

Youth Suicide: Hidden Crisis



Problems are temporary.
Suicide is forever.

AN ISSUE FORUM REPORT BY
JCCI *FORWARD* FOR THE
NORTHEAST FLORIDA
COMMUNITY
SUMMER 2007



If you, or someone you know,
is thinking about suicide...

Remember:

SHOW YOU CARE • ASK THE QUESTION
• GET HELP •

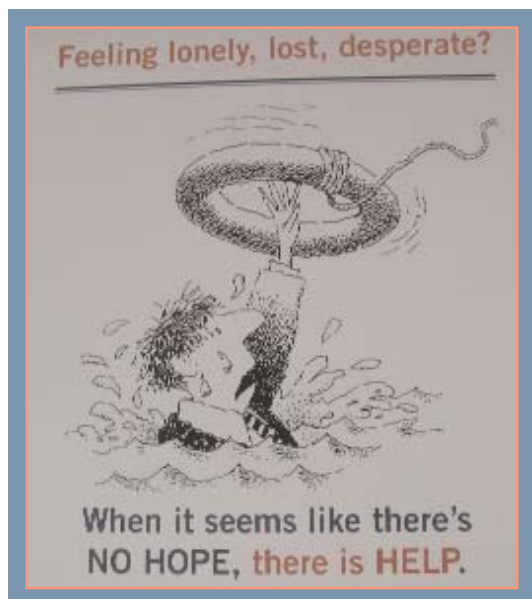
INTRODUCTION

Recently, Jacksonville's high homicide rate has received the attention of the city government, the media, organizations, and citizens. But in Duval, in 2005, the number of suicides was higher than homicides. Citizens wanted to know "Why is there no public outcry about the high numbers of suicides?" in our community. And more importantly, they wanted to know:

How can the Northeast Florida community prevent youth suicides and suicide attempts?

To explore this issue, a volunteer citizen committee was formed to identify the extent of youth suicide, and suicide attempts in NE Florida; to understand the warning signs and causes of teen suicide; to explore mental health assessment and treatment of teens; to review existing teen suicide intervention and prevention programs in NE Florida; and to explore suicide intervention and prevention in other communities by identifying "best practices" which can be applied to our local efforts. Northeast Florida has a large number of youth between the ages of 15 to 24, who make up approximately 14 percent of our population in the 2005 census. For purposes of this study, "youth" includes teenagers and young adults, ages 15 to 24 years of age.

In March 2007, a citizen committee began the exploration of suicide (the act of intentionally taking one's life) in JCCI *Forward's* twenty-seventh Issue Forum. The committee was comprised of citizens who knew very little about this topic, those who were personally touched by suicide, mental health professionals, and advocates knowledgeable about suicide prevention in the greater Jacksonville area. The committee began the nine-week forum by inviting state and local resource speakers to inform them about youth suicide. In week seven, the committee drafted a report to the community about what they had learned; what they believe the community needs to know; and what they might do about youth suicide in Northeast Florida. Key findings were decided by consensus and an action team formed to take positive steps towards effecting change in our community regarding this important issue.



GLOSSARY

Suicide – act of intentional self-harm; of taking one's life.

Completed Suicide -taking one's life.

Attempted Suicide - unsuccessful, potentially lethal effort to complete suicide.

Suicidal Ideation - thoughts about completing suicide.

Suicidal Fantasy - recurring suicidal ideation involving the same or similar situation.

Intervention - interceding to prevent harm or reduce risk of suicide.

Postvention – intervention after a suicide attempt or suicide.

