

2017-2020

New Hampshire
Suicide Prevention Council



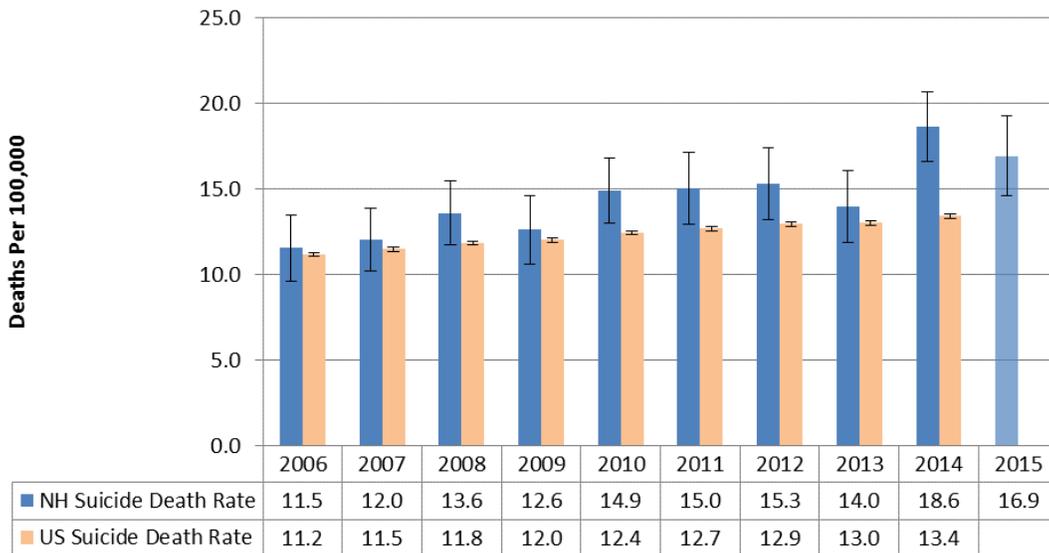
NEW HAMPSHIRE SUICIDE PREVENTION PLAN

Suicide is a major public health problem both nationally and in New Hampshire. The New Hampshire Council on Suicide Prevention (SPC) was enacted in 2008 to oversee the implementation of a *New Hampshire Suicide Prevention Plan*. One strategy to reduce the impact of suicide on individuals and communities is to increase the number of people who know the warning signs of suicide and how to quickly connect people in need to supportive services. Promoting opportunities and settings that strengthen connections among people, families, and communities is another effective strategy for suicide prevention.

The suicide rate in New Hampshire has varied from year to year, due to its small size, while the US rate has remained more consistent. Even though the New Hampshire rate has varied, until 2014 there had been no statistically significant differences from one year to the next since at least 2000. 2010 was the first year in recent history where there was a statistically significant difference compared to any other recent year. The 2010-2012 suicide rates are significantly greater than the rates for 2000, 2002, and 2004. This appears to be consistent with changes in the rates of suicide nationally. In 2014 there was a spike in the New Hampshire rate that is significantly above the rates prior to 2010. Such an extreme increase was not seen in other states or for the US as a whole in 2014.

Crude Suicide Death Rates per 100,000 in NH by Year 2006-2015.

NH and US Suicide Deaths By Year - 2006 to 2015 (Crude Rate)

