

**SENATE STANDING COMMITTEES ON MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES AND HEALTH**



**New York State Senate
Legislative Report on Suicide and
Suicide Prevention**

Senator David Carlucci

Senator Gustavo Rivera

A legislative hearing to accept public comments concerning the current suicide crisis and to explore methods and best practices to prevent future suicides.

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Acknowledgements:

Senators David Carlucci and Gustavo Rivera would like to take this opportunity to thank those who provided testimony at the public hearing for suicide and suicide prevention. The Senators heard from many stakeholders, including 22 well-respected health and mental health professionals, organizations who are on the front lines of this crisis, and many brave individuals that have personally suffered from suicide and suicide attempts. This hearing would not have been possible without their willingness to lend their time, voice, experiences, and expertise. The New York State Senate is sincerely thankful for their valuable insights and testimony.

Suicide, suicidal ideation, and the effects of suicide do not discriminate. The aftershocks are dark, extensive, and painful to bear. The testimony presented at the hearing shined a bright light on the darkness of suicide and the Senators walked away with a deeper understanding of this matter and suggestions of where future policy must go.

We are combating this isolating and preventable experience first by coming together. Many in attendance believed the hearing was a success as they were able to learn a great deal about suicide and suicide prevention while also making new contacts that they hope to collaborate with in the future. The New York State Senate looks forward to joining you in this collaboration as we transition into the next Legislative Session.

A full listing of those who testified can be found on page five. Archived testimony and the webcast of the hearing can be found at www.nysenate.gov on the Health and Mental Health and Developmental Disabilities committee pages.

Executive Summary:

This is the final report of the New York State Senate Standing Committees on Mental Health and Developmental Disabilities and Health, depicting the testimony given at the public hearing on suicide and suicide prevention on June 4, 2019, in Albany, NY. The public hearing took place at the Legislative Office Building in Hearing Room A.

As a society, we are truly in crisis. More and more people are choosing suicide as a way to cope with depression, stress and grief. After an extensive review, discussions at committee meetings, and a calculation of the current statistics concerning the suicide crisis, the Senate Standing Committees on Mental Health and Developmental Disabilities and Health felt compelled to hold a public hearing to accept comments on the causes of suicide and methods to prevent further suicides.

Nationwide, 188 police officers have committed suicide in 2019 (including 25 retired officers) according to Blue Help.¹ Twelve NYPD officers have committed suicide in 2019 (including two retired officers), causing the Department to declare a mental health emergency.² Many are familiar with the reports of college students committing suicide by jumping from tall buildings or gorges. Reports are now public concerning the crisis of Black youths committing suicide. Groups including Latinas, LGBT people, white middle-aged men, Asian immigrants, and the elderly are experiencing devastating record high numbers of committing suicide.³

Suicide is the 12th leading cause of death in New York.⁴ This year alone, three people have committed suicide by jumping to their deaths from the Verrazano Narrows Bridge in New York City. These tragedies raised calls for building a suicide-prevention barrier along the bridge, similar to the barrier going up along the Golden Gate Bridge in San Francisco, CA.⁵ On average, one person dies by suicide every five hours in New York State.⁶

According to the American Foundation for Suicide Prevention, suicide is the second leading cause of death for ages 15-34, the 4th leading cause of death for ages 35-54, the 9th for ages 55-64, and the 18th for ages 65 and up, in New York State.⁷ New research by the National Institute of Mental Health has shown that the suicide rate is roughly two times higher for black children ages 5-12 as compared with white children of the same age.⁸

As a result, many have begun to question why so many individuals from all walks of society, ethnicity, gender, and age groups are committing suicide. The report will discuss the current crisis and evidence-based methods proving results in preventing suicide. A common theme observed in this testimony is ending the stigma of suicide. Advocates believe breaking down the barrier of stigma associated with suicide and suicide ideation is vital to address this crisis.

According to Dr. Ann Marie Sullivan, Commissioner of the NYS Office of Mental Health, suicide prevention is one of the most serious and important priorities she is addressing. Sarah Ravenhall,

Executive Director of the NYS Association of County Health Officials, states that the availability of real-time data and high quality surveillance methods help local health departments to identify clusters, optimize services, design policies, and create messaging aimed at eliminating suicide attempts and death.

Brigid Pigott of the Rockland County Department of Mental Health reported that the number of men that die by suicide outnumbers that of females 3:1. Dr. Michael Lindsey noted his mission to highlight that Black youth suicides have doubled between the years 1993 and 2011 for those in the 5-11 age group, and that Black adolescent rates of suicide attempts have increased while other racial/ethnic groups have seen a decline in these behaviors.

Edward Staehr, Executive Director of NY FarmNet at Cornell University, described cutting-edge solutions to help farming families cope with financial and interpersonal concerns by providing educational resources, consulting, and in-home service opportunities to cope with crisis. Rosa M. Gil, President and CEO of Comunilife shared her experiences in developing Community-Defined Best Practices for Latinos with regard to suicide prevention, noting that suicide is the second leading cause of death for Latina teens.

The Folk Family described their compelling story concerning their son's, Tristan Folk, tragic story of suicide, and their efforts to bring attention to the suicide crisis by providing more mental health staff at schools. Likewise, Donna Besler testified about her personal experience with her son's, Richard Brennan Tatem, suicide while away at college, and her efforts to bring attention to prescribed medications and more mental health services at colleges.

Statewide mental health associations presented testimony as well. The Mental Health Association of New York State or MHANYS, a consummate mental health organization always fighting to eliminate the stigma of mental health issues, stated that there are no easy answers to address the rise in suicide, but social media, access to mobile technology and pressure to excel in schools has a lot to do with this crisis. The National Alliance on Mental Illness of New York State or NAMI-NYS, the nation's largest grassroots mental health organization, believes that since it is a multidisciplinary approach to address suicide, an encouraging first step is to see the Chairs of the Mental Health and Health Committees working together on the issue.

Professional and clinic-based organizations also testified. Kathleen Carney, Clinic Director of the Lexington Center, testified that co-occurring disorders or comorbidity should be considered when treating a patient, that there is a correlation and connection between mood, substance use, and suicidal thoughts and behavior. Seth Diamond, CEO of Westchester Jewish Community Services, noted that WJCS clinics have taken a two-pronged approach to deal with the serious issue of suicide by providing prevention and postvention services.

Brett Scudder, President and Founder of Scudder Intervention Services Foundation, offered his insights as a suicide attempt survivor who currently experiences suicide ideation. Sam Dorison, Chief of Staff of the Trevor Project, spoke about the Trevor Project's tremendous efforts via its 24/7 crisis intervention and suicide prevention programs. Ben Esposito, Camp Director and

member of the New York State Camp Director's Association, spoke about the need to offer 24/7 coverage of mental health professionals in the camp setting. Jeffery M. Daley, Medical Director at Four Winds Hospital, offered passionate testimony about the merits of Project TEACH, a tool that the NYS Office of Mental Health is using to meet the needs of children and families in crisis.

In addition, the Senators heard testimony from Anamul Haque, a suicide prevention advocate, who shared the story of his brother, who committed suicide, and the calling he felt to become a suicide prevention advocate. Testimony from Isabel Ebrahimi, a Life Coach and ADHD Coach, concluded the hearing. She is performing cutting-edge coaching with ADHD individuals and family members, proving that no child is bad, that they simply need to be coached into the right direction in life so that they can thrive in adulthood.

This report offers legislative recommendations to help solve the suicide crisis in New York State that will be drafted into bill form for introduction during the 2020 Legislative Session. This report also offers administrative recommendations and highlights past legislative efforts to combat the suicide crisis. We hope that you find this report useful in your professional capacity. It is our expectation that the report offers hope and compassion to those who have suffered through a suicide episode.



Senators Gustavo Rivera (left), Chairman of the Senate Health Committee, and David Carlucci (right), Chairman of the Senate Mental Health and Developmental Disabilities Committee, at a joint hearing regarding suicide and suicide prevention.

