

Connecticut Youth Suicide Prevention Initiative (CYSPI)



Project Overview

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National Youth Suicide Statistics

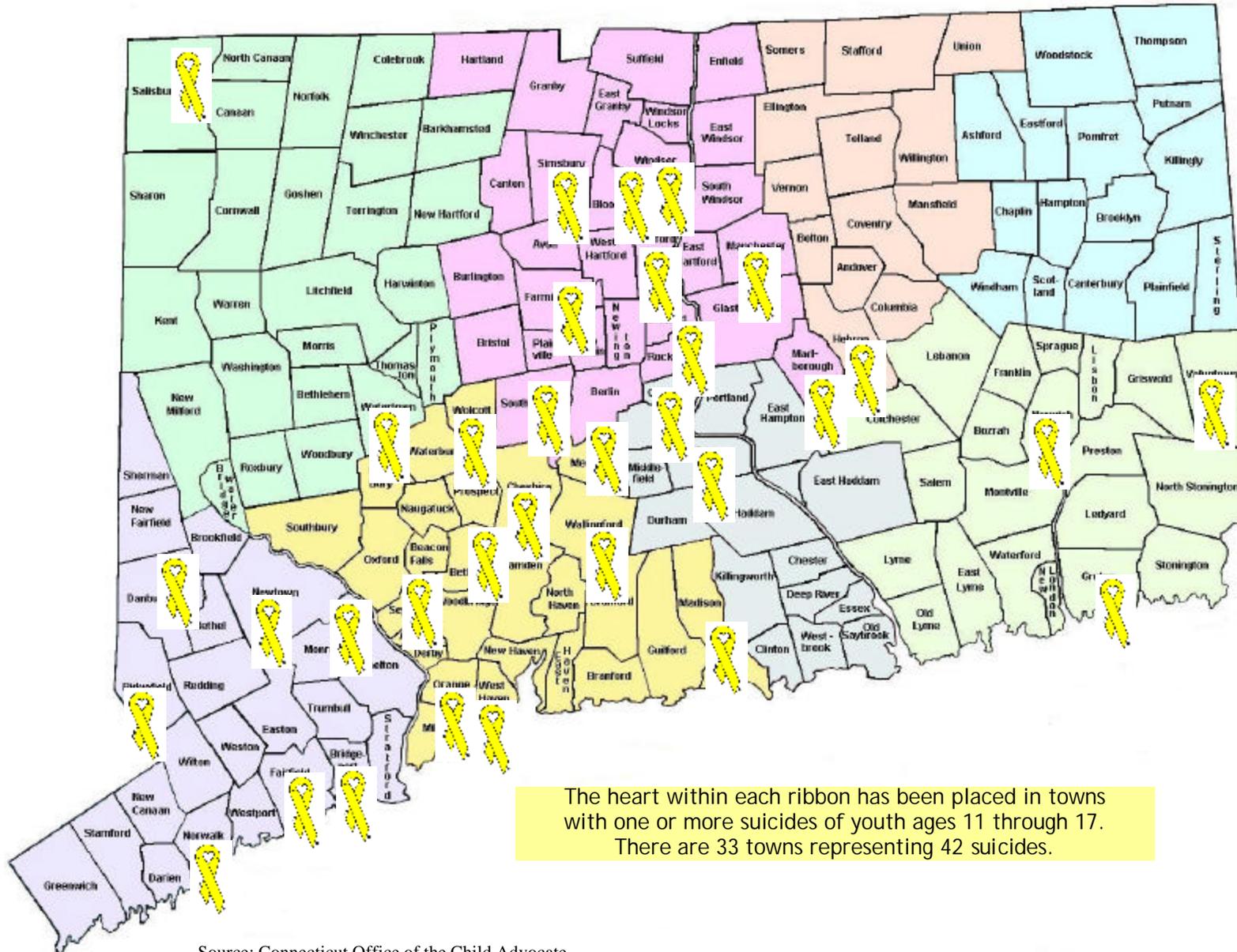
- Each year, more children and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease (CDC, 2004).
- Suicide is the third leading cause of death among young people ages 15 to 24 (CDC, 2004).
- An estimated 900,000 youth ages 12-17 across the nation had made a plan to commit suicide during their worst or most recent episode of major depression, and 712,000 attempted suicide during such an episode (SAMHSA, 2004).
- Seasonality of suicides in the USA increased from 1970s to 1990s. Peaks in spring followed by fall, summer, and then winter despite common belief (Perceptual and Motor Skills, 2005).