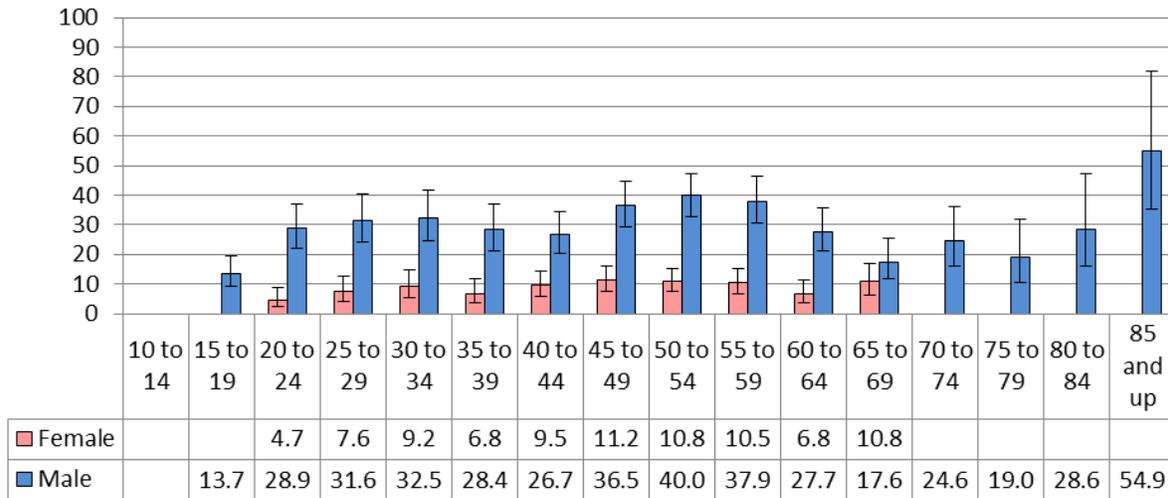


Source: 2006-2014 – CDC Data; 2015 – NH OCME Data

There are significant differences in the rate of suicide by age group and among males and females. The suicide death rate in males rises rapidly from ages 10-14 to 15-19 and then again from ages 15-19 to 20-24, pointing to a rise in vulnerability during the transitions from early adolescence to middle adolescence and then middle adolescence to late adolescence/early adulthood. Similarly, suicide rates among elderly males increase substantially at 85 years compared to the younger age groups, indicating another vulnerable time of life for men. These differences suggest that specific interventions and prevention activities should be tailored to the populations most vulnerable.

New Hampshire Resident Suicide Death Rates (per 100,000) By Age Group, 2010-2014

Data Source: CDC WISQARS*



Suicide Prevention Committee Purpose

As per NH RSA 126-R, the New Hampshire Council on Suicide Prevention (SPC) is charged with the oversight of the implementation of a *New Hampshire Suicide Prevention Plan*. The purpose of the council is to ensure the continued effectiveness of the plan by evaluating its implementation, producing progress reports, and recommending program changes, initiatives, funding opportunities, and new priorities to update the plan.

Through the activities of the plan, the council, above all else, shall be a proponent for suicide prevention in New Hampshire.

Underlying Principles for the State Suicide Prevention Plan

- Suicide is generally preventable. The vast majority of people who die by suicide have mental illness and/or substance misuse disorders which research demonstrates can be successfully treated. **People with co-occurring mental health and substance misuse disorders are best served through integrated treatment. Consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing negative health outcomes, early death or suicide. Early identification and access to care are essential.**
- Prevention must be a collaborative effort. The entire community must share the responsibility of identifying and getting those at risk into needed services, **including treatment for substance misuse**. Most people who die by suicide give some indication they are contemplating suicide before they die. Broad awareness of warning signs of suicide will increase appropriate referrals and interventions.
- Risk factors occur at the community as well as the individual level. Identifying and addressing community risk factors as well as individual risk factors is an important suicide prevention strategy. Likewise, **communities that build and support protective factors will benefit not just in preventing suicide but also in improving public health and public safety.**
- Promoting healing and reducing risk following a suicide (postvention) for both individuals and communities is an important component of suicide prevention efforts.
- Significant investments of time and other resources are required to prevent suicide. Focusing on recognized Best Practices will ensure that these efforts lead to positive outcomes across the lifespan, across the state and across cultures.
- Suicide prevention must become a part of all of our ongoing work and become embedded throughout our communities including our schools, health care systems, corrections at all levels.

- The NH Suicide Prevention State Plan will be most effective when it is implemented from an ecological perspective that encourages working across individuals, families, communities, workplaces, the military, organizations and systems.

Grounded in the National Strategy

The [National Strategy for Suicide Prevention](#) (the National Strategy) was developed in 2012 as a result of a joint effort by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention (Action Alliance).