Organizations Presenting Testimony:

Panel 1

Ann Marie Sullivan, MD	Commissioner, NYS Office of Mental Health	Albany
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Panel 2

Sarah Ravenhall, MHA, CHES	Executive Director, NYS Association of County Health Officials	Albany
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Brigid Pigott	Single Point of Access Chair, Rockland County Department of Mental Health	Pomona
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Panel 3

Dr. Michael Lindsey	Executive Director, McSilver Institute for Poverty Policy and Research and Constance and Martin Silver Professor of Poverty at NYU School of Social Work	NYC
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Edward Staehr	Executive Director, NY FarmNet at Cornell University	Ithaca
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Rosa M. Gil, DSW	President and CEO, Comunilife	NYC
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Panel 4

Tiffany Folk	Director, Tristan Foundation	Rochester
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Donna Besler	Ontario Suicide Prevention Coalition	Canandaigua
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Panel 5

Glenn Liebman	CEO, Mental Health Association of NYS (MHANYS)	Albany
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Matthew Shapiro	Associate Director, National Alliance on Mental Illness (NAMI)	Albany
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Roy Ettere	Testifying with NAMI	Albany
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Kathleen Carney	Clinic Director, Lexington Center, Clinic Director	Airmont
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Panel 6

Seth Diamond	CEO, Westchester Jewish Community Services	White Plains
Brett A. Scudder	President/Founder, Suicide Intervention Services Foundation	Bronx
Sam Dorison	Chief of Staff, Trevor Project	NYC

Panel 7

Ben Esposito	Camp Director, NYS Camp Director's Association	Centerport
Jeffery M. Daly, MD	Medical Director, Child and Adolescent Outpatient Psychiatric Services at Four Winds Hospital; Director, Project TEACH Region 2	Saratoga

Panel 8

Anamul Haque	Suicide Prevention Advocate	Brooklyn
Isabel Ebrahimi	Life Coach (ADHD Coach) Help Is Here Coaching	Nyack

Submitted Written Testimony Only:

New York State Department of Health	Albany
New York State Office of Children and Family Services	Albany
County of Suffolk, Veterans Service Agency	Suffolk

Summary of Testimony:

Ann Marie Sullivan, MD, Commissioner NYS Office of Mental Health (OMH)

As Commissioner, Dr. Ann Marie Sullivan is responsible for a multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health (OMH) operates psychiatric centers across the State, and oversees more than 4,500 community-based programs. As Commissioner, she has guided the transformation of the State hospital system in its emphasis on recovery and expansion of community-based treatment, reinvesting over \$90 million in community services; implemented the incorporation of critical recovery services for the seriously mentally ill in the Medicaid benefit plan; and expanded services for the mentally ill in the criminal justice system and in community reentry. According to Dr. Sullivan, suicide prevention is one of the most serious and important priorities at OMH. She understands that suicide is a complex phenomenon with many factors that put individuals at risk and operate at the individual, family, community, and broader societal level. New York had a two-decade increase in suicide rates, but that has leveled off since 2012 and New York now has the lowest suicide rate in the nation. However, she acknowledged the numbers, particularly among certain groups, is far too high. Dr. Sullivan explained that tackling a complex social problem like suicide requires interventions at every level of the health care system, at the community and population health level, and a comprehensive approach is needed to pull all the pieces together into an effective, multifaceted strategy.

**According to Dr. Sullivan,
suicide prevention is one of
the most serious and
important priorities at OMH.**

Recommendations:

- **Pursue the Zero Suicide Model.** OMH is actively implementing a systemic approach of integrating suicide prevention in health and behavioral healthcare settings called the Zero Suicide Model. The Zero Suicide Model provides resources for administrators and providers to create a systematic approach to quality improvement for suicide prevention in healthcare systems via seven essential elements (Lead, Train, Identify, Engage, Treat, Transition, and Improve).⁹
- **Identify individuals at risk.** The healthcare system must improve its ability to identify individuals at risk of suicide. Over 75% of individuals who die from suicide have seen a healthcare provider within the month prior to their death.
- **Explore ways to intervene in the community.** Intervention is needed at the community and population health level to employ effective clinical and public health interventions that require tailored community engagement. A first in the nation pilot program is being

developed in Syracuse called the Attempted Suicide Short Intervention Program (ASSIP). Developed in Switzerland, ASSIP has been shown to significantly reduce repeat suicide attempts.

- **Create a Community Suicide Response Task Force.** A task force could make prevention recommendations and promote safe media messaging. Convening groups of stakeholders across the health/mental health provider sectors, places of worship, law enforcement, educational institutions, and employers or local industry groups could help positively respond to this crisis. OMH would like to see communities across the State convene similar stakeholder groups and will work with communities to create stakeholder groups or taskforces.
- **Focus on prevention at schools.** Schools are a key high-opportunity area for suicide prevention. New York youths are demonstrating an upward trend in mental health and suicide disorders.
- **Provide funding to support best practices.** Funding is essential to support programs and institutions that have a proven record of accomplishment and diminishing suicide rates. These funds help strengthen public health prevention efforts, integrate suicide prevention in healthcare, support timely sharing of data for surveillance and planning, and infuse cultural competence throughout suicide prevention activities.

Sarah Ravenhall, MHA, CHES, Executive Director
NYS Association of County Health Officials

The NYS Association of County Health Officials (NYSACHO) serves as the voice for New York's local health departments. Many county health commissioners also serve as the counties' Mental Health Commissioners. NYSACHO works closely with the New York State Association of Counties (NYSAC) and other public health stakeholders on a broad array of public health-related legislative issues and brings expertise as local public health experts to many issues including suicide and suicide prevention.

Mrs. Ravenhall explained that even though NYS has one of the lowest per capita suicide rates in the nation, NYS has one of the highest overall losses of life - about 1,700 deaths attributed to suicide each year. According to the CDC, the public health approach to suicide prevention is a multidisciplinary process that focuses on identifying broader patterns of suicide and suicidal behavior throughout populations and developing evidence-based interventions to reduce the occurrence of behaviors.¹⁰ Many of New York's local health departments are working with community partners on various interventions aimed to prevent suicide or suicidal behaviors. Availability of real-time data and high quality surveillance methods help local health departments to identify clusters, optimize services, design policies, and create messaging aimed at eliminating suicide attempts and death. Mrs. Ravenhall concluded by emphasizing that New York State's commitment to improving surveillance methods and access to timely data is consistent with the need for a statewide-informed response.

Recommendations:

- **Support and expand local suicide prevention focused coalitions.** It is important to build inclusive community support systems, advance cultural competence, reduce stigma, build awareness, diminish implicit bias, and monitor risk and trends via surveillance. Of the 19 counties that replied to a NYSACHO survey¹¹, all said they either lead or participate on a local suicide prevention focused coalition, indicating they work on surveillance, data collection, and monitoring at the local level. The data is used to identify trends, locate gaps in service availability, and to inform tailored interventions.
- **Consider health disparities.** When developing policies, interventions, and messaging, it is extremely important to consider health disparities and the impact to populations at increased vulnerability to suicidal activity.
- **Expand funding.** NYSACHO is seeking increased funding to localities for medical examiners and coroners, as their work is vital to the surveillance of emerging public health concerns related to the opioid epidemic and suicide prevention. They believe NYS should provide for a 50-50 State and local match for counties investigating unattended deaths.

The availability of real-time data and high quality surveillance methods help local health departments to identify clusters, optimize services, design policies and create messaging aimed at eliminating suicide attempts and death.

Brigid Pigott, SPOA Chair

Rockland County Department of Mental Health

The Rockland County Single Point of Access (SPOA) Committee reviews all requests for case management, assertive community treatment, and housing for county residents with mental illness 18 years of age and older. The Committee ensures the timely access to needed services and brings together providers and adjunct supports to help everyone get the assistance they need and are eligible to receive. The SPOA Chair works with referral sources, families, and hospitals to ensure a smooth transition to appropriate care. Applications are reviewed daily and followed-up until services are in place. Individuals are welcome to attend SPOA meetings to meet providers and ensure their wishes are respected and the services are person-centered. The Rockland County Department of Mental Health's primary function has been to provide education and resources to the public, outreach staff of meals on wheels, local food pantries, Domestic Violence and Crime Victim Services, probation departments, Veterans Service Agency, substance use disorder providers, NYU School of Social Work, and FQHC and pediatric practices.

Chairperson Pigott reported that in Rockland County, the number of men who die by suicide outnumbers that of females three-to-one. Also in Rockland, older males (ages 50-74) and younger females (ages 26-49) show higher rates of death by suicide. The Rockland County Department of Mental Health (RCDMH) recognizes that suicide is preventable and has worked closely with schools and the community to spread awareness. RCDMH is training middle and high school staff in an evidence-based program called “Creating Suicide Safety in Schools” that helps school personnel with preparedness by promoting student resilience, identifying at-risk students, and supporting them. The program encourages the development of a sustainable, planned response that schools can implement following the death of a school community member by suicide. RCDMH has also had projects with two local colleges involving the #BeThe1To Campaign, and has brought Mental Health First Aid for youth and adults to agencies and the public.