BACKGROUND

Between 1976 and 1996, the United States experienced a 200 percent increase in suicide rates across all age groups. Nationally, in 1996, the number of suicides, 31,000 deaths, was 50 percent higher than the number of homicides. Noting this dramatic fact in 1999, the Surgeon General of the United States issued a Call to Action To Prevent Suicide. His blueprint for reducing suicide was to take AIM: broaden public Awareness of suicide and its risk factors; Intervention by enhancing services and programs; and advancing the Methodology and science of suicide prevention. This report stated that suicide is preventable. Major risk factors for suicide include depression, mental illnesses and substance abuse. Further, 90 percent of suicides are by persons with undiagnosed or untreated mental illness. Thus, suicide prevention involves both medical intervention as well as social or societal interventions. By intervening and treating those with high risk factors, the suicide rate could be lowered. The Surgeon General called for a National Strategy for Suicide Prevention, recognizing that suicide is more than a private concern, it is a serious public health issue.

Following the Surgeon General's call to action, the President's 2003 New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America*, identified three obstacles preventing Americans with mental illness from getting the care they needed: 1) the stigma that surrounds mental illness; 2) the unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance; and 3) the fragmented health care system. To transform the mental health system, two goals were established: first, to eliminate the disparities in mental health services, and second, to establish early mental health screening, assessment and referral to services as a common practice. In addition, the report noted, "Americans understanding that mental health is essential to overall health is fundamental for establishing a health system that treats mental illnesses with the same urgency as it treats physical illnesses." A national campaign to reduce the stigma of seeking mental health care and a national strategy for suicide prevention was needed.

In response to this national directive, Florida Governor Jeb Bush issued the Florida Suicide Prevention Strategy 2005-2010. This report noted that in 2003, Florida's suicide rate was twice that of the homicide rate and that "suicide is often tragically overlooked as a private matter pertaining only to the family involved." Instead, Bush stated, suicide is a complex social phenomenon, and that to decrease the suicide rate and save lives, a statewide centralized structure is needed to integrate and empower suicide prevention at the local level. "Local control of solutions to the challenges....of suicide is the best way to achieve overall success." Goal 2 of the Governor's Strategy seeks:

*To decrease the incidence of teen suicide in Florida by one third
(from approximately 9.5 per 100,000 to approximately 6.3 per 100,000 by the end of 2010.*

We are now three years into the ten-year Strategy and in the spring 2007 session, the Florida Legislature has just now established and funded the Office of Suicide Prevention. This new office, within the Office of Drug Control, will create the Suicide Prevention Coordinating Council to provide central coordination and sustainability to the suicide prevention initiative.

Additionally, in March 2007, the Florida Children's Community Mental Health Assessment for Northeast Florida was completed and released to the public. This community-wide report, which includes suicide, defines the assets and needs of children's mental health. It concludes that Northeast Florida has an "inadequate and fractured system of care...that cannot adequately respond to the mental health needs of our children." It finds that one-in-five young people suffer from a mental illness problem, which constitutes a crisis in our area. Considering that 90 percent of those who have attempted and completed suicide had serious mental illness issues, the immediacy of the crisis is clear. How well is Jacksonville and Northeast Florida doing in meeting this hidden crisis of youth suicide?

EXTENT OF YOUTH SUICIDES AND SUICIDE ATTEMPTS

In Florida, the 2005 Florida Vital Statistics Annual Report recorded youth suicide as the third leading cause of death, behind unintended accidents and homicides. And in the same year, Duval County recorded a high of 124 suicides, compared to 105 homicides for all age groups. While the state rates per 100,000 have been slowly dropping for the ages of 15-24 in the past ten years, the rate in Duval and Northeast Florida continues to be higher in this age group. In 2005, 44 percent of youth suicides were from firearms, while in Northeast Florida 59 percent were from firearms. In the State of Florida, seventy-nine percent of youth suicides were male, while in Northeast Florida, 93 percent were male. The Suicide Prevention Resource Center declares that probably twice the number of reported suicides are misclassified as accidental or undetermined causes.