The National Strategy's goals and objectives fall within four strategic directions, which, when working together, may most effectively prevent suicides:

1. Create supportive environments that promote healthy and empowered individuals, families, and communities;
2. Enhance clinical and community preventive services;
3. Promote the availability of timely treatment and support services; and
4. Improve suicide prevention surveillance collection, research, and evaluation.

The ***New Hampshire Suicide Prevention Plan*** is aligned with these strategies and the work of each subcommittee is grounded in the idea that everyone has a role in preventing suicides. Like the National Strategy, the NH SPC and the ***New Hampshire Suicide Prevention Plan*** work together to promote wellness, increase protection, reduce risk, and promote effective treatment and recovery.

Benefits of a State Suicide Prevention Plan

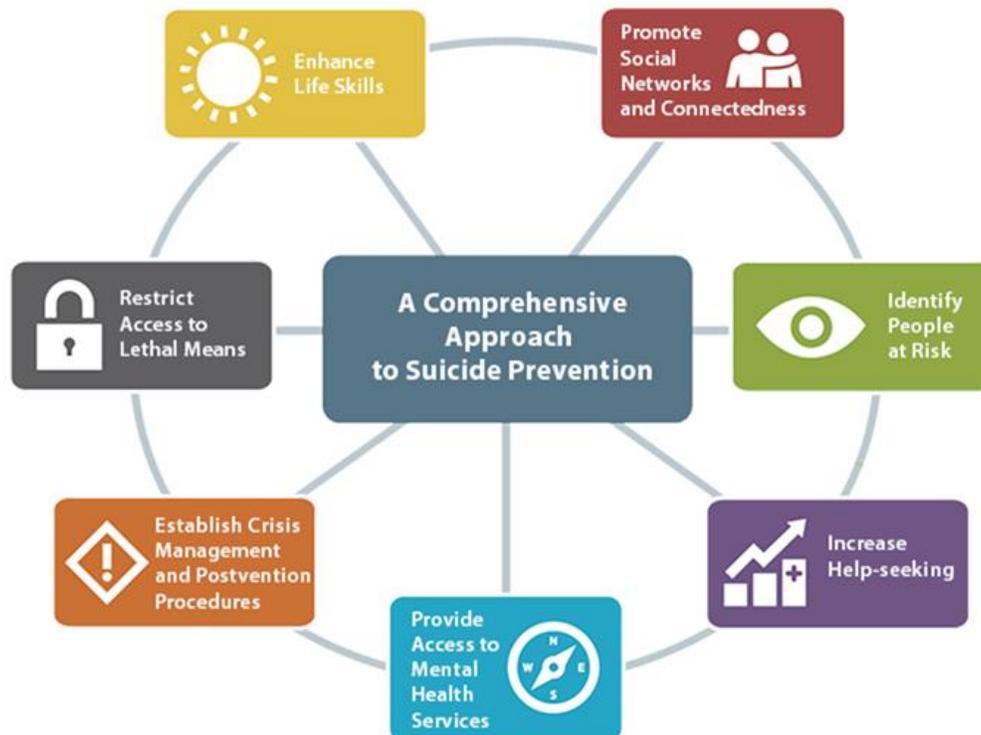
- Raise awareness and help make suicide prevention a statewide priority in New Hampshire.
- Provide opportunities to use public-private partnerships and the energy of survivors to engage people who may not consider suicide prevention part of their mission. At its best, a state plan supports collaboration across a broad spectrum of agencies, institutions groups, and community leaders.
- Increased partnerships and reduced unintentional duplication of prevention activities and treatment.
- Focused, New Hampshire-specific collaborative efforts will reduce the likelihood of suicide, before vulnerable individuals reach the point of danger.

State Suicide Prevention Plan Process

This updated version of the *New Hampshire Suicide Prevention Plan* has been developed to focus and coordinate suicide prevention efforts throughout the state. SPC members and SPC Subcommittee members developed plan goals, objectives and activities over the course of several meetings in 2016 and the final document was completed by January 2017.

