



Suicide Prevention

WEST VIRGINIA

Council for the Prevention of Suicide 

Annual Report

July 2009 . June 2010



“Because of the *stigma* too long associated with *mental illness* and *suicide*, we as a nation, have been reluctant to talk openly about this threat to our health and well being.”

**David Satcher, MD, PHD
16th U.S. Surgeon General
Before the Senate Committee on Appropriations,
Subcommittee on Labor, Health and Human
Services, Education
February 8, 2000**



Bob Musick, MSW/LCSW
Executive Director

Patrick Tenney, BA
Suicide Prevention
Coordinator

Barri Sky Faucett, MA
Director of ASPEN
Project

Lora Humphrey, BS
Administrative
Assistant

July 11, 2010

Greetings from the Director:

The West Virginia Council for the Prevention of Suicide has completed another successful year in providing trainings across West Virginia. We had over 900 people in attendance at workshops from across the state of West Virginia.

This past year was highlighted by our state-wide conference and we were able to attract two national speakers, Mr. Clark Flatt, President and CEO of the Jason Foundation and Ms. Barbara Rubel from Griefwork Center Inc. in New Jersey. Governor Joe Manchin III and Commissioner Victoria L. Jones from the Bureau for Behavioral Health and Health Facilities opened the conference with opening remarks.

The Council continues to grow within the state and particularly with the West Virginia State Police. We have been invited to present classes on police depression and suicide at the State Police Academy in Institute, West Virginia. Superintendent Tim Pack of the West Virginia State Police has been instrumental in allowing us the opportunity to present our class to police cadets at the academy.

The Bureau for Behavioral Health and Health Facilities under the direction of Deputy Commissioner Kim Walsh has provided funds which will allow the Council to bring a national speaker to West Virginia on two separate occasions to present workshops on Police Depression and Suicide. Mr. Robert Douglas, Executive Director of the National Police Suicide Foundation, is a nationally known expert on Police Suicide. Depression and we are very excited about Bob coming to West Virginia to present workshops to our police employees across the state.

Our National Suicide Lifeline has been very busy once again this past year answering calls and assisting callers for follow-up services across the state. Valley HealthCare System in Morgantown, West Virginia operates this program for our Council.

West Virginia Council for the Prevention of Suicide

National Suicide Prevention Lifeline 1-800-273-8255 (TALK)

Funded by the West Virginia Department of Health & Human Services

301 Scott Ave Morgantown, WV 26508-8804 Phone (304) 296-1731 ext 4181 Fax (304) 225-2288

www.wvsuicidecouncil.org

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The program is under the direction of Mark Musick, Director of Crisis and Marketing Services. Our Council wants to thank Ms. Cheryl Perone, Chief Executive Officer of Valley HealthCare System, and Valley's Board President, Reverend Richard Bowyer, for their continued support of this very vital prevention program.

We have a number of new projects planned for the 2010 . 2011 year and one of our goals is reduce the number of completed suicides in West Virginia. With the assistance of the Bureau for Behavioral Health and Health Facilities, WV Suicide Prevention Council's Board of Directors, Valley HealthCare System, and our ASPEN Program we will continue to make in roads into making sure our families know where to go for help, recognize the early signs of depression and suicide and make the CHOICE TO LIVE.

One of our new projects for 2011 is to start a foundation where families, companies, and individuals will be able to donate money to our Council. I will be naming a chair to oversee this new project for the upcoming year.

If you have any questions or would like to have one of our workshops in your area, please give me a call at 304-296-1731 ext 4181.

Sincerely,



Bob Musick, MSW/LCSW
Chief Executive Officer

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The Vision of the West Virginia Council for the Prevention of Suicide is that we will improve the health and wellness of West Virginians by reducing suicide and its devastating effect on individuals, families, and communities.

SUICIDE PREVENTION

West Virginia Council for the Prevention of Suicide Year End Report – July 2009 to June 2010

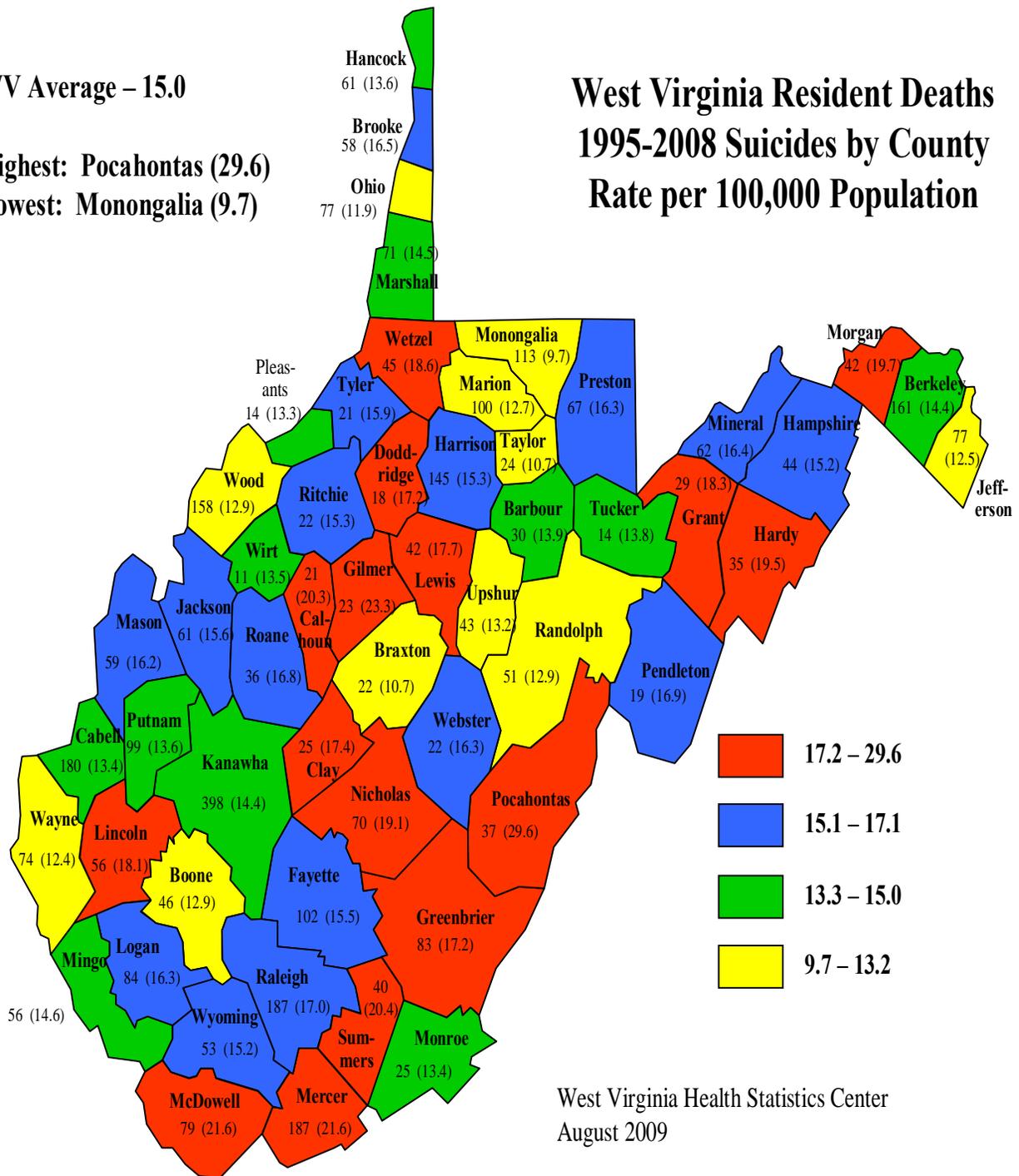
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WV Average – 15.0