Ages 15-24	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
State Deaths	215	181	199	165	189	191	194	195	207	206
Rate per 100,000	12.4	10.2	10.9	8.7	9.6	9.4	9.3	9.1	9.1	8.8
Northeast Florida	25	16	17	14	16	16	21	23	22	2.7
Rate per 100,000	18.5	11.5	11.9	9.6	10.6	10.0	12.7	13.6	12.4	14.7
Duval County	19	8	13	10	12	11	16	16	14	17
Rate per 100,000	19.1	7.9	12.5	9.5	11	9.7	13.7	13.4	11.5	13.4

According to the American Association of Suicidology (AAS), young males are four to six times more likely than females to complete suicide, whereas females attempt suicide more often than males. The 1999 Florida Youth Suicide Prevention Study estimated the cost of suicide (1994 dollars) based on loss of earnings to be \$397,000 per suicide. The average cost of a suicide attempt (hospitalization and loss of earnings) was estimated to be \$33,000 per attempt. At that time, the Study reported that for every dollar spent on prevention, \$3.00 can be saved in direct health care expenses. Of course, no dollar amount can measure the impact of a suicide on family and community.

One of the greater challenges is collecting comprehensive data for suicidal threats and attempts. In Jacksonville, four or more agencies (Duval County Public Health (DCPH), Florida State Agency for Health Care Administration, Department of Children and Families (DCF), the Mental Health Resource Center (MHRC)) record information regarding emergency psychiatric treatment (crisis intervention) for youth. These numbers are not coordinated, making data confusing and difficult to understand. Other than for completed suicides, recorded in the cause of death data, there is no central location that compiles all the data. Consequently, information is fragmented and does not reflect accurate information on youth suicide attempts and treatment. Additionally, the age categories in compiling statistics vary from agency to agency. Without comprehensive and meaningful data, it is difficult to determine the extent of suicide attempts and to address this problem systematically.

PROTECTIVE FACTORS & RISK FACTORS

Suicide is a complex matter. For suicide, there are biological, psychological, environmental and cognitive factors that can serve as either protective or risk factors. Youth often report that one event triggered an attempt at self-harm, but according to a resource speaker, more often suicide and suicide attempts are the result of a number of internal factors that build over time.

Paying attention to and increasing the protective factors for youth in our society is a primary concern. Several speakers related that all children are at risk and that we need to focus efforts on parents, schools, and community. Protective factors build resiliency of youth in homes, schools, peer groups, faith-based and social organizations, the health community, correctional settings, and the larger community.

Protective Factors for youth include:

- **Strong connections to positive caring parents and adults as healthy role models**
- **Good to high self-esteem**
- **Effective de-stressing, stress management and coping skills**
- **Responsible decision-making, problem solving and conflict management**
- **Participation in social circles, activities such as sports, and faith-based organizations**
- **Ability to control impulses**
- **Ability to ask for help**
- **Safety at home and in schools**
- **Access to effective health care for youth**

Cognitive development in youth is also a protective factor since children who think in relational terms are less likely to think in “either/or” or “all or nothing” rigid structures. Music, art, dance and the expressive arts are important for relational thinking and expression.

Risk Factors for youth include:

- **Mental disorders such as depression, bipolar, schizophrenia, anxiety, etc.**
- **Substance use and abuse**
- **Previous suicide attempt(s)**
- **Family history of suicide or mental illness**
- **Families with high anxiety or stress levels**
- **History of trauma or abuse**
- **Sense of hopelessness**
- **Impulsivity**
- **Aggressive or passive behaviors**
- **Social isolation**
- **Being bullied or harassed**
- **Barriers to accessing health care**
- **Stigma associated with ‘suicidal thinking’ stops help-seeking**
- **Easy access to lethal means**



Severe stressors such as divorce, unplanned pregnancy, death of family member or friend, or confusion about sexual orientation can also increase suicide risk. Suicide presents youth with a permanent decision to a temporary problem.

SOCIETY AND STIGMA

Most cultures and religious traditions denounce suicide. In the past, those who took their lives could not be buried in consecrated ground or obtain redemption after death. The families were shamed. Many religions have modified their views about suicide and do not condemn the person or stigmatize the family. Even so, the stigma of suicide lives on in our society. Suicides are covered-over, underreported in the media, and families often deny that a person took his or her life. Few speak openly about a family member's suicide. If stigma and taboo around suicide continues to foster 'don't talk; don't tell,' then the ability to address this issue openly and candidly, and learn about the realities of suicide becomes more and more difficult over time.