Connecticut Youth Suicide Statistics

Connecticut Suicide Facts (CDC)

- Suicide is the 2nd leading cause of death for ages 10-14, the 3rd among people aged 15 to 24; however, 2nd for college students (2004).
- 15.1% (U.S. =16.9%) of students 9-12th grade seriously considered attempting suicide during the past 12 months (2005).
- 13.8 % (U.S.=13.0%) of students 9-12th grade made a plan about how they would attempt suicide during the past 12 months (2005).
- 12.1 % (U.S.=8.4%); statistically significant) of students 9-12th grade actually attempted suicide one or more times during the past 12 months (2005).

Connecticut Youth Suicide Map October 2001–November 2006



Source: Connecticut Office of the Child Advocate

CYSPI Background

- **Garrett Lee Smith Memorial Act, October 2004**
 - Authorized \$82 million for youth and young adult suicide prevention across the nation
- **CMHS/SAMHSA RFA, Spring 2005**
 - **State Agency Collaboration, MOA**
 - Department of Public Health
 - Department of Children and Families
 - Department of Mental Health and Addiction Services
 - Department of Social Services
 - Department of Education
 - Judicial Branch
- **June 2006, CT is among the second series of states and tribes to receive funding.**
 - CT received \$1.2 million over 3 years (2006-2009) to enhance existing suicide prevention efforts of the CYSAB, DCF, DPH, Office of Child Advocate, schools, and colleges.

CYSPI Background

- **Building on recommendations of:**
 - Connecticut Interagency Suicide Prevention Network (DPH)
 - “Connecticut Comprehensive Suicide Prevention Plan, 2005”
 - Connecticut Youth Suicide Advisory Board (DCF)
 - CT Mental Health Transformation Initiative based on the President’s New Freedom Commission on Mental Health’s Goal 1:
 - Americans understand that mental health is essential to overall health
 - » 1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
 - » 1.2 Address mental health with the same urgency as physical health.

CYSPI Overview

- **Purpose**

- Develop and implement comprehensive, evidence-based youth suicide prevention and early intervention strategies that may be sustained and expanded throughout Connecticut.

- **Partners**

- Departments of Mental Health and Addictions Services, Children and Families, Education, CT Youth Suicide Advisory Board, the Connecticut State University System, Saint Francis Hospital and Medical Center, Screening for Mental Health, Inc., United Way of CT, Wheeler Clinic, and the University of Connecticut Health Center.

CYSPI Goals

- **Goal 1:** Build upon CT's existing youth suicide prevention infrastructure.
- **Goal 2:** Implement selected youth suicide prevention/early intervention strategies.
- **Goal 3:** Identify a permanent funding source to sustain the CT Suicide Prevention Initiative and support statewide replication/implementation.
- **Goal 4:** Conduct a high quality program evaluation through an academic partnership.

CYSPI Goal One

Build upon CT's existing youth suicide prevention infrastructure.

CYSPI and CYSAB

- **The CT Youth Suicide Advisory Board (DCF)**
 - In 1989, the Connecticut Youth Suicide Advisory Board was established via legislative mandate within the Department of Children and Families. The charge of the board is to increase public awareness of the existence of youth suicide, to promote means of prevention and to make recommendations to the Commissioner regarding the prevention of youth suicide.
- **CYSAB relationship with the CYSPI**
 - Advisory Sub-committee to provide strategic and operational advice to accomplish the tasks related to the Initiative (DCF oversight with DMHAS, SDE, DPH, CSSD, DSS, community, etc. membership).