Highest: Pocahontas (29.6)

Lowest: Monongalia (9.7)

West Virginia Resident Deaths 1995-2008 Suicides by County Rate per 100,000 Population



West Virginia Health Statistics Center
August 2009

Highlights from FY 2009-2010

- ❖ In July 2009, Patrick Tenney and Mark Musick from Valley HealthCare attended an ASIST train the trainer workshop in New York, NY. ASIST (Applied Suicide Intervention Skills Training) is an evidenced based practice that was developed by Living Works Inc 27 years ago. The training was paid for as part of the National Suicide Prevention Lifeline's initiative to train all of the phone operators on the Lifeline in ASIST.
- ❖ In August 2009, Patrick Tenney and Mark Musick held the first ASIST workshop for Lifeline Operators at Valley HealthCare System.
- ❖ The Council collaborated with the ASPEN program to re-apply for the Garrett Lee Smith Grant. WV was one of only three states awarded a continuation grant for an additional three years.
- ❖ In August 2009, Patrick Tenney was invited to speak at the Out of Darkness Walk in Parkersburg, WV.
- ❖ On November 10, 2009, the Council hosted a one day conference on police suicide. The Council invited Robert Douglas from the National P.O.L.I.C.E Suicide Foundation to present on the issue. The conference was attended by 70 police officers from around WV.
- ❖ Starting in March 2010, the Council hosted 5 workshops around WV. The workshops were held in Monongalia, Wood, Greenbrier, and Raleigh Counties.
- ❖ In March 2010, Patrick Tenney represented the Council at the Garrett Lee Smith State and Tribal Grantees meeting in Las Vegas, NV. Patrick attended the meeting with Barri Faucett, Director of the ASPEN program, in Charleston, WV.
- ❖ This year the Council was invited to teach Suicide Prevention at the WV State Police Academy. The Council presented a three hour class to cadets that covered risk factors for suicide and depression among the general public and those specific to police officers.
- ❖ The Council hosted a state wide conference at the Charleston Civic Center on May 12 and 13, 2010. The theme for this year's conference was "The Next Step in Suicide Prevention: Resiliency, Hope, and Strength". The conference was well received and the evaluations and attendance exceeded our expectations. This year the conference hosted two national speakers, Clark Flatt, President and CEO of the Jason Foundation and Ms. Barbara Rubel, the Executive Director of Griefwork Center Inc. in New Jersey. Clark Flatt presented the keynote address for the conference and was well received by the attendees. Ms. Rubel

presented a three hour workshop entitled "But I Didn't Say Goodbye: The Impact of Police Suicide". Governor Joe Manchin III was also in attendance to provide the opening address for the conference. Also presenting a three hour workshop were Dr. Patrick Kerr and Dr. Veena Bhanot whose presentation was entitled "Integrating Pharmacotherapy and Psychotherapy: A Collaborative Interdisciplinary Approach to Treating Depression and Suicidality". In addition, there were seven breakout sessions covering the topics of police suicide, older Americans and suicide, adolescents and suicide, suicide and depression in the workplace, substance abuse and suicide, veterans and suicide, and bullying.

- ❖ June 7 - 9, 2010, the Council hosted the first police suicide prevention Train the Trainer program in West Virginia. The Council invited Robert Douglas from the National P.O.L.I.C.E Suicide Foundations to present their training program. This three day training was attended by 10 officers who received a certification in the training program.
- ❖ This past year, the Council has set up tables for community awareness at the Out of Darkness Walk in Parkersburg, Disability Awareness Fair, the Share the Vision Conference, the West Virginia Social Work Conference, and the WVU Summer Institute on Aging.
- ❖ The Council was invited to present at 6 workshops around WV this year.
- ❖ The Council also collaborated with the National Suicide Prevention Lifeline this year to follow up on a letter that had been sent to the White House that mentioned suicide.

Scope of the Problem

The Surgeon General's Report from 2002 calls suicide "***the Silent Epidemic***". In 2007, a report from the Center on Disease Control in Atlanta shows the ten leading causes of death in West Virginia and for the age groups 15 . 24 (14.45) and 25 . 34 (19.88) suicide is the second leading cause of death behind unintentional injuries. Nationally for these age groups, suicide is the third leading cause of death.

Prior to the development of the HOTT Coalition (Helping Our Teens Thrive) in 2001, West Virginia did not have a state plan for the prevention of suicide. The HOTT Coalition began as a grass roots program to address the seriousness of suicide among the adolescent population of West Virginia. Then in 2003, the HOTT Coalition expanded its focus to suicide among all age groups. With this new direction, the West Virginia Council for the Prevention of Suicide was formed. The Council is made up of members from primary care, public health, providers, veteran's administration, consumer organizations, and survivors of suicide.

From 1996 . 2008, 3,489 suicides have been reported in West Virginia for all ages. The leading counties for completed suicides in this twelve year period were Kanawha with 398, Raleigh with 187, Mercer with 187, and Cabell with 180. If you go by rates per hundred thousand, then Pocahontas had the highest rate with 29.6, followed by Gilmer at 23.3, McDowell at 21.6, Mercer at 21.6, and Calhoun at 20.3. If you would like additional detailed information, including a breakdown by age and county, please contact the West Virginia Council for the Prevention of Suicide at (304) 296-1731 ext 4181 or ext 4197.

According to the most recent statistics in 2007, West Virginia is ranked 7th in terms of the overall rate of suicide in the United States. This is up from 2006 when West Virginia was ranked 12th. However, with a rate of 16.6 and 312 reported suicides, this is still high above the national rate of 11.0.

President Bush talks about suicide in the New Freedom Commission on Mental Health report (2003) when he states ***"Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves. Many Americans are unaware of suicide's toll and its' global impact. It is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths"***. According to the World Health Organization (WHO), almost one million people die from suicide a year. This works out to a global mortality rate of 16 per 100,000 or one death every 40 seconds.

The New Freedom Commission on Mental Health states, ***"Suicide is the leading cause of violent deaths worldwide"***. In the United States, suicide claims an average of 30,000 lives each year. Overall, suicide was the eleventh leading cause of death among Americans in 2007 with 34,598.

Suicide was also ranked as the eleventh leading cause of death in 2007 in West Virginia, and homicide was ranked as 18th.

The excerpts from the New Freedom Commission and the Surgeon General's Report show how devastating suicide is in our communities, schools, offices, churches and our families. Remember, on average, every 15.2 minutes in the United States someone completes a suicide, leaving an average of ten survivors having to deal with the suicide. For every 30,000 suicides, there is an average of 300,000 survivors trying to understand and make sense of this tragedy and cope with the loss of a loved one.

West Virginia's Prevention Strategy will accomplish four things:

- ❖ Develop broad-based support for suicide prevention among providers of behavioral health and health care services.
- ❖ Promote public and professional awareness that suicide is a public health problem that is preventable.
- ❖ Establish activities to decrease prejudice toward receiving services for mental health or substance abuse issues, reduce ready access to self-destructive materials, and assure supports for families and friends of persons who complete suicide.
- ❖ Assure that health care, behavioral health, social service providers, and the general public are aware of the latest information concerning suicide and suicide prevention.

