

Christopher, Tiffany, Trinity & Calista Folk  
10 W. Wright Ave. Waterloo, NY 13165  
315-759-5281  
New York Senate Joint Committee Meeting

June 4, 2019

**Tiffany:**

Good day Senators, thank you Senator Carlucci and Senator Rivera for yielding this time for us to address the critical issue of suicide prevention. I am Tiffany Folk and I am here today with my husband Christopher Folk, as well as our high school daughters, Trinity and Calista. Our oldest son Christopher unfortunately could not attend. He is an active duty U.S. Marine, stationed in D.C.

Along that vein, in January of 2017 Chris lost, his best friend and fellow Marine to suicide. September of 2017, another fellow marine in his unit, died by his own hands. November of 2017, that fallen Marine's twin brother died by suicide, all of whom had been deployed with Chris to Afghanistan, they were his brothers in arms.

Then on December 21, 2017, we lost our son, our children lost their brother, our world lost a friend & humanitarian to suicide. Tristan was an Eagle Scout, a Patriot, a gentleman and a brilliant scholar. He was always kind and witty and had an infectious smile. Tristan took his life, one day after finalizing his service academy applications, four days before Christmas and one day before his failing, first-semester grades came in from RIT.

Two months later, in February of 2018, my co-worker's husband died by suicide. That same day, a fellow student in our daughters' high school, died by suicide.

I wish I could say the list ends there. Just over a month ago, our community is still mourning the loss of a young 14-year-old soul to suicide.

We live in a very caring, nurturing community. When we don't have much, we know we have each other. The outpouring of support after our tragedy was comforting and yet the pain they were feeling for the loss of their friend, gave me great pause. There was nothing I could do. We did not have a crisis response team and the resources directed at mental health and well-being were limited.

So, in 2018 and being suicide loss survivors as our only qualification, we formed the Tristan Foundation. Mental Health awareness and suicide prevention was never in our wheelhouse but we are doing what we can to save lives daily. We can't do it alone.

**Christopher:**

We understand that NY is considering approaches to curb suicide. Seneca County is a small county, with no urban center, in fact with no city whatsoever. So too, Seneca County lacks an actual hospital though we do have a clinic and specifically a mental health clinic which due to resource constraints has limited hours of operation.

From 2014-2016 the rate of deaths from suicide in Seneca County was 17 vs. the overall NY state rate of 8.4. In 2018 Seneca County had 5 deaths from suicide; while in 2019 there are two confirmed and one pending. These aren't just numbers, while five deaths, or three deaths may seem like a small data point, when one of those numbers is someone you know, when one of those numbers is someone that you loved – how much would you be willing to do, how much would you spend if you could save the life of someone you loved?\*\*\*

Onondaga County has been chosen as the demonstration site for the NY State Zero Suicide initiative and has received a Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant. Across Upstate NY we have large areas of rural expanses with issues that aren't the same as what we see in more densely-populated urban areas. For one, communication and outreach are much more difficult in areas that cover a wide geo but are sparsely populated.

The National Institute for Mental Health has reported that 80% of individuals that die by suicide have had contact with a healthcare provider within the preceding year, with a majority of individuals having had contact with a healthcare provider in the preceding 90 days. Our son Tristan had a dermatology appointment approximately one month before his death by suicide. The NY initiative and the NIMH have a (ASQ) screening tool that takes around 20 seconds to administer with specific questions and follow-up based on the responses. Would that have flagged Tristan? We can't say, we don't know, but we do know, the toolkit wasn't administered to Tristan and he did in fact die by suicide.

Since Seneca County is a smaller county, with only around 35,000 residents and since our suicide rate is markedly higher than the State average, this is a county where resources can be directed and we can partner with Onondaga County (which is far larger and has more urban aspects) on a joint urban/rural initiative. Just as the work with Onondaga County can become the framework for urban areas, so too, the work that is proposed to be undertaken in Seneca County can be rolled out to more rural areas (or for instance in rural pockets outlying the urban centers).