In Rockland County, the number of men who die by suicide outnumbers that of females three-to-one.

Recommendations:

- **Promote Mental Health First Aid classes.** She recommended that all incoming college freshman in New York take the Mental Health First Aid class as part of their orientation.
- **Improve how cause of death is tracked.** RCDMH has collaborated with its medical examiner to develop a form to track deaths by suicide, listing key identifiers such as cause of death, age, gender, town of residence, history of behavioral/physical illness or developmental disability, known life stressors, risk factors, and crisis interventions prior to the event.
- **Create a universal call-in line.** RCDMH is currently attempting to create a universal information and referral phone number to help callers navigate available behavioral health services.
- **Expand access to transportation.** Transportation of individuals to and from appointments is an area of concern and can make all the difference for someone suffering from suicidal ideation.

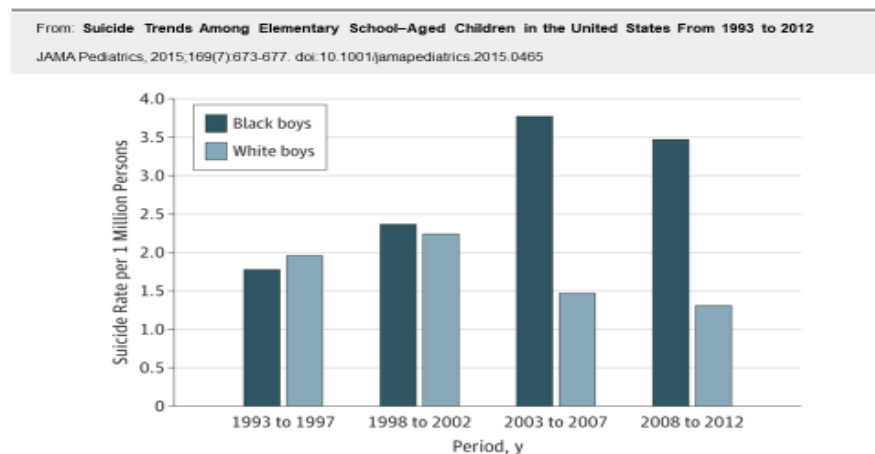
Michael Lindsey, PhD, MSW, MPH, Executive Director
McSilver Institute for Poverty Policy and Research and
Constance and Martin Professor of Poverty Studies at NYU School of Social Work

Dr. Lindsey is a child and adolescent mental health services researcher, and is particularly interested in the prohibitive factors that lead to unmet mental health needs among vulnerable youth with serious psychiatric illnesses, including depression. He has received research support from the National Institute of Mental Health (NIMH) to examine the social network influences on perceptual and actual barriers to mental health care among African American adolescent males

with depression. He also received NIMH funding to develop and test a treatment engagement intervention that promotes access to and use of mental health services among depressed adolescents in school and community-based treatment. Dr. Lindsey's current research, funded by the Robin Hood Foundation and the Annie E. Casey Foundation, involves the delivery of an innovative combination of interventions aimed at decreasing PTSD and depression as well as improving positive parenting skills among child welfare-involved mothers with trauma-related disorders.

Dr. Lindsey noted a recent study by epidemiologist Jeff Bridge showed that Black youth suicides have doubled between the years 1993 and 2011 for those in the 5-11 age group. Black adolescent rates of suicide attempts have increased while other racial/ethnic groups have seen a decline in these behaviors.

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Recommendations:

- **Engage Black youth in services.** Find innovative ways to introduce Black adolescents to mental health services. Black adolescents, more than any other group, do not use formal mental health services, particularly for depression. His research points to stigma, mistrust of mental health professionals, and other logistical barriers, such as transportation.

- **Expand access to services into secondary schools.** Introduce more mental health services in the K-12 setting. Research shows that schools are the best resource to reach Black youth.
- **Establish a State Task Force on Black youth suicide.** Dr. Lindsey is recommending that a task force be established to address the circumstances of Black youth in New York State. (See S.4467B (Carlucci)/A.6740B (Jean-Pierre), passed both houses)

Edward Staehr, Executive Director NY FarmNet at Cornell University

NY FarmNet provides educational resources, consulting, and opportunities to help farming families find solutions to financial and interpersonal concerns through its 35 outreach consultants. The program also enables more farms to be transferred and joint ventures to be developed for the economic enhancement of New York State agriculture via consulting and educational resources. FarmNet is unique because it offers confidential in-home service in the privacy of the farmer's home. FarmNet is available through its toll-free hotline that farmers can call 24 hours a day, seven days a week. If a farmer is at risk of harming themselves or others, program staff are alerted immediately.

Mr. Staehr identified stigma as a major factor, stating that farmers are unlikely to visit the County Office of Mental Health out of fear of being recognized by someone in the community.

According to Mr. Staehr, last year FarmNet responded to 1,800 requests for assistance through its toll-free hotline. Mr. Staehr identified stigma as a major factor, stating that farmers are unlikely to visit the County Office of Mental Health out of fear of being recognized by someone in the community.

Recommendations:

- **Better understand farm culture to address unique needs.** Culture must be understood before an organization can begin to work with various people. Farm culture is unique and many factors can lead to increased stress, depression, and anxiety, such as working long hours, weather, and ever changing government regulations. Farmers cannot close the door to their business Friday afternoon and return Monday; the business is always open. Additionally, mental health stigma is a big factor.
- **Expand access to broadband and telehealth.** There is a lack of broadband internet access in rural areas. However, expanding access to broadband can assist farmers to receive mental health services via telemedicine.
- **Provide more funding.** More funding for FarmNet would help meet the needs of an underserved farming population and provide more mental health first aid trainings targeted to the agriculture community.

Rosa M. Gil, DSW, President and CEO Comunilife

Dr. Rosa M. Gil is the Founder, President, and CEO of Comunilife, Inc., a non-profit organization founded in 1989 to improve the quality of life and create a healthier tomorrow for New Yorkers with special needs in the Hispanic and broader community. The organization provides culturally competent health and human services and a continuum of affordable and supportive housing for homeless persons. Comunilife is recognized for developing Community-Defined Best Practices for Latinos. Dr. Gil has served in many positions including as Health Policy Advisor to Mayor Giuliani, Health Administrator of New York City, and is the former Chairperson of the New York City Health and Hospital Corporation. She is also the co-author of the "Maria Paradox," the first authoritative book on self-esteem and Hispanic women.

Dr. Gil stated that suicide is the second leading cause of death among Latina teens in New York State. She explained that multiple factors contribute to young Latina teens attempting suicide, including family conflict, acculturation, stress, domestic/sexual abuse, academic failure, bullying and anti-immigrant sentiment, stigma of mental illness, and the lack of culturally competent mental health providers.

"Suicide is the second leading cause of death for Latina teens in New York State." - Dr. Rosa M. Gil

Recommendations:

- **Expand the Life is Precious Program.** Comunilife established the Life Is Precious (LIP) program to provide suicide prevention activities for Latina teens in NYC. To date, the program has served more than 300 teens. Research has shown that for those participating in the LIP program, suicidal ideation and depression decreases. The program directly addresses the risk factors associated with Latina adolescent suicide, provides culturally competent services that integrate cultural norms into all program development, and incorporates the entire family to reduce the risk of suicide among Latina teens.
- **Work to ease stigma.** A stigma remains in the Hispanic community towards mental illness. Policy makers and clinicians must work to ease or erase the stigma.
- **Use suicide prevention programs proven to work.** Comunilife developed the "Ni Una Mas" (Not One More) awareness campaign to begin a conversation on Latina adolescent suicide and to teach the warning signs, including withdrawal from family and friends, drastic change in personality, and noticeable changes in eating and sleeping habits. Programs such as these should be replicated.

Tiffany Folk, Director

Tristan Foundation

The Folk family formed the Tristan Foundation after their son, Tristan, committed suicide. The Foundation was formed to educate individuals about suicide and suicide prevention. They cite rural factors in their personal suicide story, living in a county with no major city center, no main hospital, limited mental health clinic hours, lack of a dedicated mobile crisis response team, lack of affordable transportation, and lack of communication and outreach.

They cite rural factors in their personal suicide story, living in a county with no major city center, no main hospital, limited mental health clinic hours, lack of a dedicated mobile crisis response team, lack of affordable transportation, and lack of communication and outreach.