Board Development

The Suicide Prevention Project in West Virginia was first known as the HOTT COALITION, (Helping Our Teens Thrive). It is now known as the West Virginia Council for the Prevention of Suicide. The first board of directors took office officially on July 1, 2005. The first elected officers were Board President, Mr. Brian Crist, CEO at Lincoln Primary Care Center in Hamlin, West Virginia, Vice President, Ms. Freddie White, WV Bureau of Senior Services, and Secretary, Ms. Brandy Thomas. Dr. George Lilley, Retired Chief Executive Officer with Valley HealthCare System in Morgantown, West Virginia, assisted the Council in developing its Plan of Operations, which were adopted and passed by the board. The current board officers are Board President, Mr. David Sanders, Consumers Affairs Executive Assistant for the WV Mental Health Consumers Association, Vice President, Ms. Freddie White, WV Bureau of Senior Services, and Secretary, Ms. Tammy Miller, Suicide Prevention Coordinator at the Huntington VA Hospital.

Staff

Bob Musick

WV Council for the Prevention of Suicide
Chief Executive Officer

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Suicide Prevention Coordinator

Lora Humphrey

WV Council for the Prevention of Suicide
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ASPEN (Adolescent Suicide Prevention and Early Intervention) program

Board President

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WV Mental Health Consumers Association
Consumers Affairs Executive Assistant

Board Vice President

Fredericka "Freddie" White

WV Bureau of Senior Services

Board Secretary

Tamatha “Tammy” Miller
Huntington VA Hospital
Suicide Prevention Coordinator

Board Members

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Director Children and Adult Services, Bureau for Children and Families
DHHR

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Director of Counseling and Testing
Kanawha County Schools

Carolyn J Nelson
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Pastor

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Former ASPEN project Director

Elliott Birckhead

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Bureau for Behavioral Health & Health Facilities

Judy Dillon

Outreach Director
Roane County Family Health Care

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West Virginia PTA

David Majic

Retired

Jackie Payne

Director for Children's Services
BBHFF

Kim Walsh

Deputy Commissioner
BBHFF

Linda Watts
Director
System of Care

Rebecca Wells
Survivor

Karen Yost
River Park Hospital

National Advisory Group

Clark Flatt
President/CEO
The Jason Foundation

Workshops

The WV Council for the Prevention of Suicide offered **21** workshops throughout the state with **995** participants. The full day workshops awarded continuing education units to the following disciplines: Social Work, Licensed Professional Counselors, Certified Addiction Counselors, Nursing and Health Education (CHES), Domestic Violence, Law Enforcement, and Psychology. This year, the Council continued its collaboration with the West Virginia Prevention Resource Center to provide continuing education units for the workshops.

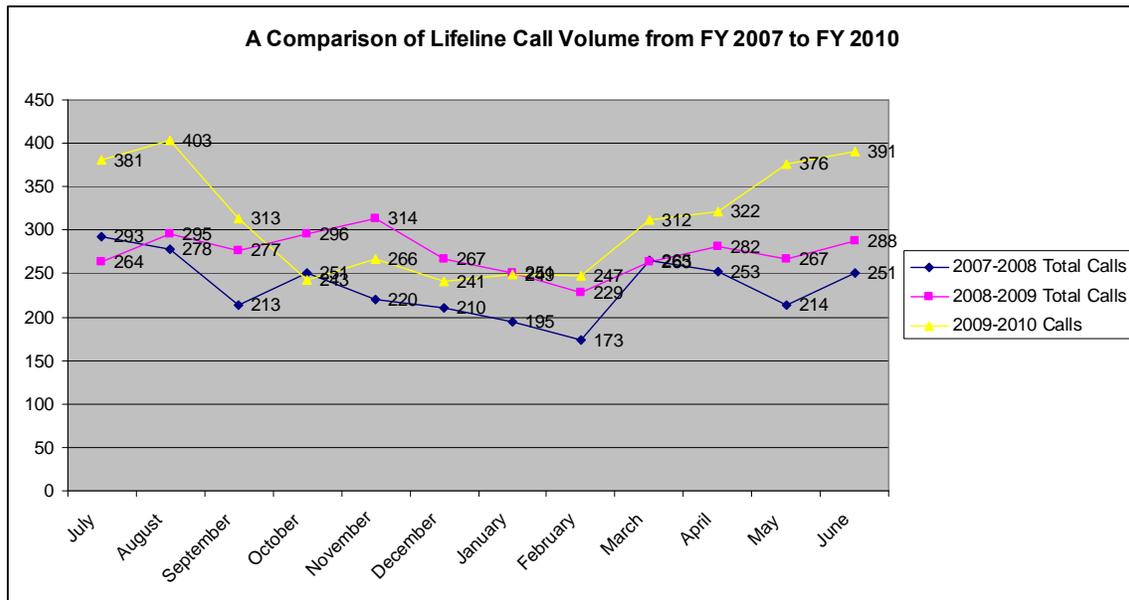
County Training Occurred	Date	Sponsoring Agency	Number Participating
Wood	August 1, 2009	Out of Darkness Walk	220
Monongalia	August 20, 2009	ASIST Training	9
Taylor	September 1, 2009	HRDF	23
Monongalia	September 25, 2009	ASAP Training	24
Pocahontas	October 12, 2009	APCO International	22
Kanawha	October 14, 2009	WV State Police Academy	32
Monongalia	October 15, 2009	WV Division of Social Work	72
Monongalia	November 10, 2009	Police Suicide Prevention Conference	70
Monongalia	November 19, 2009	ASIST Training	10
Kanawha	December 15, 2009	WV State Police Academy	36
Monongalia	March 12, 2010	Lifespan Workshop	32
Wood	March 25, 2010	Lifespan Workshop	42
Berkley	March 31, 2010	ASPEN Workshop	33
Monongalia	April 5, 2010	Death and Dying Class	46
Kanawha	April 13, 2010	WV State Police Academy	50
Monongalia	April 14, 2010	911	1
Monongalia	April 22, 2010	Lifespan Workshop	35
Kanawha	May 12-13, 2010	Suicide Prevention Conference	145
Greenbrier	May 20, 2010	Lifespan Workshop	30
Kanawha	June 7-9, 2010	Police Train the Trainers Training	10
Lewis	June 8, 2010	CED TANF Program	17
Raleigh	June 11, 2010	Lifespan Workshop	36
		Total	995

National Suicide Prevention Lifeline

In March 2006, West Virginia joined the National Suicide Prevention Lifeline network, and Valley HealthCare System in Morgantown was chosen by the Council's Board of Directors to house the project. Mr. Mark Musick, the Regional Director of Crisis Services for Valley, oversees the project. Each month, Valley receives a report from the Lifeline office in New York City showing the number of calls each month along with dates, times, and length of call.