The SPC and its partners will guide and implement these activities by engaging public and private stakeholders. The Plan is based on an understanding of evolving best practices, as well as the strengths and constraints of the current political and economic climate. The Plan will continue to be updated every three years to ensure that state suicide prevention efforts address the evolving needs of New Hampshire's residents and communities. The SPC will provide an [annual report](#) to the Governor pursuant to statute RSA 126-R: 2, which establishes the SPC.

Effective suicide prevention is comprehensive: it requires a combination of efforts that work together to address different aspects of the problem. The following goals and objectives from every New Hampshire Suicide Prevention Subcommittee highlight the need for a public/private approach that engages many stakeholders. To adequately address suicide prevention in the Granite State the activities identified address programs, policies, practices, and services across the continuum from primary prevention through increased access to clinical services.



<http://www.sprc.org/effective-prevention/comprehensive-approach>

New Hampshire Suicide Prevention Council Goals

Goal 1: Promote Awareness that Suicide in NH is a Public Health Problem that is Generally Preventable

Objective 1.1: Promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities.

1.1.1. Partner with key stakeholders, including public health regions, throughout the State on planning and convening an annual conference in order to build awareness of suicide prevention, increase knowledge of best practices for prevention, intervention and response to suicide, and increase collaboration, networking and support.

1.1.2 Encourage communities to effectively implement protocols listed in the Suicide Prevention Resource Center's Best Practice Registry.

1.1.3 Periodically repeat surveys to measure attitudes towards suicide

Objective 1.2: Promote the seven concepts of [Zero Suicide](http://zerosuicide.sprc.org/) in health and behavioral health care systems (<http://zerosuicide.sprc.org/>).

1.2.1 Create leadership driven, safety oriented culture committed to reducing suicide among people under care.

1.2.2 Develop a competent and confident workforce.

1.2.3 Identify and assess suicide risk in a systematic way among people receiving care. Ensure that pathways to care are both timely and adequate, meeting individuals' needs. This includes collaborative safety planning and restriction of lethal means.

1.2.4 Use effective, evidence based treatments that directly target suicidal thoughts and behaviors.

1.2.5 Provide continuous contact and support, particularly after acute care.

1.2.6 Apply a data driven quality improvement approach.

Goal 2: Reduce the Stigma Associated With Obtaining Mental Health, Substance Misuse and Suicide Prevention Services

Objective 2.1: Increase the proportion of the public that views mental disorders as real illnesses, equal and inseparable components of overall health that respond to specific treatments and consumers of these services as persons taking responsibility for their overall health.

2.1.1. Disseminate information to legislators, policy makers, providers and the public demonstrating that there are effective treatments for mental illness and substance use disorders.

2.1.2 Educate the public and key gatekeepers that their acceptance of persons with mental illness and substance use disorders and their addressing suicide openly can reduce suicide risk and prevent suicidal behaviors.

2.1.3. Support initiatives which increase insurance coverage and reimbursement and access to treatment for mental illness and substance use disorders.

COMMUNICATION SUBCOMMITTEE

Goal 1: Promote Awareness that Suicide in NH is a Public Health Problem that is Generally Preventable

Objective 1.1: Promote education that includes hopeful messaging to NH residents on risk factors, suicide-warning signs, help seeking behaviors, and resources and emphasizes the concept of Zero Suicide.

- 1.1.1 Create audience specific messaging that encourages individuals to take steps towards preventing suicide, and coordinate with other national, state and local media efforts.
- 1.1.2 Utilize existing media opportunities to highlight and discuss SPC activities.
- 1.1.3 On an ongoing basis, maintain central repository website on DHHS updated regularly for press releases, presentations, and fact sheets that include data, risk and protective factors, warning signs, and resources.
- 1.1.4 Design and sponsor wide dissemination of public health messages and education on suicide prevention, using traditional and new/social media.
- 1.1.5 Continue to educate the general public as well as health care providers and other key stakeholders (e.g. law enforcement/first responders) on risk factors and the efficacy of reducing access to lethal means for those at risk of suicide, particularly regarding firearms and medications.
- 1.1.6 Disseminate and promote information regarding the National Suicide Prevention Lifeline (1-800-273-8255).
- 1.1.7 Provide opportunities for the public to hear from those in recovery from mental illness, survivors of suicide loss, and survivors of suicide attempts, making use of existing speakers bureaus in NH such as *In Our Own Voice*, *Life Interrupted* and *Survivor Voices*.
- 1.1.8 Provide at least one member to actively participate in the annual conference subcommittee.