Recommendations:

- **Explore shared county services.** An urban/rural initiative that allows urban counties to work with neighboring rural counties to offer suicide programs and services should be explored.
- **Provide more mental health staff in schools.** The addition of mental health staff to the K-12 educational setting would make an enormous difference. Rural schools are overwhelmed by current mental health needs and need additional staffing to meet existing demand.
- **Fund mental health mobile crisis teams in rural areas.** Funding for rural counties to staff a dedicated mental health mobile crisis team can make a huge difference. Law enforcement ends up handling mental health crises, which strains law enforcement resources, especially when transporting individuals to hospitals and clinics outside rural counties.

Donna Besler

Ontario Suicide Prevention Coalition

Ms. Besler became a suicide prevention advocate with the Ontario County Suicide Prevention Coalition (OCSPC) after she lost her son to suicide. She believes that medication prescribed by a doctor to treat her son's depression was not helping him and further believes that the medication made him end his life.

OCSPC is a group of community advocates, schools and healthcare professionals working together to educate the community about suicide prevention. The organization uses evidence-based strategies that include educational presentations to communities, businesses, and schools to teach community members to recognize when someone may have thoughts of

suicide and work with that person to create a plan that will support their immediate safety. The organization also hosts activities meant to fight the stigma that surrounds seeking mental health treatment.

Recommendations:

Ms. Besler believes that medication prescribed by a doctor to treat her son's depression was not helping him and instead led him to die by suicide.

- **Focus on more counseling and oversight of medications.** More counseling and less medication, more documentation by doctors when prescribing medication, counseling to see if the medication is actually working, more suicide training for primary care providers, the inclusion of comprehensive policies in the K-12 school setting to address suicide prevention, and suicide prevention training on college campuses for both educators and students.
- **Require a “warm hand off.”** The creation of laws or regulations requiring a “warm handoff” for those who are suicidal could make a big difference. A “warm handoff” could include a follow-up visit, a follow-up call, or a referral to a 1-800-suicide prevention number. Ms. Besler’s son called the doctor for an emergency visit and received a delayed appointment; no warm handoff was given. She believes that an immediate warm handoff might have saved his life.
- **Expand college mental health services and notices to parents.** Colleges should be more attentive to their students’ mental health needs and expand education about mental health issues. The college did very little to help her son, after they assured her that they would check on his situation daily. She believes colleges should notify parents if a student is believed to be in danger.

Glenn Liebman, CEO

Mental Health Association of New York State (MHANYS)

The Mental Health Association of New York State, Inc. (MHANYS) is an agency of support, education, and advocacy for mental health issues. As part of its mission, MHANYS advocates for change in the mental health system, ensuring access for all New Yorkers, fighting stigma through community-based partnership programming, and providing information on mental health issues and services. MHANYS has led advocacy efforts in NYS resulting in such laws as the Mental Health Awareness Tax Checkoff, which raises funds to end discrimination against mental illness, and Timothy’s Law, which mandates mental health parity in health insurance coverage. These laws are part of a long, full, and varied history of advocacy, organizing, and grassroots efforts that improved the lives of all New Yorkers.

Glenn Liebman, CEO of MHANYS, stated that suicide among children and teens in the United States has doubled between 2007 and 2015; 1 in 12 high school students has attempted suicide, almost 9% of high school students; and 1 in 6 seriously considers attempting suicide. There are no easy answers to address the rise in suicide, but social media, access to mobile

technology, and pressure to excel in school has a lot to do with this crisis. In addition, only about 40 percent of people with mental illnesses get professional help and those who do get help wait an average of ten years from the first onset of symptoms. It is very clear that the ten-year gap frequently occurs in early adolescence. During the ten-year gap, sixty percent of youth with untreated mental disorders will drop out of school, be three times more likely to be in the correctional system, and four times more likely to be unemployed. Mental health education in the K-12 school setting helps to bridge this gap.

There are no easy answers to address the rise in suicide, but social media, access to mobile technology and pressure to excel in school has a lot to do with this crisis.

Recommendations:

- **Expand access to mental health education in schools.** The best way to end the tragedy of suicide completion among young people is through education. Support legislation to add additional social workers, counselors, and psychologists in schools.
- **Continue funding important programs, for example:**
 - *School Mental Health Resource and Training Centers* help K-12 teachers respond to mental health needs through connections to professional staff with expertise in mental health and school instruction. The Center provides information and referral services by phone and online, including resources on the Center website; consultation with school districts; and organization of regional summits and webinars that include professional development. Since its launch, the Center has already made a difference for thousands of students and educators. About 60 percent of all public schools in New York have accessed the Center for professional development, information, assistance, or support. Over 15,000 individual users have visited the Center's website and online learning space. The Center's staff has also facilitated 105 in-person trainings for over 8,000 participants in communities across New York State. Additionally, the Center reported that over 1,400 educators have accessed its K-12 lesson plans, its community-based resources search tool has been visited 1,725 times, more than 325 educators and school staff have completed one of its online training programs, and regional staff recently provided mental health instruction to over 1,900 middle school and high school students in four school districts. (MHANYS)
 - *The safeTALK and Applied Suicide Intervention Skills Training (ASIST)* initiatives have been a success in helping to prevent suicide. The initiatives are offered at no cost across the state and have resulted in thousands of New Yorkers becoming more aware and engaged around suicide prevention.
 - *The Joseph P. Dwyer Veteran Peer-to-Peer Support Project* has been a success with helping veterans avoid suicide and other mental health problems.
 - *Mental Health First Aid (MHFA)* has been proven effective in helping to end the stigma of mental illness.

- *The Mental Health and Wellness 101 program* is a good educational response to suicide prevention. The program is a short 60- to 90-minute training that provides a greater understanding of mental health for an individual and their role in the community.
- *The Suicide Prevention Center and the Zero Suicide Initiative.* These groundbreaking programs should be implemented in provider organizations across New York.

Mathew Shapiro, Associate Director

National Alliance on Mental Illness (NAMI) of New York State

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, NAMI is an association of more than 500 local affiliates who work in the community to raise awareness and provide support and education that was not previously available to those in need. NAMI supports public awareness events and activities, including Mental Health Awareness Week and NAMI Walks, which successfully fight stigma and encourage understanding. NAMI works with reporters on a daily basis to make sure our country understands how important mental health is.

According to Mr. Shapiro, Associate Director of NAMI of New York State, suicide is the only leading cause of death in America that continues to increase. He cites Governor Cuomo's recent Suicide Prevention Task Force report that details how the rates of suicide in NYS are actually outpacing this disturbing national trend with state suicide rates increasing 29.1% from 1999 to 2016. Mr. Shapiro says that there are no easy answers to the suicide crisis. Since it is a multidisciplinary approach to address suicide, an encouraging first step is to see the chairs of the Mental Health and Health Committees working together on the issue.

Recommendations:

- **Focus on culturally competent responses to suicide.** Cultural competency must be utilized to address the multiple root causes of suicide.
- **Expand both inpatient and community-based mental health care along with increasing psychiatric crisis services in existing systems.** Access to care that is a reasonable distance away is important as is ensuring that patients are not held in emergency rooms for long periods and/or prematurely discharged from acute psychiatric care.
- **Ensure person-centered psychiatric care and access to appropriate medication.** Prescriber Prevalis is effective in curtailing suicide, as prescribing the wrong medicine (especially anti-depressants) can exacerbate suicidality, and drugs that treat mental illnesses are rarely interchangeable.

- **Ensure appropriate funding and services are available for:**
 - Mental health housing programs with wrap-around services;
 - Broadening the mental health workforce and ensuring insurance parity;
 - Criminal justice-mental illness interface;
 - Successful early-intervention programs;
 - Sufficient access to mental health services, especially in rural and inner-urban areas;
 - Training police and first responders using Crisis Intervention Teams (CIT); and
 - Veterans’ specific services.
- **Support Nicole’s Law.** (S.6629 Carlucci) to foster collaboration between doctors and hospitals who have treated the patient in the past and support a “warm handoff” and discharge plan for those surviving a suicide attempt;

Kathleen Carney, Clinic Director Lexington Center

Ms. Carney, Clinic Director of Lexington Center for Recovery, Airmont Clinic, is a licensed mental health counselor, qualified problem gambling professional, certified hypnotherapist, and holds a Master’s degree in Mental Health Counseling. At the Lexington Center, she

oversees the day rehabilitation program, non-intensive outpatient clinic, and gambling clinic. For the last 10 years, Ms. Carney has specialized in the treatment of co-occurring disorders with interest in the co-morbidity of addiction and mental illness. She also serves as the President of the Rockland County Chapter of the New York Mental Health Counseling Association, in addition to teaching at both Mercy College and SUNY Rockland.