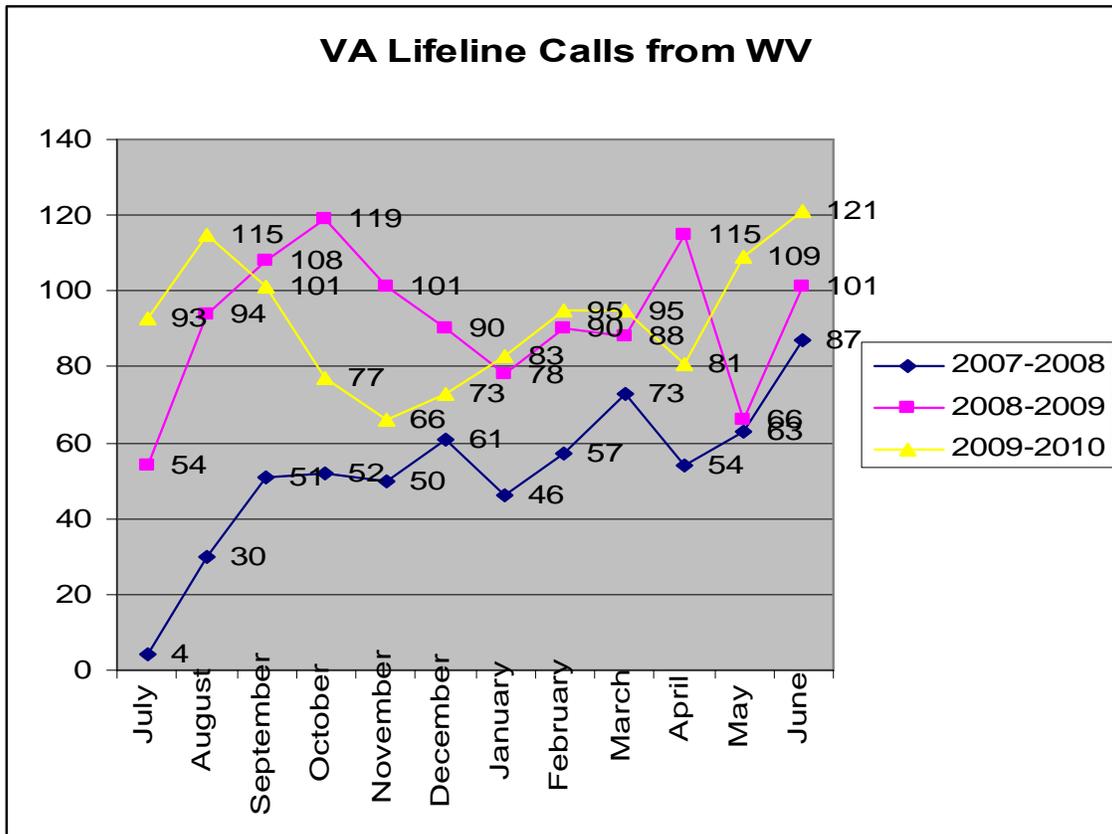
Summary of Data

This year, Valley HealthCare continued to see an increase in calls to the Lifeline. This speaks to the effectiveness of the marketing and publicity efforts that are being done by the Council throughout the state on behalf of the Lifeline. From July 2009 to June 2010, Valley HealthCare answered 3,738 calls, and had a total of 7 unanswered calls for the year. The usage of the Lifeline increased by 453 calls this year. Valley had a call answer rate of 99% which is in the upper 5th percentile of all call centers. Valley averaged 312 calls per month over this time frame with the highest volume of calls coming in August 2009 with 403 calls. The month with the lowest number of calls was in December 2009 with 241.



This year also saw an increase in the usage of the Veterans Suicide Prevention Lifeline. Calls to the Veterans Suicide Prevention Lifeline are answered in Canandaigua, NY. The Veterans Administration has partnered with the National Suicide Prevention Lifeline to offer this service to our Veterans. Between July 2009 and June 2010, 1,109 calls were transferred from West Virginia to the Veterans Suicide Prevention Lifeline. This is an increase of 9 calls from 2008-2009. The Council has received materials from the Veterans Administration and

has distributed magnets and posters with the Veterans Suicide Prevention Lifeline number throughout the state.



This past year 58% of callers to the Lifeline were female, and 42% were male. Mental Health issues continued to be the number one reason that individuals call, with most of these calls referring to depression. This year there continued to be calls about economic hardship. The majority of callers continued to call for themselves, with those calling for family members (spouse, child, or parent) being the next largest category. 39% of callers this year stated that they were currently having thoughts of suicide, while 31% reported that they had had suicidal thoughts at sometime in the last 2 months. 18% of callers reported that they had attempted suicide at some point in the past. Also, emergency response was contacted for 40 callers this year.

This year the highest number of calls to the Lifeline came from Kanawha County, which follows the same trend from last year. The majority of calls to the Lifeline continued to come from the Southern part of the state. Also, calls were received from every county in West Virginia over the last year.

Lifeline Calls by County

Rank	County	Number/Percent of Calls		Rank	County	Number/Percent of Calls	
1	Kanawha	452	12%	23	Braxton	25	.7%
2	Cabell	402	11%	24	Mason	24	.6%
3	Monongalia	324	9%	25	Hardy	19	.5%
4	Greenbrier	277	7%	26	Marshall	18	.5%
5	Wood	214	6%	27	Putnam	17	.5%
6	Harrison	204	5%	28	Lincoln	16	.4%
7	Berkeley	177	5%	29	Mineral	15	.4%
8	Raleigh	157	4%	29	Morgan	15	.4%
9	Ohio	152	4%	30	Roane	13	.3%
10	Mercer	129	3%	30	Wetzel	13	.3%
11	Logan	85	2%	31	Brooke	12	.3%
11	Preston	85	2%	31	Grant	12	.3%
12	Hancock	77	2%	32	Clay	10	.3%
13	Marion	59	2%	32	Webster	10	.3%
14	Wayne	53	1%	33	Barbour	9	.2%
15	Fayette	42	1%	33	Summers	9	.2%
16	Nicholas	37	1%	34	Pendleton	7	.2%
16	Upshur	37	1%	34	Taylor	7	.2%
16	Wyoming	37	1%	35	Doddridge	6	.2%
17	Hampshire	36	1%	35	Wirt	6	.2%
18	Jefferson	34	.9%	36	Pleasants	5	.1%
18	Randolph	34	.9%	36	Tyler	5	.1%
19	Jackson	30	.8%	37	Calhoun	4	.1%
19	Lewis	30	.8%	37	Tucker	4	.1%
20	Monroe	29	.8%	38	Gilmer	3	.1%
21	McDowell	28	.7%	39	Pocahontas	2	.1%
22	Mingo	26	.7%	39	Ritchie	2	.1%
23	Boone	25	.7%				

The Jason Flatt Act

This past year the Council attempted to get the Jason Flatt Act passed in West Virginia for a second time. The Jason Flatt Act is named after the late son of Clark Flatt, who is the CEO and founder of the Jason Foundation, who completed suicide on July 16, 1997. The Jason Foundation was born to help bring public awareness to the "Silent Epidemic" and to help provide the information, tools and resources for students, educators, youth workers and parents in prevention.

The idea for the Act was born in 2004 when a legislator asked what he could do to help. From that question, Mr. Flatt and his staff began to explore how legislation could be a tool/resource in awareness and prevention. The idea for legislation within a state's In-Service Training for teachers and to do this without a fiscal note was born. Since that time, the Jason Flatt Act has been passed by Tennessee, California, Louisiana, Mississippi, and Illinois. A brief history of the Jason Flatt Act can be found in Appendix B.

House Bill 2542 (H.B. 2542), the Jason Flatt Act, was introduced by Delegates Marshall, Fleischauer, Beach, Caputo and Shook. The bill originated in the House Finance committee. This bill would eventually pass the House of Delegates with a unanimous vote. This bill was then moved to the Senate where it was rejected by the Finance Committee. H.B. 2542 can be seen in its entirety in Appendix A.

The Council staff will continue to work with legislators to pass this bill for our youth. If you are interested in learning more about the Jason Foundation, you may visit their website at www.jasonfoundation.com.

ASPEN Report
October 2009 – June 2010

ASPEN Project Information and Purpose

Fortunate to West Virginia, the Adolescent Suicide Prevention and Early Intervention (ASPEN) project had two separate projects and budgets during this time period. Specifically, Cohort 2, initially funded from September 30, 2006 through September 29, 2009 had a no-cost extension status in addition to Cohort 5, a new award to continue through September 2012. Over the past 9 months, ASPEN has worked towards completing the objectives of the initial award as well as initiating activities related to the new grant. Though activities and objectives are independent of each other, both projects represent the overall intention of providing for general suicide prevention efforts statewide and direct services to the youth of Kanawha County so as to reduce the prevalence of adolescent suicides in our state as well as contribute to efforts on a national level in working collaboratively with SAMHSA; the Suicide Prevention Resource Council (SPRC); Opinion Research Corp. MacroInternational (ORC Macro); and associated Garrett Lee Smith grantees. Throughout the course of the project, there have been progressive strides in suicide prevention and early intervention efforts in a wide array of venues providing for a comprehensive approach to adolescent suicide prevention efforts. Overall, ASPEN assists in the identification, intervention, and referral process for at-risk suicidal youth, providing for supportive services and protective factors.