1.1.9 Promote the annual conference.

1.1.10 Propose suggestions of communications related speakers and topics for the annual suicide prevention conference.

1.1.11 Facilitate an annual communications specific agenda at an SPC meeting. This will include a review of the central repository websites.

Objective 1.2: Encourage new and diverse stakeholders, including policy makers, who work on preventing suicide in all communication subcommittee activities.

1.2.1 Review progress and update the State Suicide Prevention Plan.

1.2.2 Increase venues where the work of the SPC can be highlighted.

Goal 2: Promote Safe Messaging, Media Reporting and Portrayal of Suicidal Behavior

Objective 2.1: Increase the proportion of media professionals who have received training in appropriate reporting of suicidal events, identifying allies who will educate the media and journalism teachers on the national Reporting on Suicide: Recommendations for the Media.

2.1.1 Continue and expand efforts to participate in the education of journalism students in New Hampshire on the importance of sensitive reporting of suicide and suicide behavior.

Objective 2.2: Increase the number of sources (public health officials, school personnel, medical examiners, etc.) who have received contact from suicide prevention representatives around media recommendations and training/consultation in appropriate responses to inquiries from media professionals concerning suicide and suicidal events.

2.2.1 Incorporate orientation to the *Reporting on Suicide: Recommendations for the Media* and safe messaging in general into all suicide prevention training.

Objective 2.3: Promote news reports and portrayals in NH that observe appropriate reporting of suicidal events, present prevention messages and offer positive adaptations and non-stigmatizing views of mental illness.

2.3.1 Continue to respond to positive and negative media stories on an ongoing basis.

2.3.2 Cultivate relationships with media personnel for proactive dialogue around media reporting on suicides and encourage media contact with identified SPC spokespersons when suicide incidents occur.

2.3.3 Encourage all media reports to encourage hope and help seeking and include information on local supports and treatment resources as well as the National Suicide Prevention Lifeline (1-800-273-8255).

CROSS TRAINING SUBCOMMITTEE *(Activity Currently Suspended)***GOAL 1: Understand and develop [Zero Suicide](#) expertise within the committee**

Objective 1.1: Understand who is using the tool kits and components in New Hampshire healthcare.

Objective 1.2: Identify number of regions without tool kits and/or who have not been introduced to them at all.

Objective 1.3: Provide information to increase use.

GOAL 2: Participate in annual suicide prevention conference

Objective 3.1: Appoint a committee member to actively serve on the conference planning committee.

Objective 3.2: Consider doing a presentation at the annual conference.

DATA COLLECTION AND ANALYSIS SUBCOMMITTEE

Goal 1: Improve and Expand Suicide Surveillance Systems

Objective 1.1: Produce and disseminate periodic reports on suicide, suicide attempts, and other high risk behaviors to policy makers and stakeholders.

1.1.1 Produce annual report on suicide to include suicide deaths, attempts, hospitalizations and Emergency Department (ED) visits, and ideation utilizing available data source.

- a. On a yearly basis, review available data sources to identify other relevant information to include in the annual report.
- b. Work with the NH National Violent Death Reporting System (NVDRS) Data Abstractor to improve methods and templates used in the state for reporting on suicide data.
- c. Review the guidelines for appropriate release of data (including suppression of smaller numbers) on a biennial basis to ensure that current best practices are being followed.
- d. Review the summary of pertinent epidemiology terms included within the annual report on a biennial basis and update as needed.