Myths About Suicide

- Once a person attempts to take her/his life, it is unlikely that she/he will try again. (80 percent of people who take their lives have at least one previous attempt.)
- Youths who talk about suicide are just trying to get attention. Ignore it. They won't really do it. (WRONG! Few take their lives without first letting someone else know how they feel. Over 70 percent who threaten, will make an attempt or complete the act.)
- Sexual orientation is not a factor in suicide. (Attempted suicide rates among both gay and lesbian adolescents are two to six times greater than the rates within the general population.)

PREVENTING YOUTH SUICIDE

Prevention and interventions often focus on the individual and the health care system. It is important to look at the complete picture - the parents and families, socio-economic factors, and the environment for prevention efforts to be successful. If warning signs are present a young person must receive prompt medical treatment. Ideally, warning signs will be recognized and assessed. When a youth returns to his/her family, peer group, and school, many of the conditions and stressors may still be there for him/her to face. The magnitude of the surrounding problems and the lack of protective factors must also be considered.

In Families and Home

One of our speakers spoke directly to the need for parents to give careful attention to their children. With busy lives, parents and children often do not have time, or take time, to have meaningful conversations about growing up. With the speed of our society and its many distractions, parents need more than conversations based on comings-and-goings, but rather time for conversations about thoughts, emotions, and experiences of their child. Additionally, as one speaker pointed out, our western culture no longer has meaningful rites of passage for adolescents moving into adulthood. Rites of passage give youth an experience of a life and death situation but they are supervised by adults who are aware of the risks that are involved. On their own, youth may engage in risky behaviors that produce a 'high' or 'rush' that may result in death. As a protective factor, a child needs to learn how to control impulsivity and to make good decisions. Caring parents and adults need to help youth make this transition into adulthood.

A resource speaker encouraged adults to listen and encourage youths to talk about feelings. Ask frank questions and be direct. Trust your instincts if a situation seems serious, seek help promptly. To save a life, break confidence if necessary. Silence can be deadly. Alert key adults in the youth's life and don't be afraid to seek professional help from someone who works with depressed adolescents and teenagers. Parents and adults need to know, according to American Association of Suicidology, that most youth will attempt or complete suicide after school at home.

In Public Schools

The committee addressed the public school system but did not gather information from private schools in Northeast Florida in regard to suicide prevention and intervention. Public school enrollment in 2004-05 was 200,000 students, 83 percent of the population in this age group. The Duval County Public Schools (DCPS) are addressing the crisis of suicide in three ways: suicide information is included in the curriculum in both middle schools and high schools; a hotline and Crisis Team are available to all the schools, and voluntary training of staff and teachers about suicide prevention and intervention.

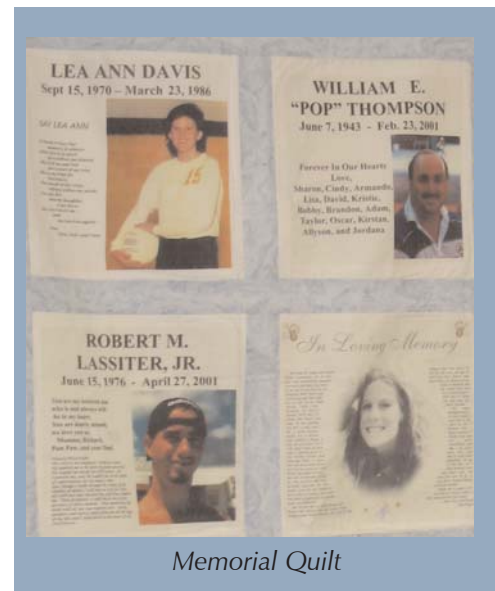
Presently 300 school employees are trained as “gatekeepers” which informs them about prevention and intervention with at risk children. If the child is judged to be a danger to him/herself or others, the school may “Baker Act” a youth: the police are called to the school and the child is taken to the Mental Health Resource Center or a health care unit for assessment. The school Crisis Team may also refer a child and family to Child Guidance Center for counseling. The Duval Crisis Team, created last year, are healthcare professionals (school psychologists, social workers) that provide on-call assistance to students in crisis and crisis intervention at schools. Full-service schools have family resource centers located at some of the schools and offer counseling; at other schools, guidance counselors rotate from school to school. School counselors have a multitude of responsibilities. At the elementary level, there are approximately 600 students per counselor and at the secondary level, the ratio is about 400 to one counselor. The American School Counselor Association recommends a ratio of 250:1.