In efforts of implementing strategies to develop a comprehensive adolescent suicide prevention initiative and framework, the Adolescent Suicide Prevention and Early Intervention (ASPEN) project provides for general suicide prevention efforts from a statewide perspective, as well as intervention efforts through enhanced response, recognition, and screening processed for at-risk youth. Building upon intentions and objectives initiated in the previous award, ASPEN expands efforts of suicide prevention and intervention additional geographical areas as well as new populations of at-risk individuals. Overall, it is the intention of the project to provide enhanced education, communication, collaboration, and connections among the entities interacting with at-risk youth in order to rectify system gaps so as to facilitate a culturally competent, caring, comprehensive, sustainable suicide prevention, intervention, and postvention system of care.

Consistent with goals and objectives for both projects, the accomplishments related to the progression of the project include for this period:

Goal One: Increase awareness and expand the capacity of school personnel to recognize suicidal risk factors in students.

In order to promote increased attention and recognition of risk factors within both secondary and post-secondary school populations, ASPEN has refined existing training models to acknowledge updated information regarding the significance and prevalence of adolescent suicide; the evidence-based Question, Persuade, Refer (QPR) Gatekeeper training; and Adolescent Suicide Assessment Protocol (ASAP-20). ASPEN has conducted gatekeeper trainings with audience members including school counselors and school teachers. ASPEN is working with Kanawha County Schools' Director of Counseling towards implementation of the evidence-based SOS curriculum in the eight high schools, and two alternative learning schools, to occur next quarter. In addition, ASPEN is collaborating with an Expanded School Based Mental Health Services Pilot program to integrate suicide prevention curriculums and efforts in the initiation of the project. Finally, ASPEN has made arrangements to train the Residential Advisors; and education majors at West Virginia State University next quarter for increased recognition and referral within the post-secondary school system as well as contribute to the sustainability of recognition efforts in training future teachers and professionals interacting with at-risk youth.

Goal Two: To increase the access to services for identified at-risk youth in the school setting.

Two comprehensive mental health agencies have been identified as sources of referral for two of the targeted counties. Pretera will provide training and contract with the two agencies to provide the mobile quick response services. In addition, as interest and readiness are complementary of implementing a mobile quick response service, training for school-based health and mental health staff is considered multiple additional counties to enhance a recognition and response system statewide.

Goal Three: Provide awareness, screening, and protective factors training for additional populations of professionals serving at-risk youth and families and support systems of at-risk youth.

ASPEN is not only tailoring current models for educational and professional development relevant to adolescent suicide prevention, but also aggressively researching and evaluating training curriculums and assessing needs in order provide trainings in a tiered approach applicable to multiple audiences and perspectives. ASPEN's training components include generalized information of the prevalence and significance of adolescent suicide; prevention

resources; evidenced-based QPR gatekeeper training; and training for the Adolescent Suicide Assessment Protocol (ASAP-20). In addition, there are continued plans for adding ASIST and SafeTALK to the training offerings and curriculum in order to increase the capacity of recognition and response as well as, provide for subsequent training opportunities regarding suicide prevention for individuals interacting with at-risk youth.

Goal Four: To increase the integration of medical and mental health services to improve access to holistically-oriented services for identified at-risk youth receiving services from hospital emergency departments and / or primary care clinics.

ASPEN has researched, selected and ordered for anticipated distribution in local area hospitals and primary care clinics, best practice materials including: *After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors; Is you Patient Suicidal Poster; Using the "Is Your Patient Suicidal?" poster and triage guide; SAFE-T Pocket Card; Suicide Prevention Lifeline Materials; and Suicide Prevention Toolkit for Rural Primary Care.* ASPEN is working the WV SBIRT Clinical Director, James A. Matney in order to arrange for trainings to SBIRT providers. ASPEN conducted one training for WVDE to an audience of 62 school nurses ASPEN is working towards continued partnership with school-based health centers and will present a one-day workshop as part of the two-day Back-to-School Conference next quarter. Finally, in considering the primary objective increasing the capacity of recognition of at-risk youth in the medical field, ASPEN will be facilitating training for students in classes related to health care careers at West Virginia State University next quarter as such trainings would provide future contributions to a network of gatekeeper communities.

Goal 5: Provide for a comprehensive broad base support for sustainability of suicide awareness, prevention, and early intervention efforts.

Most of the initial year thus far has been focused on development of the grant project, and therefore, specific sustainability efforts have not been addressed at this point. In order to promote continued communication and collaboration efforts, ASPEN is exploring multiple venues in order to create tailored referral networks within the identified counties. ASPEN is working with the West Virginia Prevention Resource Network, and associated Community Development Specialists in order to identify current resources. As trainings are conducted, ASPEN will work with attendees on available resources specific to their counties and disciplines in order to provide for a comprehensive framework of referral process for at-risk youth with the ultimate goal of an interactive WV map on the website providing for identification of resources specific to each county. ASPEN will implement the practice of training higher education students with majors related to interaction of at-risk youth in evidence-based prevention and intervention models so as to provide for sustainability as they enter the

workforce with such skills. Finally, it should be noted that goals and objectives addressed in the original grant application were identified to build upon pre-existing networks and services in order to become self-sustaining practices of such agencies and programs. In addition, there have been additional school-based mental health professionals who have expressed an interest in providing a recognition and response system as well. In this instance, ASPEN would provide training and assistance in implementation with preexisting responsive systems in order to expand capacity of existing referrals to include assessment of suicide risk.

Activities related to information sharing enhancing overall awareness of the significance, prevalence and prevention of adolescent suicide entailing multi-faceted efforts during the reporting period include the following:

Marketing

- ASPEN has exhibited and distributed information on suicide risk factors through participation in the following awareness and networking events targeted towards prevention oriented West Virginians from an array of disciplines including, but not limited to: community coalition members, prevention and treatment professionals, educators, law enforcement, counselors, social workers, youth, and representatives of various state and local organizations. Exhibit events this reporting period include: The Children's Justice Taskforce; Share the Vision Conference; Children's Day at the Legislature; West Virginia Department of Education's Spring Conference; West Virginia Council for the Prevention of Suicide's Conference; Suicide Prevention Night at WV Power Park; and West Virginia High School Baseball Championship Tournament.
- ASPEN's Project Director was honored to participate as a speaker in the Out of Darkness Walk held in Huntington, WV. With greater than 300 participants, the event received local coverage on the local news and enhanced the referral network of survivors.
- Created for distribution in a variety of venues in order to advocate for enhanced attention and prevention efforts, ASPEN's Project Director created an informational visual aid of county adolescent suicide prevalence rates from 2000 . 2008.
- ASPEN aired two 30 second radio commercials directed to both at-risk youth and individuals placed in a respondent situation, citing the suicide prevention lifeline number. Commercials aired during the girls and boys state basketball tournaments. The Tournaments, held annually in Kanawha County includes 42 games over eight days; has an overall attendance of grater than 9000 in-person participants, and has a radio audience greater than 100,000 airing on over 40 radio stations, making it