1.1.2 Work with Subcommittee members and the NH NVDRS Data Abstractor to identify topics for issue briefs on high-risk populations, regions, or other trends which would inform suicide prevention efforts. Issue brief topics to include:

- a. Suicide deaths involving opioids (NVDRS Data).
- b. Suicide deaths preceded by an arrest with a focus on DUI arrests (NVDRS Data).
- c. Suicide deaths of military personnel including active duty and veterans (NVDRS Data).
- d. Adverse childhood experiences in relation to suicide (BRFSS – Behavioral Risk Factor Surveillance System Data).
- e. Other topics to address emerging issues.

Objective 1.2: Support organizations and institutions that routinely collect, analyze, and report on suicide attempts, deaths, and related factors.

- 1.2.1 Improve data collection on suicidal behavior.
 - a. Work with the NH NVDRS Data Abstractor to track current trends in NH and national data related to suicide deaths and make recommendations to the Medical Examiner's Office on additional and/or alternative data to collect following a suicide death.
 - b. Continue identifying additional data sources that represent suicide attempts (e.g., YRBS, hospital and emergency department visits, etc.)
- 1.2.2 Increase and maintain representation on the committee of organizations and institutions that would benefit from collecting, analyzing, reporting and utilizing data related to suicide attempts and deaths.
- 1.2.3 Assess statewide needs around the collection and analysis of data.
 - a. Identify partners able to provide or collected data to meet statewide needs.
 - b. Report identified needs to the NH Suicide Prevention Council Leadership.
- 1.2.4 Support applications for grants related to enhancing infrastructure related to data collection, analysis, and reporting.

Objective 1.3: Increase the proportion of organizations and institutions that utilize data for program planning and decision making.

- 1.3.1 Collaborate with other sub-committees of the NH Suicide Prevention Council to increase the number of suicide prevention initiatives in the state that utilize relevant data in an appropriate manner.
- 1.3.2 Report on evaluations of current initiatives to the NH Suicide Prevention Council, and as appropriate, in annual reports or issue briefs.
- 1.3.3 Propose suggestions of data related topics for the Annual Suicide Prevention Conference.
 - a. Provide assistance to the Conference Planning Committee as needed regarding the use and presentation of data.
 - b. Assign one member to actively serve on the planning committee.

1.3.4 Expand distribution of the Annual Data Report to key stakeholders and policymakers.

- a. Compile a list of current recipients.
- b. Identify key stakeholders and policymakers who should be added to the recipient list.
- c. Identify additional distribution pathways for general audiences (e.g., email distribution lists of relevant professional organizations).

1.3.5 Support the work of the NH Suicide Prevention Council related to the Zero Suicide by identifying data sources relevant to the initiative.

LAW ENFORCEMENT SUBCOMMITTEE

The Law Enforcement Subcommittee membership will include sworn law enforcement officers in leadership, PEER and support roles.

Goal 1: Collaborate With Partners and Implement Training for Recognition of At-Risk Behavior Among the Law Enforcement Community.

Objective 1.1 Provide an open forum for discussion and a historical look at the profession of Law Enforcement as it relates to the effects of trauma, post-traumatic stress and hyper vigilance on emotional wellness.

1.1.1 Provide an ongoing analysis of behaviors that lead to officers feeling hopeless, depressed or disconnected.

Objective 1.2 Provide training information and wellness recommendations to the council that relate directly to law enforcement officers outside of the public forum.

Objective 1.3 Increase attendance of law enforcement officers to the Annual Suicide Prevention Conference and recommend presenters specific to law enforcement.

1.3.1 Assign one member to actively serve on the planning committee.

Objective 1.4 Retain partnerships with similar professional groups such as the military and corrections in addition to other subcommittees in assessing timely services available to law enforcement officers.

1.4.1. Increase the number of cross sector trainings and partnerships with the military community. The high incidence of law enforcement officers currently serving in the military or in veteran status will form a natural path for military / military law enforcement membership.

1.4.2 Increase the number of cross sector trainings and partnerships with the military community. Our colleagues in the correctional environment face some very unique work challenges at both the state and county level. Their inclusion will provide a prospective beyond traditional policing.