The Lexington center has seen suicide attempts rise with opioid overdoses, and there is as blurred line between opioid overdose deaths that are intentional and unintentional because of active addiction.

Ms. Carney says that there is a correlation and connection between mood, substance use, and suicidal thoughts and behavior. Someone with a substance use disorder is more likely to have suicidal thoughts, to make non-fatal suicide attempts, and to die by suicide. She also notes that opioid overdoses are a growing epidemic. The center has seen suicide attempts rise with opioid overdoses, and there is as blurred line between opioid overdose deaths that are intentional and unintentional because of active addiction.

Recommendations:

- **Offer suicide prevention training.** As noted in the Governor’s Suicide Prevention Task Force Report, suicide prevention training should be offered to all clinicians, including behavioral health and substance abuse providers throughout NYS.

- **Explore using mini screen process.** The Lexington Center utilizes a mini screen process to help identify any clients that may be experiencing emotional stressors, behavioral crisis, or have a mental health diagnosis. The mini screen also examines the severity of the alcohol or drug use and is used to determine if a client is currently suicidal.
- **Treat dual diagnosis.** Treatment must address both substance abuse and mental health disorders simultaneously in order for long-term recovery to be achieved.
- **Identify and treat gamblers.** The National Council on Problem Gamblers reports that one in five problem gamblers have attempted suicide, which is at a higher rate than any other addictive disorder.

Seth Diamond, CEO

Westchester Jewish Community Services

Mr. Diamond, CEO of Westchester Jewish Community Services (WJCS), has extensive experience working in New York City government, most recently as Chief Operating Officer of Metroplus, a health insurance company serving a half million New Yorkers. WJCS is one of the largest human service agencies in Westchester, providing care to people of

Mr. Diamond notes that WJCS clinics have taken a two-pronged approach to deal with the serious issue of suicide by providing prevention and postvention services.

all ages and diverse backgrounds who are confronting significant challenges. Agency experts provide mental health, trauma, disabilities, youth, home care, and geriatric services. Mr. Diamond notes that WJCS clinics have taken a two-pronged approach to deal with the serious issue of suicide by providing prevention and postvention services. Prevention services start with an initial screening of all clients who apply for mental health services. When clinics are closed, WJCS offers after-hours emergency care to provide crisis intervention to assure the safety of clients served. WJCS has 40 clinicians intensively trained in Dialectical Behavioral Therapy (DBT). DBT is an evidence-based protocol for adolescents and adults to treat suicidal behaviors and severe emotion dysregulation. WJCS clinicians successfully treat hundreds of individuals with DBT, minimizing the risk for suicide.

Recommendations:

- **Provide youth mental health first aid training.** All school districts, regardless of cost, should have access to this vital training.
- **Introduce the WJCS PRIDE curriculum.** This curriculum teaches youth about LGBTQ history, culture, and contributions, which helps to build a strong sense of self-worth and positive identity, and should be available for all students in school settings to enhance sense of community, belonging, and self-advocacy skills.

- **Increase LGBTQ competencies in educational settings.** Educational settings can exhibit more sensitivity to diversity by promoting inclusive language and understanding the unique experiences of the LGBTQ community to help avert unnecessary deaths.
- **Focus on substance abuse to reduce suicide.** Increase integrative treatment for co-occurring substance abuse and mental health treatment, as a means of reducing suicide risk since substance abuse is a key risk factor in suicide attempts.

Brett A. Scudder, President and Founder

Scudder Intervention Services Foundation

Mr. Scudder is a humanitarian, entrepreneur, philanthropist, counselor, life coach, national motivational and inspirational speaker, mentor, suicide attempt survivor, and domestic violence survivor. After one of his suicide attempts in 2005, he decided to dedicate his life full-time to helping people prevent or manage emotional pain, crisis, and distress to prevent suicide ideations and attempts. Mr. Scudder created the Scudder Intervention Services Foundation, Inc. (SISFI) which uses mental health first aid care to serve people who have lost a loved one to suicide and violence, who are victims of abuse, substance abusers, homeless, have suicidal thoughts, and survivors of disasters. Mr. Scudder believes that we need to retrain healthcare and mental health practitioners on new and different ways of working with people who are experiencing anxiety, depression, and emotional pain. Many people going into systems for services are treated in a desensitizing and dehumanizing way. Treatment in this manner does not help them and only serves to push them into deeper states of despair and pain. He also mentions that children at younger ages are exposed to unhealthy environments and experiences that can cause them to feel depressed and suicidal. There are not many services available to treat children ages 4-10 years old and trends show increases in completed suicide for this age cohort.

Many people going into systems for services are treated in a desensitizing and dehumanizing way. Treatment in this manner does not help them and only serves to push them into deeper states of despair and pain.

Recommendations:

- **Explore ways to reduce young children's exposure to technology.** Children are exposed to technology and mobile devices too soon in life with no boundaries or limitations, resulting in addiction to technology with no emotional attachment.
- **Expand peer-to-peer supports.** From Mr. Scudder's personal experience, what matters most to suicide attempt survivors is not feeling alone or being labeled with a diagnosis, but having access to specialized support groups and peer-to-peer involvement that are accessible 24/7. Non-clinical alternatives to psychiatric and mental health care are needed for people experiencing emotional pain and suicide ideations.

- **Create specialized units within emergency rooms.** Hospital emergency rooms add to the trauma for people with suicidality and emotional distress. The wait time and questionable treatment can result in the person feeling worse than when they arrived, and may result in the person leaving the ER and completing suicide. Specialized units within emergency rooms for those coming in with suicide ideations that use peer advocates, could make all the difference. Emergency rooms should have a “warm hand off” plan for those who have tried to commit suicide; including making sure the person always leaves the ER accompanied by someone.
- **Create “safe places” and “emotional wellness support groups.”** Schools and businesses should provide safe places for those in emotional crisis. Schools should host weekly emotional wellness support groups.
- **Expand training opportunities.** Providing specialized training in suicide and depression to churches, community-based organizations, and civic groups can help prevent suicide attempts.

Sam Dorison, Chief of Staff Trevor Project

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, bisexual, transgender, queer, and questioning (LGBTQ) young people under 25. The Trevor Project offers a suite of 24/7 crisis intervention and suicide prevention programs, including Trevorlifeline, TrevorText, and TrevorChat as well as the world’s largest safe space social networking site for LGBTQ youth, TrevorSpace. The Trevor Project also operates an education program with resources for youth-serving adults and organizations, an advocacy department fighting for pro-LGBTQ legislation and against anti-LGBTQ rhetoric/policy positions, and a research team to discover the most effective means to help young LGBTQ people in crisis and end suicide.

Mr. Dorison believes that legislators and policy makers should support existing sources of communication.

Mr. Dorison, Chief of Staff, believes that legislators and policy makers should support existing sources of communication. Over the past year, The Trevor Project’s phone, chat, and text services reached over 4,500 crisis contacts in NYS, with estimates that 100,000 LGBTQ young people are in crisis every year.

Recommendations:

- **Encourage schools to have suicide prevention policies that are inclusive.** Since youth spend one-third of their time in schools, it is important that schools equip their faculty and staff with the knowledge, tools, and training they need to prevent suicide. The Trevor Projects advocacy team undertook an evaluation of school suicide prevention policies in NYS to see if groups at higher risk of suicide are being addressed. To date, 243 of 725 schools contacted have a verified policy. Based on comparable work across the

country, Trevor expects 50% to have a verified policy and less than 10 percent mentioning LGBTQ youth in any capacity.

- **Support LGBTQ suicide prevention policies in schools.** The Trevor project would like legislation to be introduced to support LGBTQ suicide prevention policies within New York K-12 schools.

Ben Esposito, Camp Director **NYS Camp Director's Association (NYSCDA)**

The New York State Camp Directors Association (NYSCDA) represents the children's camp industry in New York State by monitoring and responding to all legislation and regulations that might affect children's camps. It has over 250 members and partners with The American Camp Association New York and New Jersey (ACA, NY and NJ), The Rockland/Westchester Day Camp Association, and The Long Island Day Camps and Private Schools Association.