The strategy for suicide prevention in the schools is to increase the protective factors. Once a child has been identified at risk with warning signs, it becomes the parent’s responsibility to follow-through and have the child assessed and treated, which may include family counseling as well. If not covered by private insurance, some coverage is still offered by Medicaid, although the criterion for qualifying has become more stringent for mental health issues. In addition, there are local agencies that provide counseling services on sliding-fee scale. However, obtaining medical treatment continues to be a challenge.

Tracking a student with symptoms of depression or at risk for suicide through the school system is not always easy because of the change in teachers, the change in schools, and the unavailability of school counselors. The school district is currently attempting to find better ways to be able to monitor a child throughout the school system. It is hoped that over time, more teachers and staff will be trained as gatekeepers and that a way to follow-up with students and parents will be instituted.

The President’s New Freedom Commission on Mental Health, 2003, urges schools to promote the mental health of young children by improving and expanding school mental health programs, specifically to screen for co-occurring mental and substance use disorders and link with integrated treatment strategies and to screen for mental disorders in primary health care, across the life span, and connect to treatment supports.

The Commission report goes on to say that “Children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school compared to 30 percent of all students with disabilities...Clearly, strong school mental health programs can attend to the health and behavior concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement.”



Memorial Quilt

Parents, schools and youth organizations can use warning signs of suicide as a way to screen potential children at risk. Although this is a helpful tool, many of the same warning signs can be indicative of other issues besides suicide, so speakers suggested caution in the application of screening to all school children.

Some warning symptoms of mental illness

- Declining social function; social withdrawal
- Declining school performance
- Change in eating or sleeping patterns
- Recurring substance abuse or intoxication
- Recurring self-injury
- Suicidal thoughts and fantasies
- Mood changes – anger, recklessness, distress, anxiety, trapped, hopelessness
- Giving away possessions

Acute warning signs of suicide

- Talking about hurting or killing self
- Having a plan
- Seeking a means
- Feeling calm & happy (about resolution to die)

Treatment

Several speakers stated that Jacksonville has inadequate services for children who have threatened or attempted suicide; that facilities and treatment options are limited; and that some children in need of services are not covered by insurance or Medicaid. Most child psychiatrists have a referral wait of three months for an appointment in Jacksonville, which serves an area south to Flagler, as far north as south Georgia, and west to Gainesville. Children that are “Baker Acted” (identified as being a danger to themselves or others) are transported to a mental health facility for assessment, and then released for outpatient care with long wait-lists for referrals and treatment. School psychologists and counselors (Crisis Team) respond to a hotline for crisis calls throughout the school district.

Noting the need for access, assessment and treatment, The Northeast Florida Children’s Community Mental Health Assessment of Mental Health Services in Northeast Florida called for a sustained endeavor to build a functioning health system in Jacksonville. Once children have been identified as being at-risk, an integrated system is needed to monitor children in the health care system. As one speaker informed us, suicide is on the far edge of the mental illness continuum. And those on the edge are the most at risk from fractures in the system. Several of the speakers reiterated the shortage of trained mental health providers in Jacksonville and that Medicaid reform is needed in regard to mental health to monitor denial of services and care for youth. In addition, the report notes that both children and families should be trained to identify mental health problems in themselves and their children.