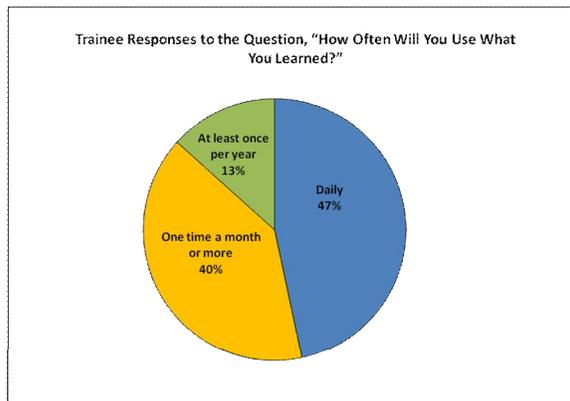
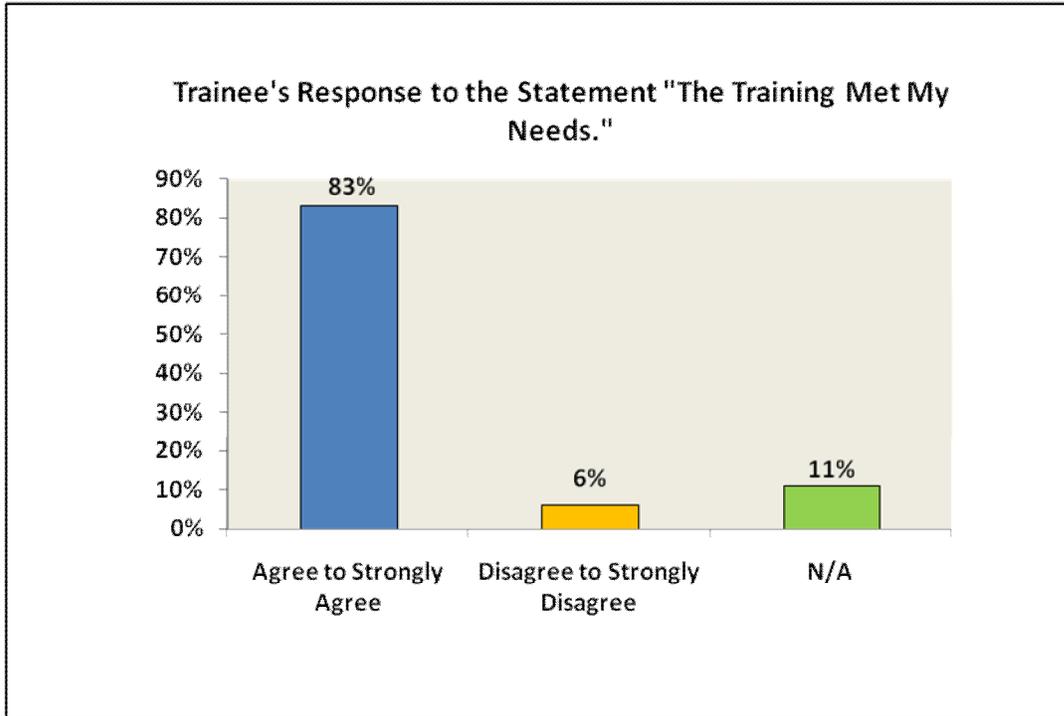
- one of the largest youth events in the state. During the course of the tournaments, there will be a total of 42 . 30 second radio spots.
- ASPEN arranged for radio commercials will air throughout the 14 week course of the regular High School Football and Championship season. Covering over 65 games a week, on 40 radio affiliates throughout the state, with listeners of all ages.
 - ASPEN ran a full-page advertisement in the programs of all 14 WV State Youth tournaments including cheerleading, football, volleyball, wrestling, girls basketball, boys basketball, swimming, track, tennis, cross country, soccer, golf, baseball, and softball. A program is provided to each spectator at the tournament. The ASPEN page promotes %hope and Help+and acknowledges the website address; social marketing links; the referral line to the program; as well as the National Lifeline Hotline number. It is estimated that these programs will be put in the hands of approximately 14,000 individuals from across the state of West Virginia throughout the course of the year.
 - In efforts of involving youth in prevention initiatives for both enhanced awareness and youth perspective, ASPEN is scheduled to host focus groups with area youth to explore and evaluate continued marketing efforts. Specific activities considered are: evaluation and updates to current ASPEN website; hosting a competition for local high school media classes to record an anti anti-stigma video focusing on help-seeking and respondent situations to be considered for various opportunities of airing including, morning announcements, school events, additional ASPEN media exposure events and YouTube.
 - ASPEN continued to provide media exposure through a multitude of venues with the South Atlantic League Semi-Pro Baseball team, Appalachian Power. Exposure is projected to reach approximately 250,000 captive fans during the course of the season. Social awareness efforts will include: a billboard displayed throughout the duration of the season acknowledging ASPEN and the National Suicide Prevention Lifeline number for reference and resource of at-risk adolescents; Commercials aired twice per game between innings; drop in spots on West Virginia Power Radio Broadcasts; and recognition in the weekly Team Newsletter distributed via email.
 - ASPEN hosted a Suicide Prevention Awareness night in which there was a five-minute pre-game ceremony on the field honoring young lives lost to suicide in a video presentation on the Jumbotron, as well as a brief speech regarding the prevalence and significance of suicide as an issue of public health concern; and a balloon release signifying the 91 lives lost to suicide daily in this country.

- ASPEN created and distributed a miniature stress-baseball to the first 1000 attendees with the HOPE, HELP, and LIFE logo and National Suicide Prevention Lifeline number.

Trainings

- On October 27th, ASPEN conducted a 4 hour workshop in Mingo County for approximately 33 individuals.
- On March 12th, and March 25th, in conjunction with the West Virginia Council for the Prevention of Suicide, ASPEN's Project Director presented the Adolescent Suicide and QPR component of the workshop.
- On March 23rd, and March 31st ASPEN's Project Director provided a 4 hour workshop including evidence-based QPR gatekeeper training and administration of the ASAP-20 in Romney, WV.
- On April 5th, ASPEN had the opportunity to present 2 specialized workshops and QPR training session to youth as well as school staff at the Barnes Alternative school in Fairmont, WV.
- On April 30th, ASPEN's Project Director provided a 3 hour workshop including evidence-based QPR gatekeeper training and administration of the ASAP-20 during the Social Work Conference with 23 attendees.
- On May 12th, ASPEN's Project Director presented a QPR in a mini-workshop during the Suicide Prevention Conference that included Clark Flatt and Barbara Rubel.
- On May 20th, in conjunction with the West Virginia Council for the Prevention of Suicide, ASPEN's Project Director presented the Adolescent Suicide and QPR component of the workshop to 44 attendees.
- On June 10th, ASPEN's Project Director presented a training for QPR including the significance and prevalence of Adolescent Suicide at the School-Based Health services conference for approximately 62 school nurses throughout the state.
- On June 11th, ASPEN's Project Director, in conjunction with the West Virginia Council for the Prevention of Suicide presented the Adolescent Suicide and QPR portion of the one-day workshop.
- On June 30th, ASPEN's Project Director presented to an array of professionals serving at-risk individuals in the youth, homeless, and veterans population, with 28 attendees.

Reflecting a percentage of trainings reported .



