary.

By September, Switchboard formally notified the county of a "major financial emergency" and the start of talks with Jewish Community Services to take over the troubled charity. Erven said Switchboard went through three chief financial officers in two years. The Children's Trust

summary said about \$650,000 in obligations, including \$135,000 in loans and \$265,000 in unpaid vendor bills, contributed to Switchboard's current crisis.

With a budget of about \$7 million listed in its most recent tax return, Switchboard serves roughly 140,000 people a year in Miami-Dade and Monroe, Erven said. Its main office is located in South Miami, and Jewish Community Services will continue to run it and manage all of the same hotlines, including 211. But the name itself, Switchboard Miami, will not transfer.

In July, Switchboard warned it might not be able to make payroll without more funding. Management slashed a staff of 146 down to 95.

At Tuesday's meeting, commissioners expressed concern at the loss of Switchboard Miami, which started in 1971. Commissioner Jose "Pepe" Diaz sponsored the motion to transfer the county funds to Jewish Community Services and pressed Stock on whether the organization was picking up all of Switchboard's services. "We can't afford to miss anybody in this process," Diaz said.

"The brand Switchboard for emergencies is known throughout," said Commissioner Barbara Jordan. "How do you plan to transition that brand? Teenagers know about it. The suicide line was commonplace in terms of young people calling it and getting help."

Stock said it's the telephone numbers themselves — particularly 211 — that enjoy the following among people in crisis.

"We're going to market it and brand it the same way," Stock said of 211. "All the numbers will remain the same. For someone calling, they will not know the difference."

Read more here: <http://www.miamiherald.com/news/local/community/miami-dade/article11911077.html#storylink=cpy> or <http://www.miamiherald.com/news/local/community/miami-dade/article11911077.html>

## IN FOCUS

*Get to know a Regional Director or Officer a little better in each newsletter.*



**Doris Carroll**, FSPC Region 9 Director (Palm Beach) and Region 15 Director (Indian River, Martin, Okeechobee, St. Lucie). We might consider Doris as an honorary Florida native as she has lived in Florida more than 30 years. She enjoys scrapbooking, stand up paddle boarding, and activities with her grandchildren.

She serves as the clinical director and president of Partners in Treatment Inc. and also as the executive director for Partnership for a Drug-Free Community of South Florida. She is a trauma specialist and substance abuse counselor. Doris earned her undergraduate and Masters degree from Palm Beach Atlantic University. She is active in the community as she founded the Palm Beach County Substance Awareness Coalition and is a member of the Florida Alcohol and Drug Abuse Association, Palm Beach County Mental Health Association, and Palm Beach County NAMI (National Alliance on Mental Illness).

Doris became involved in FSPC after attending suicide prevention conferences in Florida and desired to be more involved in prevention efforts. Her losses are surrounded by accidental overdoses. Doris wants to help educate children, youth, and adults to speak up when they have symptoms of behavioral health issues that can lead to suicide, thereby preventing suicide through awareness.

## PERSPECTIVE

*My Journey by Judy Broward, FSPC Vice Chair.*



I have been involved in the Florida Suicide Prevention Coalition (FSPC) for over thirteen years. I joined about six months after my son died. My first *Day at the Capital* event was in 2004. Everything was new but I was energized by the other dedicated people who attended. Governor Bush spoke that year and the next, and Mrs. Bush was by his side. His words made me believe that Governor and Mrs. Bush were touched by survivors who had reached out to him and that he was supportive of the cause.

Since that first year, I have been back to Tallahassee many times. We have had success (e.g., the Statewide Office of Suicide Prevention, Suicide Prevention Council, Education bill) and failures. But every year, I felt that the most important thing we did was to visit legislative offices and inform and educate legislators on suicide and the impact on their district and the state.

For the past six years, Big Bend Hospice has planned and hosted a beautiful remembrance ceremony the night before the *Day at the Capital* event for suicide survivors. They always have lovely music and create a meaningful ceremony.

Last year was the first year that the FSPC planned a mini-conference. The conference started Tuesday afternoon and Wednesday morning and scheduled it to occur just prior to the *Day at the Capitol* event. For the first year, we had good attendance and well-received speakers from around the state. We are in the planning stages right now for this year's mini-conference.