Survivors of Suicide

Suicide is an enormous trauma for those who experience the loss of someone close to them. A person who takes or attempts to take his/her life will often do so at home before a family member returns, causing additional shock and trauma to the grieving process. Several speakers stressed that postvention (intervention after a suicide) is the best prevention of suicide. For survivors of suicide, postvention includes assistance and support with processing grief; working to prevent additional deaths by attending to those at risk (especially youth); knowing the warning signs; and providing support and counseling if needed. Feelings such as guilt, anger, shame, and responsibility are normal. Survivors are encouraged to break the silence, keep no secrets, and share concerns.

Accessibility and Resources

The 2006 Florida Children's Community Mental Health Assessment for Northeast Florida offers a comprehensive survey of assets and needs assessment of resources in Northeast Florida. Although the elements of the health care system are extensive, they operate independently of one another with limited communication among providers. Marginalized children (homeless, foster care, low income, etc.) with mental health problems are at greatest risk of not receiving services. The recommendations in this report are worthy of attention and might serve as the basis for a call to action in the Northeast Florida community.



Best Practices

Although one speaker said that best practices for treatment are currently being developed and evaluated, two speakers addressed the “best we have” evidence-based programs at this time, noting the Air Force Suicide Prevention Program: A Community Solution to a Community Problem, 2001. School-based, faith-based, work-place and home-based practices are being compiled by the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention in an online registry.

Another best practice message the committee received is to take the “Public Health Approach” to suicide prevention and intervention. Suicide needs to be addressed as a public health issue and not a private matter. By doing this, myths about suicide and the stigma of suicide can be addressed in the public sphere. Risk and protective factors can be addressed and the community can come together to build coalitions across the disciplines, coalitions throughout the environment, and find ways to prevent, intervene, monitor and evaluate the programs.

The media also has a pivotal role to play in suicide education and prevention. The Florida-Times Union newspaper published a series of timely articles in early 2006 that brought this critical issue to public awareness. The media can report suicide responsibly without sensationalizing. Although the media seeks to minimize pain to families, as one speaker noted, it can explode myths and reduce the stigma of suicide. By bringing to public light the risk factors, warning signs, and the protective factors needed to stop this hidden crisis, knowledgeable writers and reporters in the media can be a powerful source of suicide education and prevention.

What can be done?

The speaker from the Florida Office of Drug Control noted that Jacksonville currently has minimal activity in regard to youth suicide prevention as compared to the rest of the State. He recommended “a call to action” for our area, getting the media involved, and get ‘top down’ involvement by gathering key stakeholders to the table and on-board. The Florida Suicide Prevention Strategy calls for a number of ways to reduce suicide, including: improve citizen organizations; increase awareness; provide education and training; use screening and early intervention; improve access to treatment; create safer environments; provide postvention; and encourage research and utilization of existing resources.

On an individual basis, citizens can learn and respond to the warning signs of suicide; become involved in suicide prevention in Northeast Florida and the State; support the implementation of suicide prevention programs; support suicide prevention policies and funding; and connect suicide specialists in Northeast Florida to national people, organizations and resources.

The committee found that Duval and Northeast Florida has knowledgeable people and programs in the community. They also found that the State of Florida has a Strategy and has now funded an Office of Suicide Prevention to help communities implement the plan. The committee found excellent organizations and people available at the local, state, and national levels. The internet also provides valuable connections and information about programs and practices. If the committee has assessed the interest and resources correctly, this community is at a tipping point of taking strong and committed action to address the related issues of mental health and suicide prevention. The Florida Suicide Prevention Strategy goal to decrease the incidence of youth suicide by one-third by 2010, can be a reality. Every suicide is one too many.

Key Findings

1. Suicide is the most preventable cause of death. Education and intervention are key.
2. Ninety percent of those who take their lives are depressed or have untreated mental health issues that have not been recognized and/or adequately treated. Not all persons with mental illness are suicidal.
3. Duval County and Northeast Florida do not have adequate prevention programs, adequate psychiatric or psychological support, or follow-up with children who have attempted to take their lives.