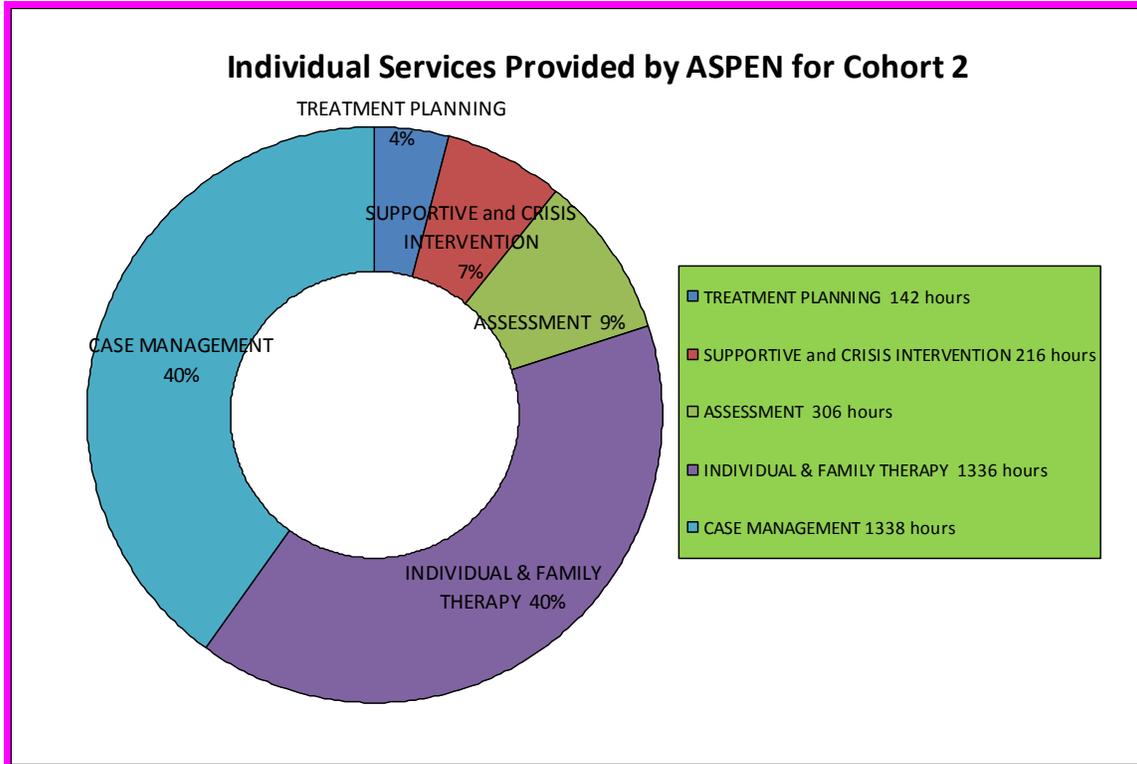
Additional Information Sharing Activities

- ASPEN's Project Director wrote a brief article regarding adolescent suicide risk factors, protective factors and intervention efforts for *Parenting Perspectives*, a publication for parents from the WV Bureau for Behavioral Health and Health Facilities.
- ASPEN's Project Director created an informational visual aid of county adolescent suicide prevalence rates in order to recognize and advocate for enhanced attention and prevention efforts. The map was distributed in a variety of venues, including: to members of the West Virginia legislature, child-serving agency professionals, school employees, and stakeholders of the project.
- ASPEN has created a DVD encouraging help-seeking behaviors in youth to be distributed throughout the state secondary schools and comprehensive mental health agencies as well as an agencies working with at-risk youth.
- ASPEN has created 2 new commercials with messages to at-risk individuals and parents warranting help-seeking behaviors as well as encouraging parents to discuss depression and suicide with their children. The commercials will air in all West Virginia markets for the next 6 months.
- ASPEN has created an 8-page glossy newsletter with information for an array of individuals signifying the prevalence and incidence of suicide; progress and intentions of the projects; risk factors and methods of intervention; and available resources.
- ASPEN has participated in a local radio talk show to discuss the significance and prevalence of suicide within our state and promoting the National Suicide Lifeline.

Information regarding major budgetary and personnel adjustments made during this reporting period:

During this period, ASPEN has hired Hope Siler as Regional Director and Mark Mason as the Trainer for our project. They are both working to become acquainted with the epidemiology, prevalence, significance, prevention and intervention efforts of adolescent suicide in order to enhance the awareness and responsiveness of interacting with individuals in contact with at-risk youth.

Though it extends beyond the reporting period, it should be noted that ASPEN has provided the following services throughout the course of the first grant period.



General Suicide Prevention Initiative

In efforts of conserving life, ASPEN works in providing West Virginia both prevention and intervention methods through dissemination of information; enhanced awareness and responsiveness to suicidal tendencies in at-risk youth; and intervention services for identified at-risk students. ASPEN is honored to participate in the effort to facilitate prevention and intervention in order to ensure the continued safety and well-being of our youth, promoting HOPE and HELP in efforts to provide for a better tomorrow.

Appendix A:

COMMITTEE SUBSTITUTE

FOR

H. B. 2542

(By Delegates Marshall, Fleischauer, Beach,
Caputo and Shook)

(Originating in the Committee on Finance)

[February 23, 2010]

A BILL to amend and reenact §18A-3A-2 of the Code of West Virginia, 1931, as amended, relating to creating the "Jason Flatt Act of 2010"; providing routine education of all professional educators and those school service personnel having direct contact with students on suicide prevention by center for professional development; providing for state board guidelines; and providing for delivery options.

Be it enacted by the Legislature of West Virginia:

That §18A-3A-2 of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

ARTICLE 3A. CENTER FOR PROFESSIONAL DEVELOPMENT.

§18A-3A-2. Professional development project.

Subject to the provisions of section twenty-three-a, article two, chapter eighteen of this code, through this project the center shall:

(1) Identify, coordinate, arrange and otherwise assist in the delivery of

professional development programs and activities that help professional educators acquire the knowledge, skills, attitudes, practices and other such pertinent complements deemed essential for an individual to demonstrate appropriate performance as a professional personnel in the public schools of West Virginia. The basis for such performance shall be the laws, policies and regulations adopted for the public schools of West Virginia, and amendments thereto. The center also may permit and encourage school personnel such as classroom aides, higher education teacher education faculty and higher education faculty in programs such as articulated tech prep associate degree and other programs to participate in appropriate professional development programs and activities with public school professional educators;

(2) Identify, coordinate, arrange and otherwise assist in the delivery of professional development programs and activities that help principals and administrators acquire knowledge, skills, attitudes and practices in academic leadership and management principles for principals and administrators and such other pertinent complements deemed essential for principals and administrators to demonstrate appropriate performance in the public schools of West Virginia. The basis for such performance shall be the laws, policies and regulations adopted for the public schools of West Virginia, and amendments thereto;

(3) Serve in a coordinating capacity to assure that the knowledge, skills, attitude and other pertinent complements of appropriate professional performance which evolve over time in the public school environment are appropriately reflected in the programs approved for the education of professional personnel, including, but not limited to, advising the teacher education programs of major statutory and policy changes in the public schools which affect the job performance requirements of professional educators, including principals and administrators;

(4) Provide for the routine updating of professional skills of professional educators, including principals and administrators, through in-service and other programs. Such routine updating may be provided by the center through statewide or regional institutes which may require a registration fee;

(5) Provide for the routine education of all professional educators, including principals and administrators, and those school service personnel having direct contact with students on suicide prevention under guidelines established by the state board. The education may be provided by the center through in-service professional development, or as a part of statewide or regional institutes, or other programs and may be accomplished through self-review of suicide prevention materials and resources approved by the state board. The provisions of this paragraph may be known and cited as the "Jason Flatt Act of 2010";

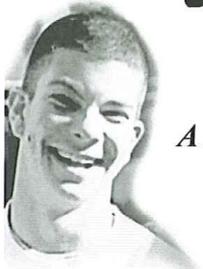
~~(5)~~ (6) Provide consultation and assistance to county staff development

councils established under the provisions of section eight, article three of this chapter in planning, designing, coordinating, arranging for and delivering professional development programs to meet the needs of the professional educators of their district. From legislative appropriations to the center for professional development, exclusive of such amounts required for the expenses of the principals academy, the center shall, unless otherwise directed by the Legislature, provide assistance in the delivery of programs and activities to meet the expressed needs of the school districts for professional development to help teachers, principals and administrators demonstrate appropriate performance based on the laws, policies and regulations adopted for the public schools of West Virginia; and

~~(6)~~ (7) Cooperate and coordinate with the institutions of higher education to provide professional staff development programs that satisfy some or all of the criteria necessary for currently certified professional educators to meet the requirements for an additional endorsement in an area of certification and for certification to teach in the middle school grades.