The Suicide Prevention Coordinating Council (SPCC) meets the afternoon before the Day at the Capital. It is a chance to meet Sofia Castro, the Director of the Statewide Office of Suicide Prevention (SOSP), and SPCC members in person. This year, the Day at the Capital is April 6. The Council meeting, second day of the Mini Conference and Evening of Remembrance are April 5th

People find different ways to cope with the suicide loss of a loved one. I have chosen to try to prevent another mother from receiving the call I got.

## RESEARCH FOR THE REST OF US



*Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.*

*Characteristics of elementary school-age children who died by suicide identified through 10 years of information from 17 states and recommendations for interventions.*

Suicide among elementary school-aged children is rare. However, the researchers used 10 years of data from 17 states [the National Violent Death Reporting System (NVDRS)] to study youth who died by suicide; comparing elementary school-aged children (5-11 years old) to early adolescents (12-14 years old) but also comparing black and non-black children.

Elementary school-aged children's suicides were more common for boys and among black children, and children were more likely to have died in their own home, died by

hanging/strangulation/suffocation, have ADD/ADHD, and experienced problems with family members or friends than early adolescents.

Early adolescents who died by suicide were more likely to leave behind a suicide note, have depression, and experience relationship issues with a boyfriend or girlfriend than elementary school-aged children. Early adolescents who died by suicide were also more likely to be male, black, and have died by hanging/strangulation/suffocation.

Both elementary school-aged children and early adolescents discussed their intentions of suicide to someone else at the same rate (29%). About one third of both age groups exhibited mental health problems.

Early adolescents who were black and who died by suicide were less likely to leave behind a suicide note and report lower rates of relationship issues in comparison to non-black early adolescents. Black elementary school-aged children and Black early adolescents were more likely than their non-Black counterparts to have completed suicide by hanging/strangulation/suffocation.

Several encouraging suicide prevention strategies for elementary school-aged children were presented: the Promoting Alternative Thinking Strategies program (PATHS), the Good Behavior Game, pediatric use of suicide screening tools, and Signs of Suicide prevention program.

PATHS teaches children appropriate ways to express and understand their own emotions and the emotions of others. It broadens a child's vocabulary of feelings providing more tools for communicating, perceiving, and monitoring emotions. The Good Behavior Game helps diminish the occurrence of impulsive and inattentive behaviors of children by teaching children cooperation skills and behavioral monitoring and self-control to achieve common goals. Adolescents who took part in the game during their childhood had fewer suicide attempts than youth not participating. Adults (e.g., family members, teachers, doctors, and health care providers) and peers can learn to effectively detect and respond to suicidal warning signs and disclosures. By asking questions about suicidal thoughts, adults may spark a conversation with a child that he or she may not have raised independently.

Pediatricians' use of suicide risk-screening tools is associated with increased detection of suicide risk in children. Pediatricians could increase identification of at-risk youth and potentially link children to mental health services. The Signs of Suicide is a middle school/high school prevention that has reduced youth self-reported suicidal behavior. The program educates participants about suicide, its overlap with mental health disorders, and teaches faculty and staff how to respond to a child who is might be at risk of suicide. (Summary by Stephen Roggenbaum & Yaritza Carmona)

Sheftall A.H., Asti L., Horowitz L.M., Flets, A., Fontanella, C.A., Campo, J.V., & Bridge, J.A. (2016). Suicide in elementary school-aged children and early adolescents, *Pediatrics*. 138(4), e20160436. doi:10.1542/peds.2016-0436



## WHAT'S HAPPENING



"*The Role of Faith Communities in Suicide Prevention*" webinar. Sponsored by National Action Alliance for Suicide Prevention on Thursday February 23, 2017 from 3:00 pm to 4:30 pm (EST). Online registration at <http://bit.ly/2j3Q5uQ>

**Save the Date:** *Suicide Prevention Day at the Capitol*. This advocacy event will be April 6, 2017 (Tallahassee).

**Save the Date:** FSPC 2017 *Second Annual Florida Taking Action for Suicide Prevention Mini-Conference*. The two-half day mini-conference occurs on April 4 & 5, 2017 (Tallahassee).