Action Goals

The Committee reached consensus on the following two action items:

- Short-term: Create an e-mail announcing the report and youth suicide warning signs and start an e-mail chain by committee members to the larger community and beyond.
- Longer-term: Create a Speakers Bureau for education about youth suicide (find out what we have; then create volunteer speakers list; outreach into community and offer presentations at various organizations to raise awareness and educate.)

Action Team Leaders: Susan Byrne and Roberta Zipperer

If you would like to help raise the awareness regarding youth suicide and prevent suicide in our community, please contact the JCCI *Forward Planner* at 396-3052 for additional information.



The Issue Forum committee

This report was accepted by the JCCI Forward Executive Committee on May 30, 2007.

JCCI FORWARD ISSUE FORUM LEADERSHIP

Jennifer Mansfield, Chair	Mike Clark*	Darwin Porter
Rudy Jamison, Vice-chair	Leah Donelan	Jack Rinehart
	Shelly Fine	Angela Vickers
Issue Forum Committee (attended two or more meetings)	Marcus Haile*	Harris Warren*
	Pat Hogan	Ken Wilson
	Helen Jackson	Amanda Zievis
Susan Byrne	Heather Lawson	Roberta Zipperer
Robert Charlton	Wes Mills*	
Michael Connolly	Becky Nathanson	(*Management Team)

RESOURCE SPEAKERS

Robert Arnold – United Way 2-1-1
Susan Byrne – Mental Health America of Northeast Florida, President & CEO
Dr. Michael De La Hunt -- Pediatric Psychiatrist, Nemours Medical Director, Adolescent Inpatient Unit
Wayne Ezell – Reader Advocate, The Florida Times-Union
Pam Harrington – Founder, The Beth Foundation, Inc.
Bill Janes – Director, Florida Office of Drug Control
Detective Sergeant Derrick Lewis – Jacksonville Sheriff Office
Laura Meyer – Suicide prevention training specialist
Michelle Murphy – Asst. Professor, University of North Florida, School Counseling
Heather Lawson – School Psychologist, Duval County Public Schools Crisis Team
Reverend John L. Young – Minister, Unitarian Universalist Church of Jacksonville

RESOURCES

Reports:

Call to Action To Prevent Suicide. 1999. Surgeon General of the United States issued a
Achieving the Promise: Transforming Mental Health Care in America. 2003. New Freedom Commission on Mental Health report to the President
Florida Suicide Prevention Strategy 2005-2010. The Governor’s Suicide Prevention Task Force 2002.
Florida Children’s Community Mental Health Assessment for Northeast Florida. 2007.

Best Practices:

- Air Force Suicide Prevention Program: A Community Solution to a Community Problem 2001. For community based programs, the U.S. Air Force Program is noted as promising.
- In schools and mental health resource centers, the Columbia University TestScreen Program, ASIST and C-Care/CAST, and Lifelines are noted as promising for screening and assessment.
- Gatekeeper trainings for community, schools and police are currently being conducted in Northeast Florida and are raising the awareness of both mental health and suicide in our community.
- The Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention are currently creating a “Best Practice Registry” to be released sometime this spring (not available at the time of this report.)

Organizations:

American Association of Suicidology
Florida Suicide Prevention Coalition
Mental Health America of Northeast Florida
National Institute of Mental Health
Substance Abuse & Mental Health Services Administration (SAMSHA)
Suicide Prevention Action Network USA (SPAN USA)

A Youth Suicide: Hidden Crisis Reader is available in the JCCI library with a compilation of readings and materials. Also available is the Suicide Prevention Community Toolkit and Resource Guide, April 2007 compiled by the Florida Office of Drug Control for this issue forum.

What is JCCI Forward?

Established in July of 2000, JCCI Forward is an initiative of JCCI that seeks to involve developing leaders and community-minded people with important issues facing our community. With an emphasis on developing rising leaders from the ages of 25 to 45, JCCI Forward provides the information, tools, and resources needed to develop strong leadership skills and to affect positive change in our community.