Mr. Esposito explained his main priority lies in passing S.3834 (Metzger)/A.3074 (Abinanti) of 2019, which passed the Senate but not the Assembly. In 2011, a new law required camps to provide medical personnel for health and safety reasons and he believes that camps should be given the same opportunity to support mental health as well. While schools are able to provide mental health care, there are significant barriers to providing this care in summer camp settings

In 2011, a new law required camps to provide medical personnel for health and safety reasons, and he believes that camps should be given the same opportunity to support mental health as well.

that can have harmful effects. Camps regularly see children with a variety of mental health needs, including cutting themselves, others who struggle with bulimia, online bullying, and those who are neglected and mistreated by their parent or guardian. Camps have the opportunity to contract for outside mental health services, but that can result in a continuity of care problem, especially on weekends; an on-site counselor would be more appropriate.

Recommendations:

- **Support passage of S.3834 (Metzger)/A.3074 (Abinanti) in both houses of the legislature.** This legislation would authorize camps to hire on-site mental health professionals.
- **Require camps to have full time, on-site mental health professionals.**

Jeffery M. Daly, MD, Medical Director

**Child and Adolescent Outpatient Psychiatric Services at Four Winds Hospital;
Director, Project TEACH Region 2**

Four Winds Hospitals provides inpatient and outpatient mental health treatment services for children, adolescents, and adults at campuses in Katonah and Saratoga Springs. They are the leading specialized providers of inpatient psychiatric treatment for children, adolescents, and adults in the Northeast. It is the philosophy of Four Winds that quality treatment, delivered at the appropriate level of care, is not only clinically effective, but also cost effective. Four Winds' goal is to ensure that every individual receives the services they require during the course of their treatment. Four Winds accepts patients 24 hours a day, 7 days a week, and is home to one of New York State's three Regional TEACH Projects.

According to Dr. Daly, Project Teach is one way that OMH is working to meet the mental health needs of children and families. Its mission is to strengthen and support the ability of New York's pediatric primary care providers (PCPs) to deliver care to children and families who experience

Project TEACH is one way that OMH is working to meet the mental health needs of children and families.

mild-to-moderate mental health concerns. Project Teach divides New York into three distinct regions and relies on teams of child and adolescent psychiatrists and health experts to complete all consultations, deliver trainings, and provide referrals. More information on the project can be found at <https://projectteachny.org>.

Recommendations:

- **Continue to support Project TEACH.** The program has proven very successful and, since half of all chronic mental illness begins by age 14, focusing on pediatric primary care and providing these providers with support is essential.
- **Address the services gap for very young children.** Dr. Daly noted that children aged from zero to two and from five and up can receive services but there is a gap for children in the 3-5 age group that cannot seem to find services.

Anamul Haque

Suicide Prevention Advocate

Mr. Haque lost his brother to suicide. After finding his brother lifeless, he went into a state of serious depression and decided he would become an advocate for suicide prevention. He believes that the silent epidemic of suicide and mental health disorders in young people needs to be addressed now before more lives and families are ruined.

Recommendations:

- **Reduce stigma surrounding suicide.** Government, health care providers, and advocates should continue to work to end the stigma surrounding suicide.
- **Provide teachers with training.**

Teachers should be trained to look for the warning signs of suicide and mental illness with children in the K-12 school setting. This should include college students studying to become licensed teachers by including training on mental health issues within their course work.

After finding his brother lifeless, he went into a state of serious depression and decided he would become an advocate for suicide prevention.

Isabel Ebrahimi, Life Coach (ADHD Coach)

Help Is Here Coaching

Ms. Ebrahimi believes that legislation should be drafted to create a task force to look into suicides by children who suffer from Attention Deficit Hyperactivity Disorder (ADHD). According to the CDC, 11% of American children have ADHD, irrespective of race, gender, ethnicity, educational achievement, or socioeconomic stratification.¹² The World Journal of Psychiatry states there is a strong positive association between ADHD and suicide among all genders and age groups.¹³ In addition, it has been documented that suicide is the second leading cause of death in children ages 10-18 and young adults. Children with ADHD have a three-fold risk of serious, life-threatening accidental injury. When depression, ADHD, and substance abuse are combined, suicide risk can increase tenfold.¹⁴

Recommendations:

- **Increase awareness of the relationship between suicide and ADHD.** A systemic review of 26 research studies published in *The World Journal of Psychiatry* found that one quarter of suicidal children under 12 years of age had ADHD.¹⁵

- **ADHD children need to be identified and families, caregivers, and teachers must be made aware of their disorder and how to help them.** Oftentimes, girls present differently than boys with regards to ADHD diagnosis and go unidentified.

All of this is relevant because children with ADHD have a three-fold risk of serious life threatening accidental injury. When depression, ADHD and substance abuse are combined suicide risk can be increased by 10 fold.

Testimony Summary of Organizations Submitting Written Testimony Only:

New York State Department of Health (DOH)

The Department of Health (DOH) testimony focuses on promoting public health and supporting prevention to protect, improve, and promote the health, productivity and well-being of all New Yorkers. The State agency oversees and supports local county health departments in this effort. In its written testimony DOH identifies suicides and self-harm injuries as growing public health concerns across the state and points to a number of key activities they are currently undertaking to address the issue, including:

- Developing clear and accurate data that is essential to supporting suicide prevention activities. Data surveillance can identify at-risk populations, predict patterns, and recognize risk factors.
- Creating a Suicide and Self Harm Dashboard, which is a collaboration between the bureau of Health Care Analytics, Vital Statistics Program, and the Bureau of Occupational Health and Injury Prevention. The Dashboard displays suicide and self-harm injuries in different ways to drive interventions at the local, regional, and State levels and to assist suicide education and prevention efforts.
- Publishing a comprehensive report describing patterns in suicide and self-inflicted injuries for the years 2000-2014.
(https://www.health.ny.gov/statistics/prevention/injury_prevention/docs/sii_suicidenys.pdf)
 - For instance, suicide was the second leading cause of death due to injuries among all age groups and among children ages 10-14 suicide was the third leading cause of death in 2014. Additionally the rate outside of New York City has seen a 27% increase in suicides since 2000, while the City's rate has remained relatively stable.
- Leading the State's Prevention Agenda¹⁶ effort, the five-year blueprint for State and local action is to improve the health and well-being of all New Yorkers. One of the priority-specific action plans of the Agenda is mental health and substance abuse. DOH remains committed to continuing its work with relevant agencies and stakeholders to prevent suicide risk before it occurs and to reduce the number of suicides.

The rate outside of New York City has seen a 27% increase in suicides since 2000, while the City's rate has remained relatively stable.

New York State Office of Children and Family Services (OCFS)

The Office of Children and Family Services (OCFS) serves New York by promoting the safety, permanency, and well-being of our children, families, and communities. OCFS oversees and administers New York State's child welfare and juvenile justice systems, including residential juvenile justice facilities and community-based diversion or prevention services. OCFS provides and supports youth mental health services to proactively prevent suicide through community-based prevention, residential placement services, and support services in aftercare. The agencies' written testimony highlights their suicide prevention work including:

- Providing services for youth in residential programs and regional Community Multi-Service Offices that support aftercare. Youth receive education, medical care, mental health treatment, vocational training, recreational services, and ministerial services. All youth are assessed at intake for risk of self-harm and routinely thereafter receive individual and group treatment based upon these assessments.
- Providing trauma-responsive care, a treatment response to trauma-driven behaviors, including self-injury, aggression, and mood dysregulation. Staff are trained and re-trained annually to identify signs of self-injury or self-abuse.
- Developing OCFS' Suicide Risk Reduction and Response Policy that defines and distinguishes between suicide threats, gestures, and attempts. Youth who are at risk received 24-hour visual supervision and one-to-one staff supervision and can only be removed from heightened supervision by a licensed mental health provider.
- Discharge planning for youth in juvenile detention centers is very important and is done with their family. Each child receives an aftercare plan with specific ongoing services.
- Overseeing the county-based child abuse fatality teams that engage in proactive suicide prevention, including public awareness initiatives, trainings, and targeted community outreach.

OCFS provides and supports youth mental health services to proactively prevent suicide through community-based prevention, residential placement services, and support services in aftercare.

Recommendations:

- OFCS referenced studies that show teenagers in the adult criminal justice system are as much as 36 times more likely to commit suicide than their counterparts in juvenile facilities.¹⁷ New York's Raise the Age Law, which moves 16- and 17-year-olds out of the adult criminal justice system, is an important suicide prevention measure.