According to Margaret Morse, the Director of Community Services and a key stakeholder in these efforts, we are admitting upwards of 50 persons per month into our mental health clinic. In 2018, roughly 13,000 mental health outpatient services were provided. In the past three years, the units of service have grown by over 25% while services specific to children have grown 34%, and in 2018, nearly 500 children received services.

We don't have a dedicated mobile crisis response team and we rely on the availability of outside-county units such as Clifton Springs CPEP. Our schools are also overwhelmed by our current mental health needs, all of the nine school satellites are currently at capacity and in need of additional staffing to meet the existing (and ever growing) level of demand. In a rural area, things taken for granted in urban settings (for example accessible and affordable transportation options) simply do not exist.

While prevention is the ultimate goal, right now our State is hemorrhaging from the suicide crisis. We need to treat the critical areas and that includes having the resources available to respond to crisis situations with specialized professionals. Currently, much of this work is being handled by Law Enforcement and that is a tremendous strain on them especially when they have to provide transport functions to hospitals/clinics that are outside our county. We need boots on the ground and funding for a crisis response team that is not only trained for these situations but able to react quickly and effectively.

**Trinity:**

The Zero Suicide initiative is viewed as an aspirational goal. Can everyone be saved? No, that seems unlikely. NY has a chance to be at the forefront of something huge. Suicide is currently the 2<sup>nd</sup> leading cause of death for youths aged 10-24, our peers. How can NY sustain itself if we are losing our youth, our very future to something that most practitioners and professionals view as a largely preventable occurrence?

When Tristan died, my sister and I stood by almost as outsiders as so many people came forward to offer help, support, and condolences to our parents. Our peers were nice, they were thoughtful, but I am not sure they had the resources necessary to really understand the magnitude of this loss, and how it affected us. Even now we don't understand, and we aren't sure how to effectively cope, but we do realize that going through this trauma has changed us and in turn, our world has changed.

**Calista:**

We don't have the advantage of years of experience or training, but what we do have is first-hand knowledge. We see our friends in school that battle hard times and bouts of depression. We hear the off-color remarks and we see how desensitized our friends (and us) have become to death and also life. To a lot of people, my brother's death is just a statistic but the reality is, we are saving lives.

If we can get some resources allocated, and when the Onondaga and proposed Seneca County initiative becomes a roadmap for success, it can be rolled out across the State and possibly the Nation as well. This new data will demonstrate to your constituents that zero suicide is working, and that the rates of suicide are dropping and moving towards that "zero" mark.

**Tiffany:**

Make no mistake about it, we are in this fight for your life, we are in this fight for your children's lives. You have a chance to target a small county, with a suicide rate double the State rate. You have a chance to show how the tragedy of suicide can be avoided, how lives can be saved, how the rates of suicide can drop. You have the chance to not just make a difference but to save lives. If we cannot appeal to you as humans, as parents, and public servants, then let us appeal to you in a political sense. If you can help us, stem the tide of suicide, you'll certainly have our support.

**Christopher:**

Please give Seneca County the resources it needs to assemble a mobile crisis response team that is fully staffed. Tele-psychiatry has been touted as a potential conduit for help, however with the cost of a tele-psychiatrist hovering around \$400/hour, small communities such as ours simply don't have the necessary funding to take advantage of that. We need to be able to leverage technology and to be able to work on postvention to respond to the current crisis and then also move towards prevention techniques and screening methodologies to lessen the burden and help save lives. It isn't that hard to examine our suicide rate, our population and determine that we need more resources and there is a cost associated with those. The hard part is trying to understand how much of a social and economic impact a suicide loss is and the ripple effect which cuts across demographics (race, age, economic status) and is having a real, tangible effect on our communities, and our way of life.

We need universal screening at all medical points of contact as well as local mobile crisis response services for our community to help save lives.