CYSPI Statewide Awareness Campaign

- **Partners:** CT Department of Children and Families and Wheeler Clinic/CT Clearinghouse
- **Goal:** To build the capacity of CT communities to promote the mental health and wellness of youth/young adults through the use of a youth driven, positive community youth development approach that embraces youths' desire to create change in their surrounding environments.
- **Objective:** To increase the capacity of youth/young adults to manage their own mental health and wellness through the education of stress management strategies, warning signs that it is time to seek additional assistance from a trusted adult, and where to go for help within their community or school.
 - Request for Proposal released September 6, 2007 to fund 15-30 mini grants of \$1-2,000 to support efforts of community-based youth and young adult serving agencies, organizations and schools with pre-existing youth groups or prior experience with youth.
 - Funding period October 19, 2007 – June 30, 2008

CYSPI Goal Two

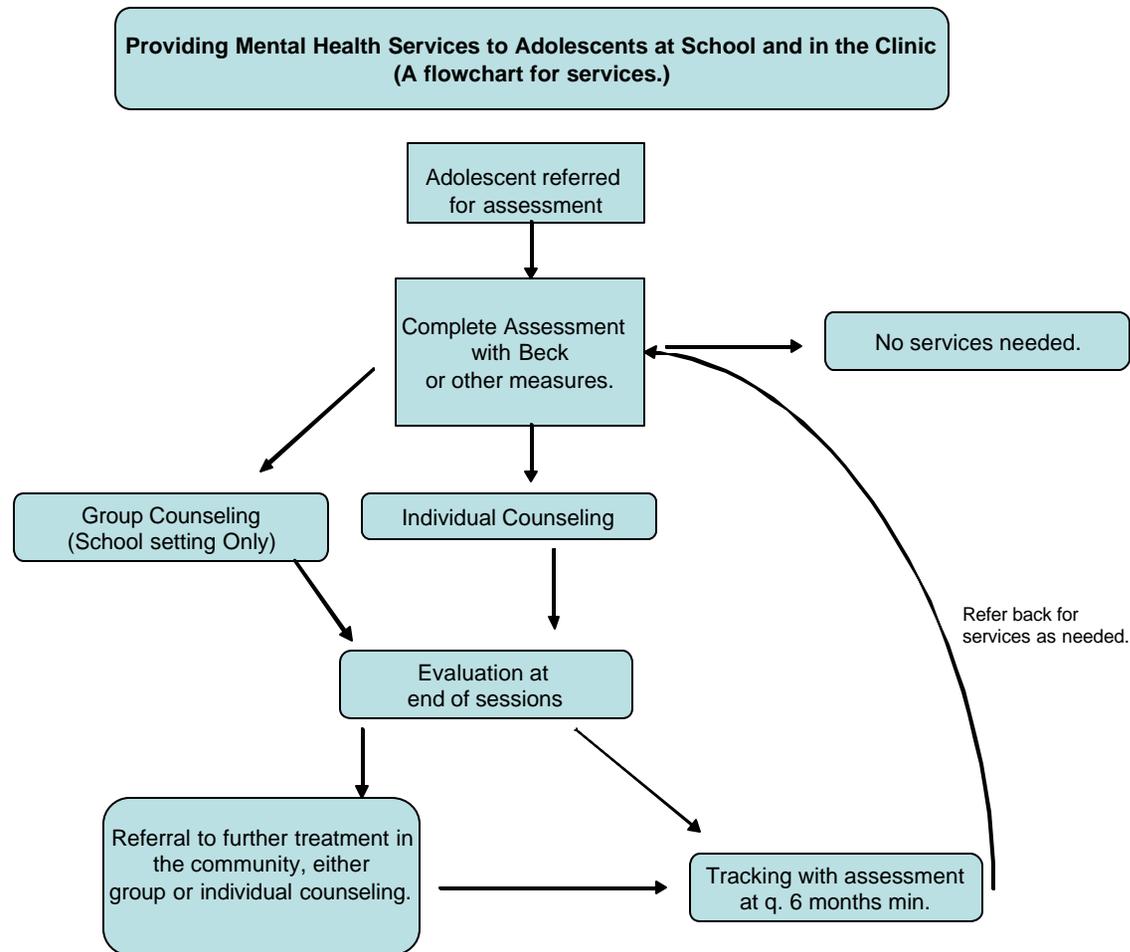
Implement selected youth suicide prevention/early intervention strategies.

CYSPI Hartford Pilot

Assessing Depression and Preventing Suicide in Adolescents (ADAPSA)

- **Partners:**
 - Dr. Aric Schichor, Director of Adolescent Medicine, Saint Francis Hospital and Medical Center
 - Pamela Clark, Manager of Mental Health Services for the School-Based Health Centers, Hartford Public Schools
- **Goal:** To implement selected youth suicide prevention/early intervention strategies.
- **Objective:** Design and pilot the implementation of a model program to increase the availability and accessibility of mental health treatment by embedding services in the Saint Francis Hospital and Medical Center Pediatric Clinic and the Quirk Middle School School-Based Health Center in Hartford, which may be replicated in other CT communities.
- **Target Population:** A minimum of 875 middle school students will be assessed for mental health status and 235 will be referred to individual and/or group counseling services.