Mission

The mission of *JCCI Forward* is to empower emerging leaders and community-minded individuals to affect positive change in Northeast Florida through a platform of results-oriented issue forums and leadership development programs.

Why Join JCCI Forward?

JCCI Forward is an ideal way to interact with city leaders, to experience leadership development, and to build a network of friends and associates who all share the common goal of improving our community.

Activities & Events

JCCI Forward provides the information, tools, and resources needed to develop strong leadership skills and to help affect positive change in our community. Like JCCI, *JCCI Forward* hosts its own community forums and workshops, all with the three-fold aim of studying the issues which are central to our community's growth, providing an opportunity to meet, interact and work with our community's existing leadership structure, and focusing on the skills critical to assuming a leadership role in our community's future.

Issue Forums

Issue Forums offer participants a venue to interact with respected community leaders and resource experts on issues of concern to Northeast Florida's citizens. Participants explore issues critical to the community's growth, seek understanding of related problems, and come to consensus on proposed action plans that can be implemented locally.

Leadership Development Workshops

Leadership Development Workshops are half-day seminars devoted to keeping *JCCI Forward* members involved, engaged, and connected. These workshops offer a foundation for leadership skills by allowing members to study important community issues in a dynamic setting, while interacting with expert resource speakers.

Trainings

Trainings offer *JCCI Forward* participants opportunities to learn and improve their leadership skills, such as facilitation, consensus-building, and how to run effective meetings.

Leadership Opportunities

While *JCCI Forward* is supported by JCCI, it maintains an Executive Committee and several established committees that offer opportunities for individuals to get involved and hold leadership positions. Additionally, Issue Forum Management Teams provide participants with hands-on planning experience.

Other Events

Networking Socials allow members to connect with each other, strengthen relationships, and learn more about *JCCI Forward*. Mystery Guest Lunches provide participants with access to local leaders in the intimate setting of lunch with a community leader. Food For Thought gatherings offer an additional way for members to connect, network, and discuss community issues.

How to Join

JCCI Forward members are also members of JCCI and are encouraged to participate in all JCCI and *JCCI Forward* functions.

Name: _____ Address: _____ City/State/Zip: _____

Phone Number: _____ E-mail Address: _____

Please select a membership category from the following:

- Basic Member: \$50 Receives bimonthly newsletter, annual report, and invitations to JCCI and *JCCI Forward* events.
- Family: \$75 Two family members receive basic member benefits.
- Patron: \$150 Receive basic member benefits plus the Quality of Life Report, a JCCI study, and a sponsored membership.
- Visionary: \$225 Receive patron benefits plus a second sponsored membership and a VIP Reception invitation.
- Corporate/Business: \$250 Receive visionary benefits plus a third sponsored membership

Complete the above and send it along with your check to JCCI Forward 2434 Atlantic Blvd., Jacksonville, FL 32202. For more information please visit us online www.jcci.org/forward

ISSUE FORUM

2000 - Emerging Business/Workforce Preparedness
 2000 - Transportation System
 2000 - Arts Education in Public Schools
 2000 - Public School System Education Plan
 2000 - Voter Education
 2001 - Preparing for the Super Bowl
 2001 - Downtown Living
 2001 - Professional and Community Theatre
 2001 - Truancy
 2001 - Voting Irregularities
 2002 - Business as a Partner in Education
 2002 - Downtown as an Entertainment Center
 2002 - Pathways to Power
 2003 - Convention Business
 2003 - Financial Literacy
 2003 - Role of the Mayor in Education
 2003 - Job Growth
 2004 - Ecotourism
 2004 - Community Health
 2005 - Downtown...Greentown?
 2005 - The Underground Connection
 2005 - *Forward* Thinking: How to Effect Change in Jacksonville
 2006 - Creative Community: What's in it for Us?
 2006 - Streetscape to Skyline: Do We Need Higher Design Standards for Downtown Jacksonville?
 2007 - Out in Jacksonville: The Status and Impact of our GLBT community.
 2007 - Youth Suicide: Hidden Crisis

FORUM CHAIR

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