**Tom Ronayne, Director, County of Suffolk
Veterans Service Agency**

Suffolk County is home to the largest population of veterans in New York State, and has one of the largest veteran populations of any county in the United States.¹⁸ The County takes its responsibility seriously when it comes to providing services for those who have sacrificed and risked so much for this country. The County's Veterans Service Agency website regularly provides information on services from housing and career assistance, to academic opportunities, to help ensure veterans receive all benefits to which they are entitled. Suffolk County was the only county in New York State chosen for a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to end "Suicide among Military, Veterans and their Families" (SMVF) and was awarded based on need and population.

Suffolk County was the only county in New York State to be chosen for a SAMHSA grant to end "Suicide among Military, Veterans and their Families" (SMVF).

Recommendations:

- **Continue to fund and support the Joseph P. Dwyer Peer-to-Peer Veteran Support Project.** Programs such as the Dwyer Project have proven essential to the wellbeing of veterans across the state. Veterans suffer from a myriad of mental health and substance misuse challenges, including opioids, alcohol, homelessness, incarceration, broken families, and the effects of a post 9/11 generation. The Dwyer Project currently operates in 25 counties. Due to the advocacy of the Senate Majority, it will be expanding to New York City in 2019 for the first time.

Legislative Recommendations:

The hearing produced several general recommendations related to suicide prevention and specific proposals that could be turned into legislation. Senators Carlucci and Rivera believe that the recommendations described herein will improve upon the current methods New York is using to address the suicide crisis. These recommendations can be used by agencies and providers to better address suicide prevention. The Senators are working on draft legislation in order to put these important legislative ideas into action.

- 1) Require Mental Health Education in Schools to include a variation of Mental Health First Aid.** This legislation will require the Office of Mental Health to work in collaboration with the State Education Department to devise appropriate, age-related, mental health first aid to be included as part of basic health and physical education in schools.
- 2) Require Mental Health Education in Colleges to include a variation of Mental Health First Aid.** This legislation will require the Office of Mental Health to work in collaboration with SUNY, CUNY, and private colleges to devise appropriate, age-related, mental health, and mental health first aid to be included as part of the basic curriculum.
- 3) Support Nicole’s Law (S.6629/Carlucci).** Provides for intake and discharge procedures regarding individuals with self-inflicted, life-threatening injuries.
- 4) Continuing Education Proposals for Professionals:**
 - A) Offer a “continuing education” type course for teachers in K-12 settings concerning Youth Mental Health First Aid training (S.6628 (Carlucci) / A.5481 (Fernandez)).** The continuing education program will focus on suicide awareness and will require the State Education Department and the Office of Mental Health to devise appropriate means of implementation.
 - B) Offer a “continuing education” type course for college administrators, professors, and staff concerning Youth and Adult Mental Health First Aid training.** The continuing education program would focus on suicide awareness. SUNY and CUNY would devise the appropriate means of implementation.
 - C) Develop a continuing medical education course for medical professionals that will include information regarding Project TEACH.** Project TEACH offers training in several different formats for pediatric care providers (PCPs). These programs support the ability to assess, treat, and manage mild-to-moderate mental health concerns in a doctor’s practice. Core trainings are led by regional provider teams on-site or at a nearby location. Core trainings can be provided through a series of two three-hour sessions, one longer program, or an alternative format, depending on needs. Regional provider teams cover assessment and management of the important mental health issues that children and adolescents face.

- 5) **Require suicide-related questions when people surrender animals at the local pet shelter.** This legislation would require pet shelters to train volunteers and staff to ask questions that may be indicators for people at risk of suicide when people drop off pets for adoption. People want to make sure that their pets are taken care of after they commit suicide, which led Washington State to implement a program requiring pet shelter employees or volunteers to ask suicide-related questions when people are dropping off pets. Over a span of about three months in 2018, shelter staff intervened with seven people who planned to kill themselves (Oregonian).
- 6) **Black Box Warning on all medications that may cause depression or suicidal thoughts.** This legislation would require all medications that may cause depression or other side effects to include warnings that the medication may cause suicidal thoughts, depression, or other possible mental health related side effects.
- 7) **Require DOH and OMH to undertake a study on the impacts of side effects of pharmaceuticals on suicide.** This legislation would require DOH and OMH to study the impact of prescription drugs on suicide including why and how some medications cause suicidal thoughts while others do not as well as recommendations to address these situations.
- 8) **Technology Addiction and Suicidal Thoughts.** Explore legislation to address technology addiction and its effects on suicidal thoughts and to address how the internet is being used to commit suicide.
- 9) **Promote Peer-to-Peer and non-clinical counseling opportunities.** Advocates testified that clinicians sometimes turn off or discourage patients, whereas a peer who has been through similar circumstances can be more helpful. Such legislation would promote the peer-to-peer model.
- 10) **Support for recruiting and retaining clinicians.** The mental health chair has been hearing complaints regarding the recruitment and retention of mental health clinicians and has introduced several pieces of legislation to encourage people to enter and remain in the mental hygiene profession. The Office of Mental Health believes that loan forgiveness programs may be the best way to handle the lack of mental hygiene professionals. **S.3757 (Carlucci)/A.7489-A (Gunther)**, creates a credentialing pilot program for direct support professionals. **S.6105 (Carlucci)/A.7844 (Gunther)** creates a get-on-your-feet loan forgiveness program for those working in the mental hygiene field. **S.6106 (Carlucci)/A.8388 (Gunther)** establishes a direct service professional credit and career ladder tuition assistance grant program.
- 11) **Swab test.** Bill draft for consideration that will require mental health professionals to conduct a “swab test” to determine the medications in one’s body so that medications that may cause adverse interactions are not given to the patient.

12) Require all OMH materials to be available in Spanish, other top six languages, and braille. Research has shown that immigrants who do not speak English as their first language do not receive similar healthcare options as those that do.

- a) **Require NYS suicide hotlines to have people available to speak in top six languages and in braille.** A refreshable braille display or braille terminal is an electro-mechanical device for displaying braille characters, usually by means of round-tipped pins raised through holes in a flat surface. Visually impaired computer users who cannot use a computer monitor can use it to read text output.

13) Introduce the WJCS PRIDE curriculum into school settings to enhance sense of community, belonging, and self-advocacy skills. WJCS (Westchester Jewish Community Services) recently received an IMPACT 110 Grant to develop a new Pride Curriculum based on feedback received from LGBTQ youth leaders in Westchester. This curriculum explores eight topics, including sexuality, coming out, and “where do I fit in.”

14) Establish a task force to address and prevent suicide in the ADHD (Attention Deficit Hyperactivity Disorder) youth population. This legislation will create a task force to examine, evaluate, and determine how to improve mental health and prevent suicide among New York residents ages three through 18 who are impacted by ADHD.

15) Increase health Insurance coverage for mental health services.

- a) Amend Chapter 748 of the Laws of 2006, “Timothy’s Law,” to not only ensure insurance parity for mental health services but also revise the conditions it covers and consider changing the minimum day requirements of care covered.
- b) Amend the Insurance Law to require insurance policies to cover the minimum number of counseling visits.

Administrative Recommendations:

- 1) Extend the ability to send and receive medical information and data from the prescription-monitoring program to coroners and medical examiners.
- 2) OMH and the Suicide Prevention Center (SPCNY), in conjunction with the State Education Department and other relevant stakeholders, should create recommendations for required core competencies for health care training programs. (20% of states mandate that health care providers complete suicide prevention training and an additional 15% recommend training. Adapt best practices for New York State).
- 3) Include suicide prevention as part of the Governor's transformation of the State's Medicaid System to a Value-Based (VBP) Model. VBP contemplates a change in reimbursement of health care services based on outcomes. OMH would coordinate expert recommendations to promote the most effective services, ongoing performance measurement, and access. State agencies would ensure reimbursement of the most critical and effective services.
- 4) OMH should develop a suicide prevention training to be administered through the Statewide Learning Management System (SLMS) as one of the mandatory trainings for NYS employees. The training would address the issues of suicide risk as well as how to respond to a coworker, family member, or neighbor who may be exhibiting signs of distress for employees who are not in the mental health field. The training could subsequently be offered to counties and local communities and shared with the wider workforce.
- 5) Increase funding for programs that have a proven record of accomplishment of preventing suicide.
- 6) Create a reporting requirement that will close gaps in the NYS Suicide Surveillance System, improve data timeliness, leverage the existing NYS Health Connector Suicide and Self-Harm Dashboard, and build in information sharing. The State should require annual reporting of suicide-related deaths and incidents to the NYS Suicide Surveillance System by agencies/entities that collect/maintain suicide-related incidents/deaths. Require key demographic data to be included, including race/ethnicity, veteran status, and sexual minority status (if able). As part of this reporting requirement, the State should create a common/universal definition for suicide attempts. These reports should be made available to the public, law enforcement agencies, healthcare facilities, and relevant organizations.
- 7) Also, see the recommendations from Governor Cuomo's NYS Suicide Prevention Task Force 2019 Report. Available at: <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>.