CYSPI Hartford Pilot



CYSPI College Model Overview

- **Partner:** CT State University System (Central, Eastern, Southern, & Western), and Screening for Mental Health, Inc.
- **Goals:**
 - Develop a quality, sustainable infrastructure and expertise in the implementation of the Screening for Mental Health, Inc. **CollegeResponse** Model (SOS-Signs of Suicide and NDSD-National Depression Screening Day) and the QPR (Question, Persuade, Refer) Institute **QPR Gatekeeper Model**.
 - Enhance the relationships and communication between the colleges' counseling centers and local community mental health providers.

CYSPI High School Model Overview

- **Partners:** State Department of Education/CT Technical High Schools System (17 schools), Trumbull Public Schools/High School, and Screening for Mental Health, Inc.
- **Goals:**
 - Develop a quality, sustainable infrastructure and expertise in the implementation of the evidence-based Screening for Mental Health, Inc. **SOS (Signs of Suicide) High School Model.**
 - Enhance the relationships and communication between the high schools' student support teams/crisis teams and local community mental health providers.

SOS High School Program

Screening for Mental Health, Inc., Wellesley Hills, MA

The SOS Signs of Suicide® Program is an evidence-based, nationally recognized, easily implemented, cost-effective program of suicide prevention for secondary school students. It is the only school-based program to:

- Show a reduction in self-reported suicide attempts (by 40%) within the three months following program completion in a randomized controlled study (American Journal of Public Health, March, 2004); and
- Be selected by SAMHSA for its National Registry of Evidence-based Programs and Practices (NREPP) and the National Suicide Prevention Resource Center Best Practices Registry (BPR) For Suicide Prevention.

SOS High School Program

All Schools Implement SOS program 2007-08 and 2008-09 school year

- **Trumbull High School**
 - Performing program and evaluation activities throughout the 2 years

Evaluation using two cohorts of CTHSS schools:

- **Cohort 1 2007-2008 School Year**

Fall Implementation: Goodwin, Grasso, Norwich, Windham

Spring Implementation: Cheney, Ellis, Prince, Wolcott

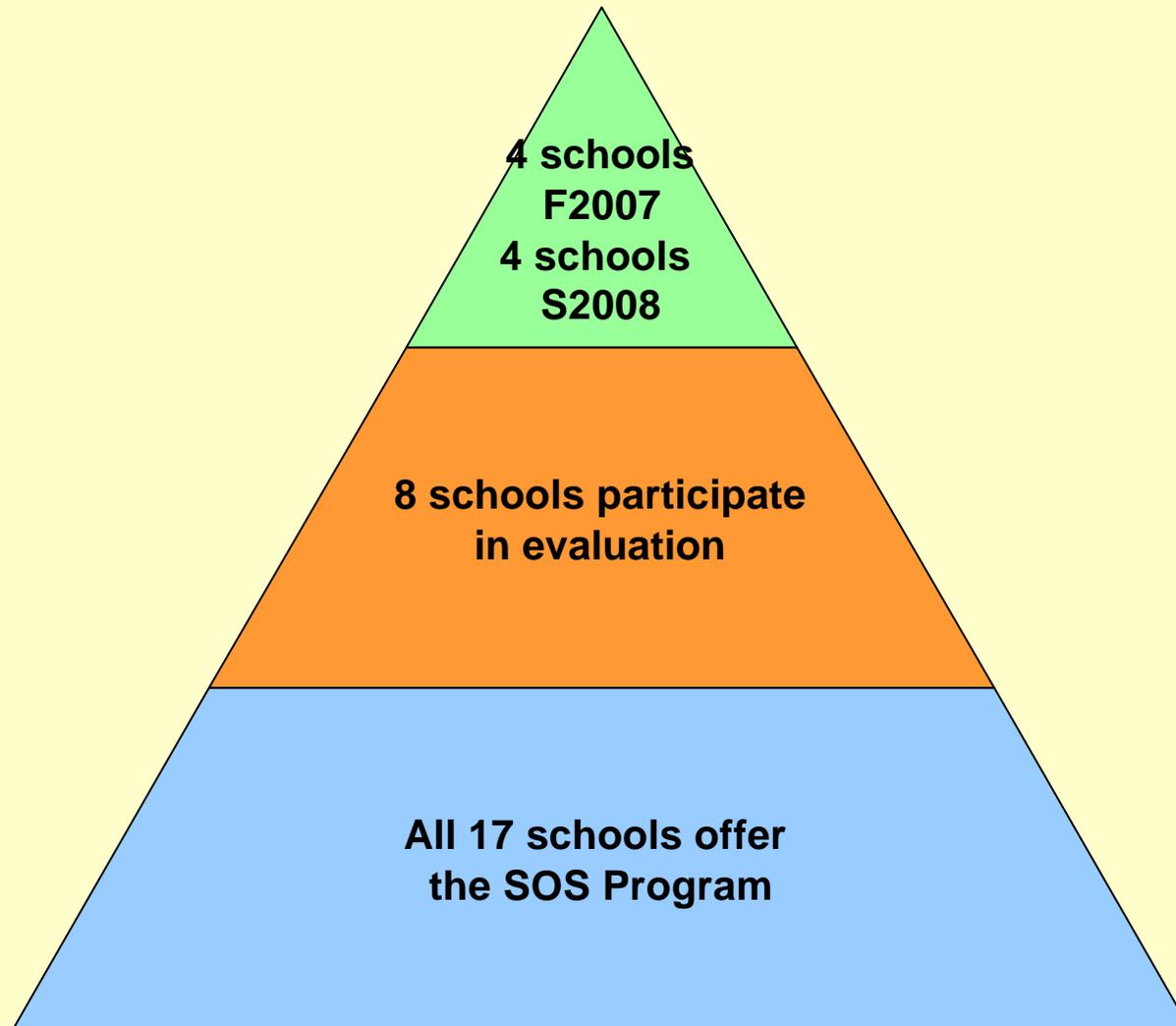
- **Cohort 2 2008-2009 School Year**

Fall Implementation: Abbott, Platt, Vinal, Whitney

Spring Implementation: Bullard-Havens, Kaynor, O'Brien, Wilcox

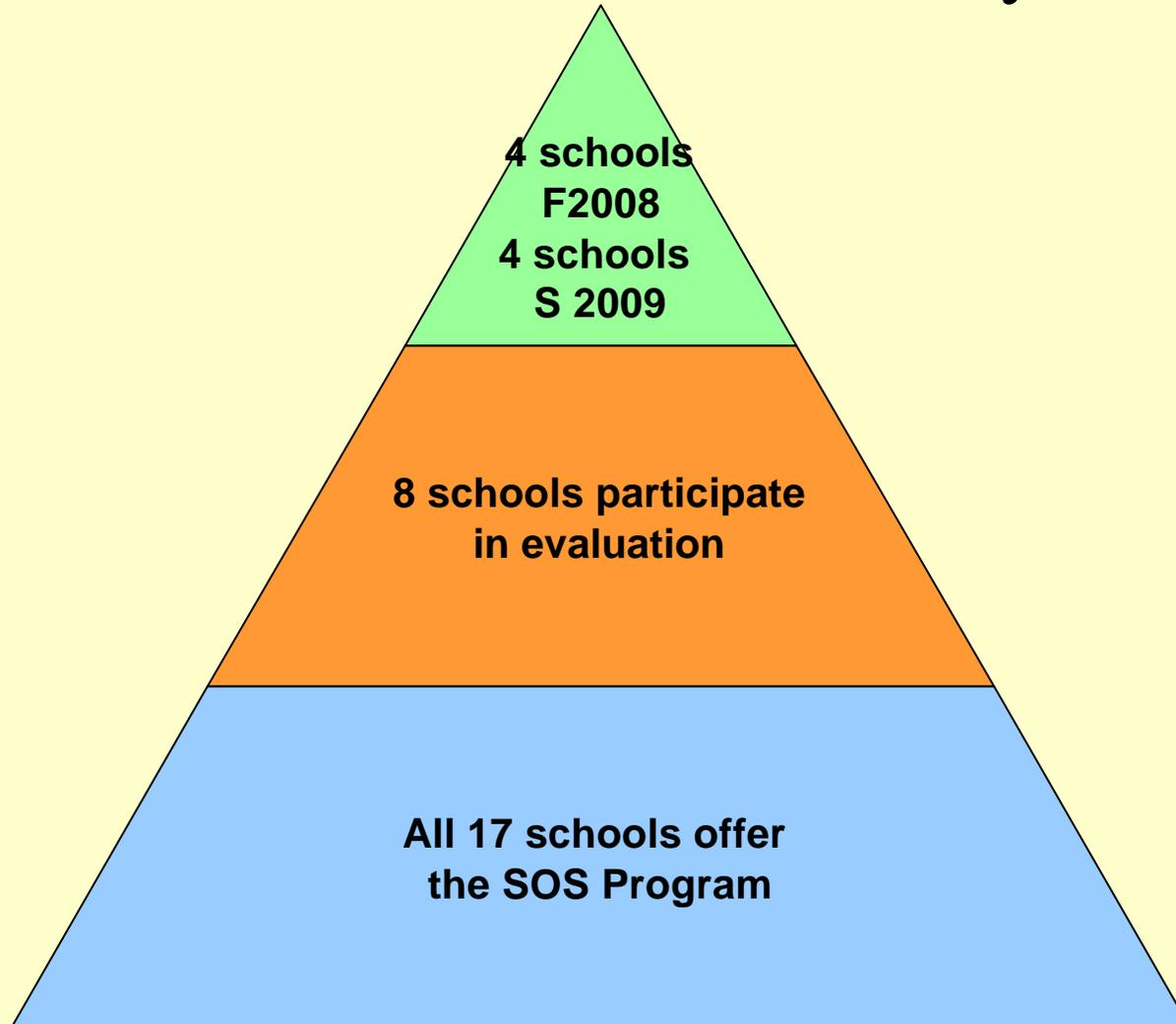
SOS Tech School Cohort 1 Evaluation

2007-2008 school year



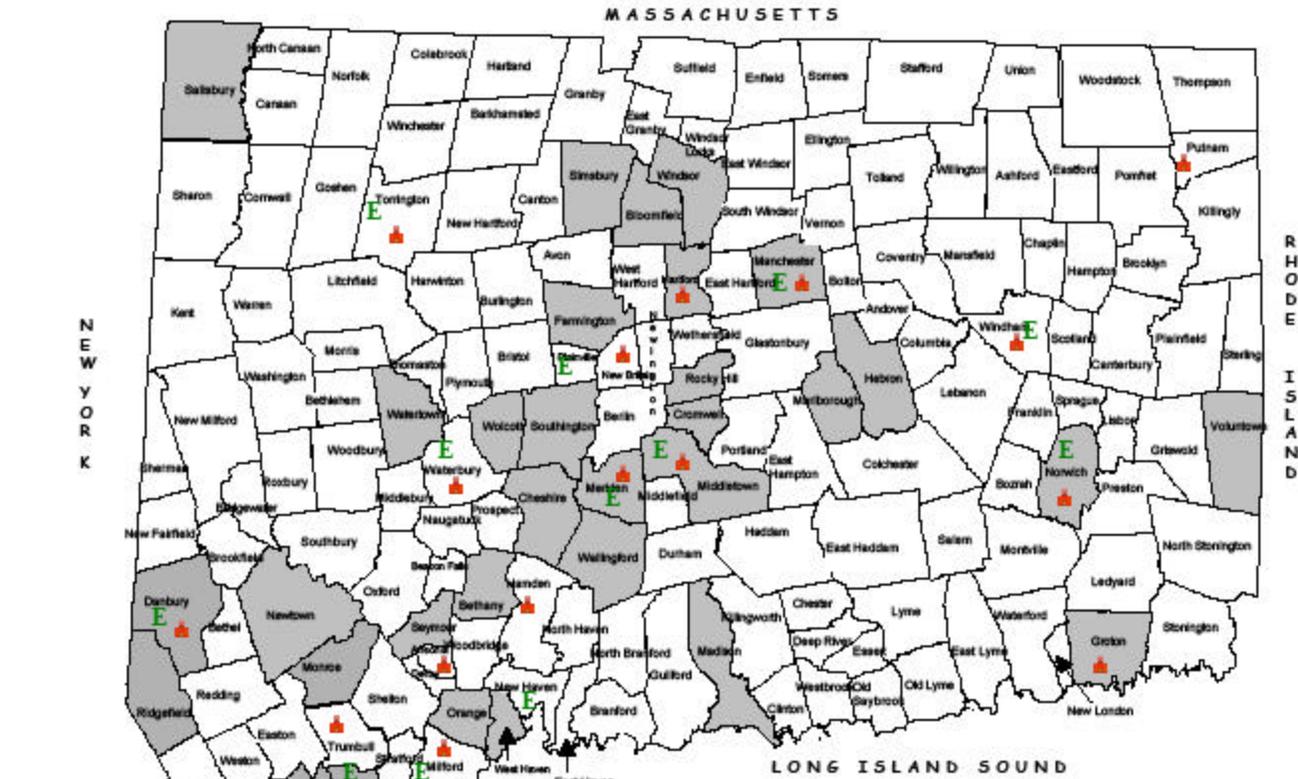
SOS Tech School Cohort 2

Evaluation 2008-09 school year



EMPS Collaboration

- **Partners:** State Department of Children and Families (DCF) Emergency Mobile Psychiatric Services (EMPS) and State Department of Education (SDE).
- **Goal:**
To strengthen the relationship between the DCF-EMPS system and the SDE at the systems level to increase collaboration among EMPS providers and the High Schools in the CYSPI in the delivery of in-school mental health education programs and mental health services, and to ensure that suicidal and at-risk youth receive timely and effective crisis intervention, screening, and appropriate medical treatment and/or referral to therapeutic counseling.



Towns that experienced youth suicide(s) 11-17y.o., 10/01-11/06. Thirty-three (33) towns representing 42 suicides.



E DCF-Emergency Mobile Psychiatric Services (EMPS)

CT Technical High Schools (CTHSS) & Trumbull High School (THS) -168 of 169 towns in CT were represented by students in the CTHSS in 10/05, and the total number of enrolled CTHSS students was 10,347. THS serves over 2,100 students and is home to the Regional Agriscience and Biotechnology program.