1.4.3 Increase the number of cross sector trainings and partnerships with members of the Police Standards and Training Council.

1.4.4 Increase the number of cross sector trainings and partnerships with PEER counselors, employee assistance and or clinical professionals to improve assessment, debriefing and ultimately referral to professional services.

MILITARY AND VETERANS SUBCOMMITTEE

Goal 1: Educate the public to improve recognition of at risk behaviors and the use of effective interventions. Promote training to personnel that are directly involved with veterans, service members and/or their families who exhibit high risk, concerning behaviors.

Objective 1.1: Promote effective educational programs to the general public to increase awareness, comfort, and knowledge of resources on potentially suicidal veterans, service members and/or their families.

Objective 1.2: Promote, train and educate New Hampshire employers, college counseling centers, mental health centers and community partners over the next 3 years of this plan.

Objective 1.3: Promote effective educational programs for community providers who serve veterans, service members, and/or their families to promote collaboration with the Veterans Administration and the involved military unit (NH National Guard, Reserves).

Objective 1.4: Continue working with Granite State Human Resource Association to offer suicide prevention gatekeeper training to all seven HR Charters in New Hampshire and to also offer suicide prevention materials to human resource associates.

Objective 1.5: Find/provide supports for our 18-24 year old, non-deployed Soldiers and Family Members that are lacking due to not having a full service VA or lack of a Military Treatment Facility in NH. This objective's purpose is to provide short term health care gap coverage for 1-6 months until long term health care enrollment(s) have been made (e.g.; TRICARE, Commercial Insurance on the Exchange/OBAMACARE).

1.5.1: As part of the *Short Term Health Care Gap Coverage* project, address and educate active military and veterans about the higher suicide ideation risk rate among 18-24 age group category that haven't deployed and in the long term reduce this ideation risk of suicide.

Goal 2: Coordinate delivery of informational material to the community and treatment sites on resources on potentially suicidal veterans, service members and/or their families.

Objective 2.1: Regular delivery of informational outreach materials to local hospitals, Veteran Service Organizations (VSO), military units, law enforcement, family programs, and community resource locations.

Objective 2.2: Incorporate 5 of the 7 Core Elements of a Zero Suicide System Initiative. This subcommittee can and will continue to use the following elements:

- Leadership-driven, safety-oriented culture
- Systematic assessment of suicide risk level
- Competent workforce
- Continuing contact and support
- Data-driven quality improvement approach

Goal 3: Ensure that the Military and Veterans Subcommittee collaborates with all other SPC Subcommittees.

Objective 3.1: Request and share minutes/agenda of all State Suicide Prevention Council subcommittee meetings.

Objective 3.2: Subcommittee members of the SPC band together as needed to form a Task Force to work on Suicide Prevention Council projects (i.e.; revise the State Plan or create the Strategic Plan for the SPC), which will build and improve our collaboration and cohesiveness as a council.

Goal 4: Actively participate in the SPC Conference Planning Committee.

Objective 4.1: A Subcommittee representative will provide subcommittee guidance and key inputs on creating a workshop event annually for the SPC Conference. This Planning Committee begins their planning meetings for the SPC Conference in January. The SPC Conference Planning Committee Lead(s) will schedule all planning event meetings as needed for the November conference.

PUBLIC POLICY SUBCOMMITTEE

Goal 1: Provide subject matter expertise to NH Legislature regarding the public health impact of suicide.

Objective 1.1 In partnership with the Data Subcommittee, distribute Annual Suicide Prevention Report.

Goal 2: Review and monitor Health Information Technology (HIT) policy as it relates to the integration of behavioral health care, primary care and substance misuse treatment.

Objective 2.1: Provide subject matter expertise about best practices and national models of data sharing and integration.

Goal 3: Review [Zero Suicide](#) for its applicability to New Hampshire.

Objective 4.1: In partnership with the SPC Leadership Committee, convene state policymakers and community based organizations to discuss key concepts of Zero Suicide.