- 8) **“Postvention.”** A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals, and peers). Family and friends of the suicide victim may be at increased risk of suicide themselves. OMH should devise literature for public distribution that describes postvention and the best ways to implement with a person experiencing suicide ideation as well as family and friends.

Legislation Introduced during the 2019 Legislative Session:

Senators Carlucci and Rivera believe that suicide-related legislation introduced during the 2019 Legislative Session will improve upon the current the methods New York is using to address the suicide crisis. Below is a brief description of the legislation introduced in 2019.

PASSED BOTH HOUSES

Creates a Rural Suicide Prevention Council

S.2070 (Metzger)/A.6007 (Barrett)

The Council's purpose is to reduce the growing rate of suicide in rural New York through the establishment of a Rural Suicide Prevention Council. The Council will examine the causes and conditions related to the rise of rural suicide, as well as access to mental health care in areas considered "rural" as defined in section 481 of the Executive Law. The Council will identify policies, practices, resources, services, and potential legislation that may result in the reduction of rural suicide and offer recommendations for coordination of the relevant services and resources.

The Council will consist of 12 members appointed as follows: two members by the Commissioner of OMH, two members by the Commissioner of DOH, two members by the Commissioner of Agriculture and Markets, two members by the Speaker of the Assembly, two members by the Temporary President of the Senate, one member by the Minority Leader of the Assembly, and one member by the Minority Leader of the Senate. The Commissioner of OMH will appoint the chair of the 12-member Council.

Reviewing Suicide Prevention Programs Periodically

S.2403 (Carlucci)/A.6471 (Cruz)

This bill requires OMH to review suicide prevention programs periodically to ensure that the needs of at-risk individuals are being met in NYS with the adequate and responsible care they deserve. As a result of this review, OMH should recommend changes if found to be necessary, ensure programs are culturally and linguistically appropriate, and that existing programs address special risk factors for minority and underrepresented populations. This legislation will help decrease the ever-increasing suicide numbers by requiring that our programs be as efficient and supportive as possible.

Establishes a Black Youth Suicide Prevention Task Force

S.4467-B (Carlucci)/A.6740-B (Jean-Pierre)

The Governor's recent report on suicide prevention made no mention of the increasing suicide crisis affecting the Black youth community. This bill seeks to correct this inequity by creating a Black youth suicide prevention task force to examine, evaluate, and determine how to improve mental health and suicide prevention for New York's Black residents aged five through 18. The task force will be comprised of experts in fields or disciplines related to mental health and knowledge related to the Black community. Task force appointees will be chosen by agency and legislative leaders within New York State government.

Report on Development of Suicide Prevention Programs

S.6406A (Sepulveda)/A.7564B (Fernandez)

This bill requires the Office of Mental Health (OMH) to submit a report to the Governor and Legislature by December 1, 2019 and biennially thereafter that details the progress of OMH in developing plans, programs, and services in the areas of research and prevention of suicide.

The report must also include information on specific suicide prevention services and programs developed to address the needs of high-risk minority groups or special populations, including Latino adolescents, Black youth, individuals residing in rural communities, veterans, members of the LGBTQ community, and any other group deemed high risk by OMH.

PASSED SENATE ONLY

Veterans Suicide Prevention Task Force

S.2248 (Sanders)/A.8248 (Ortiz)

This bill creates a Veterans Suicide Prevention Task Force to examine, evaluate, and determine how to improve mental health and suicide prevention for veterans. The Governor and legislature will appoint the task force, consisting of experts in the fields or disciplines of mental health and being geographically representative of the State.

Creates Suicide Prevention Materials for Educators

S.2404 (Carlucci)/A.7107 (Cruz)

The bill ensures that all students in secondary school have materials for review that bring awareness to the importance of early intervention, suicide prevention, and treatment of mental illness. The bill will ensure that the Office of Mental Health and the State Education Department are collaborating to develop materials for educators regarding suicide prevention and that these materials are on the departments' websites so that all students and school staff can access them.

Establishes a Latina Suicide Prevention Task Force

S.3806-A (Ramos)/A.2761-A (Fernandez)

The Center for Disease Control and Prevention (CDC) released a survey in 2015 showing that 15 percent of Latina adolescents in the United States have attempted suicide and almost 26 percent have considered suicide. This bill establishes a Latina Suicide Prevention Task Force to examine, evaluate, and determine how to improve mental health and suicide prevention among Latinas. Members of the Task Force shall be appointed by different ranking members of the state and will have the expertise in the fields and disciplines related to mental health and knowledge related to the Latina Community.

Authorizes Summer Camps to Hire Health and Mental Health Providers

S.3834 (Metzger)/A.3074 (Abinanti)

This bill authorizes summer camps to hire licensed social workers, physical therapists, psychologists, athletic trainers, mental health care professionals, occupational therapists, and other licensed professionals to provide services. This will allow summer camps to hire qualified mental health professionals to counsel youths in crisis at day and overnight camps.

Establishes a LGBT Youth and Young Adult Suicide Prevention Task Force**S.6315 (Salazar)/A.8306 (Reyes)**

This legislation will create a task force regarding suicide prevention for lesbian, gay, bisexual, and transgender youth and young adults. The task force will examine how to improve mental health and suicide prevention for LGBT youth and young adults up to age 24. The task force will be comprised of experts in fields or disciplines related to mental health and knowledge related to the LGBT youth and young adult community. Task force appointees will be chosen by agency and legislative leaders in New York State government. According to the CDC, suicide is the second leading cause of death among young people ages 10 to 24. LGBT youth are five times more likely to have attempted suicide compared to heterosexual youth.

PASSED ASSEMBLY ONLY

None.

UNRESOLVED LEGISLATION

Requires colleges and universities to provide all incoming and current students with information and resources relating to suicide prevention.

S.4375 (Parker) /A.7227 (Peoples-Stokes)

Amends the Education Law to require public and private colleges and universities to provide all incoming and current students information about depression and suicide prevention. The bill requires that resources be made readily available to students on campus. The legislation will make sure that students are informed and educated on the available mental health resources available to them upon enrolling into a college.

Appendix #1

Full Testimony Presented

Full testimony can be found at www.nysenate.gov on the Mental Health and Developmental Disabilities Committee Page or the Health Committee page.

Full link: <https://www.nysenate.gov/calendar/public-hearings/june-04-2019/joint-public-hearing-suicide-and-suicide-prevention-0>

Appendix #2: References and Resources

¹ <https://bluehelp.org/>

² <https://newyork.cbslocal.com/2019/10/16/nypd-suicide-off-duty-sergeant/>

³ <https://afsp.org/about-suicide/suicide-statistics/>

⁴ <http://chapterland.org/wp-content/uploads/sites/13/2018/06/New-York-State-Facts.pdf>

⁵ <https://www.silive.com/news/2019/06/man-jumps-from-verrazzano-narrows-bridge-on-saturday-night-3rd-incident-in-a-month.html>

⁶ <http://chapterland.org/wp-content/uploads/sites/13/2018/06/New-York-State-Facts.pdf>

⁷ <http://chapterland.org/wp-content/uploads/sites/13/2018/06/New-York-State-Facts.pdf>

⁸ <https://www.nih.gov/news-events/news-releases/age-related-racial-disparity-suicide-rates-among-us-youth>

⁹ <https://zerosuicide.sprc.org/about>

¹⁰ https://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf

¹¹ <https://www.nysacho.org/wp-content/uploads/2019/06/Testimony.pdf>

¹² <https://www.addrc.org/adhd-numbers-facts-statistics-and-you/>

¹³ The World Journal of Psychology Review, March 22, 2017 10.5498/wjp.v7.i1.44

¹⁴ Joel Nigg in the Clinical Psychology Review, doi:10.1016/i.cpr.2012.11.005

¹⁵ The World Journal of Psychology Review, March 22, 2017 10.5498/wjp.v7.i1.44

¹⁶ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

¹⁷ <https://www.theatlantic.com/education/archive/2016/01/the-cost-of-keeping-juveniles-in-adult-prisons/423201/>

¹⁸ <https://suffolkcountyny.gov/veterans>