I. Welcome & Introductions


II. Updates/ Announcements

III. CT Suicide Advisory Board Advocacy Talking Points

Released by CTSAB – review with the collaborative, put together for Senate Bill 368 – passed to office of legislative research to change language to incorporate the lifespan rather than just youth suicide prevention. It is useful for any awareness raising in local communities and updates for CT Suicide Prevention 2025 plan. Easy way to connect with legislators.

IV. Gizmo’s Pawesome Guide to Mental Health Update

The RBHAO is partnering with local stakeholders to implement spring and summer programming of Gizmo’s Pawesome Guide Read Alongs within communities (e.g. libraries, parks and recreation, and senior centers) please reach out to Emma Johnson Hollis for more information and to plan a local read along within your community ehollis@wctcoalition.org

V. R5SAB Planning

- Funding sources from DMHAS and DCF – we will continue to cover the lifespan. Group discussion to identify other at-risk groups (re: LGBTQ, POC, Seniors)

Preliminary data 2021 death broken down by DMHAS region and age group (DPH) we usually fall about average on suicide death rates. We are looking at small numbers which makes it difficult to see authentic trends and outliers can skew our perspectives.

10-17 year: 2 deaths
18 – 24: 7 deaths
25 – 44: 19 deaths
45 - 64: 25 deaths
65 plus: 21 deaths

- Survey Results (will be sent afterword) takeaways: trained in restorative practices, evidence-based mental health training, local public health, bereavement counselors, knowledge of insurance coverages, adult/student continuum, suicide training with national guard.
- Interested in learning more about – debriefing after suicide, LGBTQ Youth, grief recovery method, postvention team successes, trainings available and useful programming. Community awareness and engagement.
- Connection to senior housing to discuss suicide prevention, collaborate with local senior centers to bring Gizmo read along in with inter-generational participation
- Behavioral Health Training Menu & Suicide Prevention Trainings
- Future trainings and learning opportunities
  a. Please bring back with top 5 educational opportunities, suggested speaker, etc.
  b. Utilize behavioral health topic matters on calendar for all 12 months
  c. A potential panel of individuals with lived experience to share what was helpful and successful in their own experiences.

IV. Postvention

Postvention Information Networks (PIN) Updates

Denique Weidema-Lewis: previous mental health board executive director – current role in Norwalk at ACTS collective impact organization.

- Successes: setting the landscape to do postvention work was a long time coming, a lot of pockets in the community already doing the work, strong collaborations, and common agendas. People developed language about how communities work together. We walked into all postvention workshops as a team – who are the champions?

- Challenges: postvention process started in 2020 which was the most significant (2-year mark now) how to continue engagement with health department and other stakeholders (police dept, etc.) The hardest piece was encouraging communities to hold the plan and implement it.

Takeaways:

  a. Look for opportunities to build capacity to have other folks become experts and continue to build skills for people to use.
  b. Encourage open-source culture, share plans and templates.
  c. Be aware of alphabet soup and utilizing common language, organizations, resources, and data. Having a glossary of terms and easy access to strategic plans for others to pick up the plan and continue the work.
  d. Be less strategic about who holds power and more about who can pull levers.
  e. Moving into 2022 is an opportunity to reignite the energy, holding a postvention simulation, and invite lever pullers.
  f. Know where vicarious pockets of communities are that can use supports.

June 29th for the next meeting (please note that is a change from the anticipated meeting list)