Goal 4: Ensure that the Policy Subcommittee collaborates with all other SPC Subcommittees.

Objective 5.1: Request and share minutes/agenda of all State Suicide Prevention Council subcommittee meetings.

Objective 5.2: Subcommittee members of the SPC band together as needed to form a Task Force to work on Suicide Prevention Council projects (i.e.; revise the State Plan or create the Strategic Plan for the SPC), which will build and improve our collaboration and cohesiveness as a council.

Objective 5.3 A Subcommittee representative will provide subcommittee guidance and key inputs on developing the SPC Annual Conference.

SURVIVORS of SUICIDE LOSS (SOSL) SUBCOMMITTEE

Goal 1: Support survivors of suicide loss through the implementation of support and education programs for family, friends, and associates of people who died by suicide.

Objective 1.1: Coordinate the support, advocacy, recognition and events for survivors of suicide loss.

1.1.1. Promote the distribution of the Medical Examiner's Suicide Survivors Bereavement packet and annually review the list of resources for support.

1.1.2. Promote and support at least five host locations for the American Foundation for Suicide Prevention's (AFSP) annual Survivor Day.

1.1.3. Review annually and continue to develop the SOSL community framework of activities and events.

1.1.4. Promote using funds raised by SOSL community to be earmarked each year for activities and purchase of additional resources.

1.1.5. Identify two additional opportunities for the public to hear presentations from Survivor Voices Speakers.

1.1.6. Identify one SOSL training opportunity per year for facilitators of Support Groups or Speakers.

1.1.7 *Identify, train and support new facilitators in one or more communities that have a need of a new SOSL support groups.*

Goal #2: Promote Zero Suicide in collaboration with all other subcommittees of the State Suicide Prevention Council.

Objective 2.1: Review and share minutes/agendas of all subcommittee meetings.

Objective 2.2: Support other subcommittees when targeted activities are directed towards the SOSL community.

Objective 2.3: Appoint at least one subcommittee member to actively participate on the annual conference committee.

Objective 2.4: Propose suggestions of SOSL speakers and topics for the annual suicide prevention conference.

Meeting Dates

State Suicide Prevention Council

Primary Contact: Patricia Tilley – patricia.tilley@dhhs.nh.us
Meets 4th Monday – Every **other** month 10:00 am – 12:00 pm
DHHS, 29 Hazen Drive, Concord

Suicide Prevention Council Subcommittees

Communications & Public Education

Chair: Rhonda Siegel – rsiegel@dhhs.state.nh.us
Meets 1st Wednesday of the month 1:00 pm – 3:00 pm
DHHS, 29 Hazen Drive, Concord

Cross Training & Professional Education

Activity Currently Suspended

Data Collection & Analysis

Chair: Patrick Roberts – proberts@naminh.org
Meets 4th Friday of the Feb., May, Aug., and Oct. 9:30 – 11:30 am
NAMI NH, 85 North State Street, Concord

Military & Veterans

Co-Chairs: Dale Garrow – dale.garrow@accenturefederal.com
Loren Gebo – Loren.Gebo@va.gov
Meets 1st Wednesday of the Month 2:30 – 4:30 pm
VA Manchester Medical Center

Public Policy

Co-Chairs: James Mackay – james.mackay@mygait.com
Deborah Robinson - Deborah.Robinson@doc.nh.gov
Meets: TBD

State Suicide Prevention Conference Meetings

Primary Contact: Mary Forsythe-Taber– mft@mih4u.org

Contact Mary Forsythe-Taber for current meeting schedule and location

Suicide Fatality Review

Chair: Dr. Paul Brown

Attendance is by invitation only

Survivors of Suicide Loss

Co-Chairs: Susan Morrison – SOSL4NHSPC@gmail.com

Deb Baird – dbaird@naminh.org

Meets 4th Wednesday of Every Other Month 6:00 pm – 7:00 pm

All meetings held via conference call.

*Meetings subject to change- please contact one of the co-chairs for confirmation or more information.

Law Enforcement

Chair: Trooper Seth Gahr

Meets: TBD