CYSPI Training

- **Partners:** CT Department of Children and Families, United Way of CT, and Wheeler Clinic/CT Clearinghouse
- **Goal:** To implement selected youth suicide prevention/early intervention strategies.
- **Objective:** The CYSPI seeks to expand the existing Department of Children and Families (DCF)-sponsored training program in recognizing the signs and symptoms of suicidality and depression, and increase the capacity of the State's clinical workforce to assess and manage suicide risk.

CYSPI AMSR Training

Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals by the National Suicide Prevention Resource Center and Education Development Center, Inc.

- **Target Population:** Clinical staff (masters/PhD prepared clinicians) of the 17 CT Technical High Schools and Trumbull High School, the DCF Emergency Mobile Psychiatric Services clinicians, the CT State University (CSU) System Counseling Services staff, and the clinicians funded through the CYSPI at St. Francis Hospital and Medical Center and Quirk Middle School in Hartford, CT.
- **AMSR Training** is a one-day workshop which focuses on competencies that are core to assessing and managing suicide risk and is a collaboration of the American Association of Suicidology and the Suicide Prevention Resource Center.
- **AMSR Training for Trainers (TOT)** is a three-day training that prepares participants to become registered trainers of the one-day training.

CYSPI ASIST Training

Applied Suicide Intervention Skills Training by LivingWorks

- **Target Population:** Department of Children and Family (DCF) personnel, juvenile justice personnel, foster parents, and schools nurses (training participants). The trainings will be open to other people as space/funds permit, as approved by DMHAS.
- **ASIST 2-day Training** is a two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs of suicide and to intervene with appropriate assistance.
- **ASIST 5-day Training for Trainers (ASIST T4T)** prepares participants to become registered trainers of the 2-day training.

CYSPI Goal Three

Identify a permanent funding source to sustain the CYSPI and support statewide replication/implementation.

CYPSI Sustainment Activities

- SDE application to U.S. Department of Education to sustain and expand CYSPI high school model in CTHSS.
- DMHAS-Mental Health Transformation Grant-Suicide Prevention Workgroup, interested in dovetailing the CYSPI high school model to offer SOS to CT public schools and ASIST training to communities.
- UConn Health Center applied to the National Institute of Mental Health to dovetail further High School SOS evaluation; CTHSS & DMHAS signed a letter of commitment.
- The DMHAS Prevention Training Collaborative will have members trained in the ASIST T4T and AMSR TOT so the basic trainings may be continued beyond this Initiative to a larger population.