If the center is not able to reach agreement with the representatives of the institutions providing teacher education programs on which courses will be approved for credit toward additional endorsements, the state board may certify certain professional staff development courses to meet criteria required by the state board. This certification shall be done on a course by course basis.

Appendix B:



The Jason Flatt Act

*A Legislative Action for the Training of Educators
In Youth Suicide Awareness and Prevention*

On July 16, 1997, I lost my son Jason to a terrible “Silent Epidemic” at the young age of sixteen. It was only after the fact I learned this “Silent Epidemic” was the 3rd leading cause of death for ages 15-24 in our nation and the 2nd leading cause of death for college age youth. This “Silent Epidemic” is youth suicide.

Soon after my son’s death, The Jason Foundation, Inc. (JFI) was born to help bring public awareness to this “Silent Epidemic” and to help provide the information, tools and resources for students, educators / youth workers and parents in prevention.

(www.jasonfoundation.com)

Today, The Jason Foundation is one of the nation’s leaders in youth suicide awareness and prevention with over seventy offices nationwide serving all fifty states. The Jason Foundation is proud to have national affiliations with Psychiatric Solutions, Inc.; American Football Coaches Association (AFCA); USA Wrestling; State Attorneys General (forty-eight Attorneys General work with JFI); and Wal-Mart. JFI also stresses the importance of collaboration with local and regional organizations whose mission is to combat youth suicide.

- The Jason Flatt Act – History –

In 2004, a legislator attending an opening reception for a JFI new office location in New Jersey asked what he could do to help prevent this “Silent Epidemic” from the youth in New Jersey. As he explained, he was not a wealthy individual or a well-known figure like one of our Coach Ambassadors from the AFCA. From that question, we began to explore how legislation could be a tool / resource in awareness and prevention. The idea for legislation within a state’s In-Service Training (Continuing Education) for teachers and to do this without a fiscal note was born.

In a national survey conducted by The Jason Foundation, the number one person that a student would turn to for helping a friend who may be suicidal was a “teacher”. It is imperative when our youth – our sons, daughters, grandsons or granddaughters – turn to the educators for help, they have the training, tools and resources to respond.

The idea was born that night in 2005 resulted in passing legislation in New Jersey that required training in youth suicide awareness and prevention. This model was then replicated to fit the state laws / guidelines in Colorado and introduced into the legislative process. Aided by JFF’s Attorney General Ambassador General John Suthers, legislation was also passed by the Colorado Legislators dealing with training teachers in youth suicide awareness and prevention.

Tennessee

With models being passed in both New Jersey and Colorado, The Jason Foundation launched “*The Jason Flatt Act*” as a template for legislative action in teacher In-Service training legislation. First introduced in Tennessee in January 2007 by Senator Diane Black and Representative Les Winningham (SB 67 – The Jason Flatt Act), *The Jason Flatt Act* passed without a single “nay” vote through both Houses and their committees. It passed without a state fiscal note attached. When signed into law in May 2007 by Governor Phil Bredesen, *The Jason Flatt Act* became one of the most comprehensive laws dealing with youth suicide awareness and prevention training in the nation. It required that every educator in the state of Tennessee receive two hours of training each year in suicide awareness and prevention in order to be certified to teach in Tennessee. The Tennessee model is the form used now to introduce *The Jason Flatt Act* into other states.

Louisiana

After successful passage in Tennessee, on March 20, 2008 Representative Thomas G. Carmody, Jr. introduced *The Jason Flatt Act* (HB719) to the Louisiana State House of Representatives requiring youth suicide awareness and prevention training be offered in teacher In-Service training. In less than three months after being introduced, *The Jason Flatt Act* passed both the House and Senate (and all committees) without a single “nay” vote and was signed into law by Governor Jindal on June 16, 2007 at the Louisiana State Capital. It passed again without a state Fiscal Note attached.

California

In the summer of 2007, ESPN.com did an article about Coach Phillip Fulmer (University of Tennessee head football coach) and The Jason Foundation's efforts in youth suicide awareness and prevention. In the article, it was noted about *The Jason Flatt Act* and its impact in Tennessee. Senator Bob Dutton, State Senator California, contacted The Jason Foundation about sponsoring *The Jason Flatt Act* in California...and the process began. On July 3, 2008 *The Jason Flatt Act* was passed by the California Assembly (House) 72 – 0 and was sent to the Governor for consideration. On July 18, 2008 Governor Schwarzenegger signed *The Jason Flatt Act* into law. *The Jason Flatt Act* again passed through both the Assembly (House), the Senate and all the committees without a single “nay” vote and was passed without a fiscal note as requested.

Mississippi

The Jason Foundation worked with the Attorneys General Office and lawmakers to get legislation passed in Mississippi. “Suicide is the third leading cause of death among teenagers,” said Attorney General Hood. “That is a sober statistic, because suicide is preventable. This new mandate will save many, many lives.” On April 13, 2009, Governor Haley Barbour signed Senate Bill 2770, also known as *The Jason Flatt Act*, into law.

Illinois

The Jason Foundation is proud to announce the enactment of HB 4672, Public Act 096-0951, into law in the state of Illinois. Illinois is the fifth state to pass *The Jason Flatt Act*, joining Tennessee, California, Louisiana and Mississippi in their efforts to reduce teen suicides in their respective states. HB 4672 was signed into law on June 26, 2010 by Governor Pat Quinn and was effective immediately. This bill was introduced in the Illinois House by Representative Greg Harris and Senator Heather Steans gladly sponsored the legislation in the Illinois Senate. Both Representative Harris and Senator Steans were very instrumental in carrying this bill through the legislature.

How does this legislation work to combat youth suicide?

A national survey reported that four out of five young people who attempted suicide had given “clear warning signs” before the attempt. That means in 80% of the time, if we know what to “warning signs” are and how to not only recognize them but have a plan of action, we have an opportunity to prevent the suicide attempt and possible loss of a young life. With educators having such direct connection with our youth (many times regrettably as much or more than parents), it is evident that by training our educators to recognize

the “warning signs” and helping them to develop a plan of action will save lives!

The potential impact can be easily seen when combining the total numbers from Tennessee, Louisiana, California, Mississippi and Illinois that will either be trained to recognize and respond to suicidal ideation or have the benefit from those who have been trained:

- 19,009 schools
- 10,595,695 students
- 588,630 teachers / educators

Knowledge and training is the foundation for prevention!
(Statistics 2007 – 08 National Center for Educational Statistics – US Dept. of Education)

No Fiscal Note:

One aspect of *The Jason Flatt Act* that is always of interest is how this legislation can be implemented without a Fiscal Note attached? The Jason Foundation will provide an outline of how the framework already in place within the schools and school districts can be utilized along with support from local non-profits and other community funding from the state. Also, The Jason Foundation will offer it array of on-line training at no-charge to any state that passes *The Jason Flatt Act*, which insures any teacher in the state can meet the requirement without any direct cost for the training. It is to be noted *The Jason Flatt Act* does not nor should not require the training to done utilizing The Jason Foundation’s materials. JFI only offers its programs as one of the options.

Please contact the below JFI Staff connection with questions or to learn more about *The Jason Flatt Act*:

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