*American Association of Suicidology (AAS) 50<sup>th</sup> Annual Conference* at the Hyatt Regency in Phoenix, Arizona from April 26 – 29, 2017. <http://www.suicidology.org/annual-conference/50th-annual-conference>

*7<sup>th</sup> Annual National LOSS Team Conference* a two-day conference on suicide postvention being held the same week as the 50th Annual AAS Conference - at the Hyatt Regency in Phoenix, April 24 – 25, 2017. <https://lossconference.gbump.com/>

## RESOURCES



If you or someone you know is in crisis, please call **1-800-273- 8255** (*National Suicide Prevention Lifeline*)

*Crisis Text Line* – text “start” to **741-741**

*Veteran’s Crisis Line* **1-800-273- 8255, press 1 &**  
<https://www.veteranscrisisline.net/>

*Resources for Survivors of Suicide Loss*. SAVE. Suicide Awareness Voices for Education maintains a resource list at: <http://suicidegrief.save.org/ResourceLibrary>

*Suicide Loss Survivors*. The American Association of Suicidology (AAS) hosts a webpage with listed resources for survivors of suicide loss at <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss*. Retrieved from <http://www.stopsuicidenow.org/toolkits-now-available/>

*Project ChildSafe®* is committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#) [cable-style gun-locking device and an informational [brochure](#) (also in [Spanish](#))]. Find Florida Law Enforcement partners to inquire about a free Safety Kit from Project ChildSafe. <http://www.projectchildsafes.org/safety/safety-kit/Florida>

*Harvard’s Means Matter* is part of the Harvard Injury Control Research Center (Harvard School of Public Health), dedicated to reducing injury through training, research, intervention, evaluation, and dissemination. The Center has published hundreds of studies on injury topics ranging from motor vehicle crashes to alcohol use to youth violence and suicide. <https://www.hsph.harvard.edu/means-matter/means-matter/>

*Florida’s Statewide Office of Suicide Prevention* (DCF):  
<http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

*National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention:*

<http://actionallianceforsuicideprevention.org/resources>

*Is there a local NAMI Chapter in my area?* <http://www.nami.org/Local-NAMI?state=FL>

*Controlled Substance Public Disposal Locations.* Proper disposal of expired drugs or unused medications can be an effective suicide prevention tool by eliminating access to lethal means. Many community-based drug *take-back* programs offer the best option for disposal. For disposal locations

<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

## **NEW RESOURCE RELEASED**

Research continues to demonstrate that how the media reports on suicide contributes to an increased risk of contagion and, conversely, if done safely can reduce the risk of contagion and loss of life. With that in mind, SAVE is pleased to announce that over the last 14 months we have led an international, consensus-based task forces that have developed this new FREE media-suicide related product for our field.

*Best Practices for Blogging on Suicide* is a new online and download/printable document that is available in a 1-page summary or a 12-page comprehensive document. This was created based on the best current research and expert input that included suicide prevention, mental health, media and champion bloggers in arriving at consensus on the best practices. You can find the new resource version at [www.bloggingonsuicide.org](http://www.bloggingonsuicide.org)

## **AN EXTRA HELPING . . .**

The following is an excerpt from STOP Suicide Northeast Indiana's Help & Hope: For Survivors of Suicide Loss resource (with permission from Colleen Carpenter, Suicide Prevention Trainer & Consultant).

### ***TIPS FOR TELLING FAMILY AND FRIENDS***

Talking about suicide can be difficult for a variety of reasons. Sometimes people are not comfortable discussing it because they have a fear of hurting you or saying the "wrong thing." Another roadblock can be social stigma. Stigma can stem from a lack of understanding, religious or cultural beliefs, or personal experiences. It is easy to take these reactions personally and assume they are judging or blaming you. Try to remember that they just don't understand. It takes courage to be willing to talk about your suicide loss with your loved ones or friends.

Here are some tips for talking about what happened:

- You don't need to share details with everyone who asks you about what happened. It's your decision who to talk to and when. There is no need to force it; wait until you feel ready to have these conversations. Feel free to say "now is not a good time for me."
- Be open about the fact that it was a suicide. Keeping secrets can make grieving more difficult and prevent deep connection with those around you, which can make you feel alone without support. Not being open about the cause of death may force friends and family to "pretend" the death was not a suicide when it may be obvious (or known) to all involved. Other families who have survived the suicide of a loved one may not feel they can come forward to help until you are open about your suicide loss.

- If possible, avoid people who tell you “not” to feel certain ways, who easily share their opinions, or those who tell you that you should be over your grief. Instead, move towards those who are good listeners, who allow you to be yourself, honor your unique way of grieving, and don’t tell you what to do.

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss*.

Retrieved from <http://www.stopsuicidenow.org/toolkits-now-available/>

### **FSPC MEMBERSHIP**

New FSPC Membership or Renewal information available online at:

<http://www.floridasuicideprevention.org/membership.htm>