CYPSI Sustainment Activities

- DMHAS, DCF-EMPS system and the State Department of Education working to strengthened relationship at the systems level to increase collaboration in CT CYPSI schools.
- DMHAS, DCF and SDE researching funding options to support continuation of the training component, as well as community awareness campaigns, beyond this Initiative.
- St. Francis Hospital and Medical Center is researching grant opportunities to support their new counseling staff at the hospital and expanding their screening and tracking of middle school youth to high school youth as well.
- CYSPI sent letters to the CT Congressional Delegation, with Governor's approval, in support of the Garrett Lee Smith Act Reauthorization of 2007.

Garrett Lee Smith Memorial Act

Reauthorization of 2007

(S.1514/H.R.2511)

- Introduced May 24, 2007 by Senators Chris Dodd (D-CT), Gordon H. Smith (R-OR), and Jack Reed (D-RI) in the Senate, and Representatives Bart Gordon (D-T) Greg Walden (R-OR) and Danny Davis (D-IL) in the House.
- It would allow the five-year continuation and expansion of the original GLSMA that will expire at the end of fiscal year 2007 (September 30, 2007).

Garrett Lee Smith Memorial Act Reauthorization of 2007

(S.1514/H.R.2511)

Primary components of the Reauthorization:

- 1) Increase funding to this cause;
- 2) Expand the target population beyond youth to all ages;
- 3) Provide grant support to states and tribes that have not yet received a grant the opportunity to obtain one;
- 4) Allow states that have completed a grant, such as Connecticut, but need additional funds to continue their successful programs the opportunity to do so;
- 5) Fund a matching-grant program to colleges and universities; and
- 6) Reauthorize the Suicide Prevention Technical Assistance Center.

CYSPI Goal Four

Conduct a high quality program evaluation through an academic partnership.

CYSPI State-Level Evaluation

- **Partners:** Robert H. Aseltine, Jr., Ph.D. and Amy James, Ph.D. of the University of Connecticut Health Center.
- **Goal 4:** To conduct a high quality program evaluation through an academic partnership.
 - **Objective 1:** Conduct a process and outcome evaluation of the infrastructure and evidence-based prevention intervention activities.
 - **Objective 2:** Evaluate progress and outcome performance measures to assess program effectiveness, ensure quality services, identify successes, inform quality improvement, and promote systemic sustainability of effective practices.
 - **Objective 3:** Translate the process/outcome evaluation into lessons learned for communities attempting to implement evidence-based suicide prevention interventions in their communities.
 - **Objective 4:** Disseminate findings by producing a written report for statewide use, national replication, and to inform the Youth Suicide Advisory Board and Mental Health Policy Council, as part of its legislatively mandated annual report to the Governor and the General Assembly.

GLSMA National-Level Evaluation

Partner: ORC Macro International

- The cross-site evaluation of the State/Tribal program was designated by SAMHSA as a required component of State/Tribal grantees funded under the GLSMA.
- SAMHSA selected ORC Macro International, a research and evaluation-consulting firm, as the contractor to design the cross-site evaluation and provide technical assistance and training for State/Tribal grantees in implementing the cross-site evaluation.
- Developed the Suicide Prevention Data Center (SPDC).

GLSMA Technical Assistance

Partner: National Suicide Prevention Resource Center (SPRC)

- The SPRC was developed in 2002 through a cooperative agreement that was awarded by SAMHSA to the Education Development Center, Inc. (EDC) in Newton, MA.
- In 2005, the SPRC was granted by SAMHSA to provide tailored technical assistance to all SAMHSA/CMHS grantees, CT included, that are funded through two separate suicide-prevention initiatives, the Cooperative Agreements for State Sponsored Youth Suicide Prevention and Early Intervention Program and Campus Suicide Prevention Grant Program.
- SPRC Steering Committee- 12 GLSMA grantees, representatives from SPRC, CDC, VA, NIMH, and the 3 SAMHSA Centers (Mental Health, Substance Abuse, & Treatment) to develop a strategic plan.

For More Information

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