

## Department of Mental Health and Addiction Services

### Connecticut Youth Suicide Prevention/Early Intervention Initiative (CT Suicide Prevention Initiative)

Update 8/2/06

**Goal 1: Building upon CT's existing youth suicide prevention infrastructure, develop and implement youth suicide prevention/early intervention strategies targeting schools, higher educational institutions, juvenile justice, foster care, and behavioral health systems.**

*Objective 1:* Through the CT Youth Suicide Advisory Board (CYSAB), engage additional key stakeholders, including state agency representatives, school/university personnel, youth, parents, community providers, in the development of a youth suicide prevention/early intervention strategy targeting school, university, juvenile justice, and foster care youth.

#### Progress

Dianne Harnad, Project Director, and Andrea Duarte, Project Manager, both of the CT Department of Mental Health and Addiction Services (DMHAS) met with the CYSAB on June 6, 2006 to introduce the new Initiative, and Andrea provided an update to the group on July 25, 2006. The Initiative will now be a regular agenda item for the CYSAB. It was determined on 6/6 that an advisory sub-committee of the CYSAB will be developed to provide guidance and feedback to the Initiative, and then will report to the CYSAB at meetings. The sub-committee was developed on 7/25 and will hold its first meeting on August 7, 2006. At this time there are 11 members representing the following agencies: DMHAS (2), CT Clearinghouse, Enfield Youth Services, Office of Child Advocate, 211-Infoline, CT Behavioral Health Partnership (2), CT Chapter of National Alliance for the Mentally Ill (NAMI), the CT Department of Children and Families (DCF), and a consultant associated with the American Association of Suicidology.

Andrea will also be introducing the new Initiative to the CT Interagency Suicide Prevention Network and National Suicide Prevention Resource Center staff on August 3, 2006.

*Objective 2:* To use the recommendations of the CT Youth Suicide Advisory Board and CT's Comprehensive Suicide Plan to address unmet needs, gaps, and other social, cultural, and developmental barriers in the delivery of youth suicide prevention strategies.

#### Progress

The CYSAB determined that it would not be appropriate, nor safe, to utilize the unevaluated middle school SOS (Signs of Suicide) model for this Initiative. As a result, high schools and colleges will only be targeted as SOS sites.

**Goal 2: To implement selected youth suicide prevention/early intervention strategies.**

*Objective 1:* By the end of the project period, statewide SOS training, consultation, and technical assistance will be conducted for 25 middle/high schools (5 in Year 1; 10 in Year 2; and 10 in Year 3) and 15 CT Universities (5/year X 3 Years) across the five (5) behavioral health regions of the state, serving a minimum of 2,500 high school students and 1,500 college students.

#### Progress

Andrea Duarte has spoken with Sharon Pigeon and Jillian Barber of Screening for Mental Health (SMH) about the High School SOS program and the *CollegeResponse* program that includes materials for National Depression Screening Day (NDS) in October. Sharon and Jillian have

shared presentations and some materials with Andrea in order for her to become familiar with the curricula. Both curricula are in the process of being updated for the new school year. Andrea also spoke to them about recruitment and training models, as well as a few evaluation issues pertaining to the provision of SOS at sites that have already utilized it. Lists of the high schools and colleges in CT that have accessed SOS curricula, not necessarily utilized it, are attached.

Andrea Duarte spoke to Dr. David Carter, Chancellor of Connecticut State University System (CSU) on July 13, 2006 and then presented to the CSU schools (Eastern, Western, Southern, and Central) on July 17, 2006 to introduce the Initiative and the *CollegeResponse* model. Southern and Central have acquired the program kit in the past, but have not used the SOS model. All four schools are holding NDSO annually, and plan to continue to do so. Three years ago, Southern acquired another evidence-based curricula called QPR (Question, Persuade, and Refer), Spokane, Washington to compare with the SOS model and determined that they preferred the QPR. Southern staff was trained on the basic QPR Gatekeeper and then disseminated the Gatekeeper model across the campus. After a positive experience, they shared the information with Western that then also purchased the QPR Gatekeeper model and will begin their dissemination on campus this fall. Andrea is now comparing the two models to determine a potential use for the QPR within this Initiative.

DMHAS hired a part-time Project Coordinator, Allison Case, to assist Andrea as the Project Manager. Allison will predominantly assist with Goal 2 of the Initiative.

Andrea, Allison, and the Evaluation Team from University of CT Health Center (UCHC) will be meeting with Southern CT State University (SCSU) staff on August 7, 2006 in order to discuss the QPR model and its implementation on the campus.

Andrea, Allison, and the UCHC Evaluation Team will be meeting with the SMH staff by conference call on August 8, 2006 to discuss the SOS model and preparations for recruitment, dissemination, implementation, and evaluation.

***Objective 2:*** By the end of the three-year project period, a minimum of 1,500 (500 in Year 1; 500 in Year 2; and 500 in Year 3) foster care and adoptive parents, schools, nurses, PTO, youth service bureaus, child welfare/juvenile justice personnel, and college students, staff and faculty will be engaged in a training program in recognizing the signs and symptoms of suicidality and depression in youth.

#### Progress

Deanna Paugus-Lia of DCF, Dianne Harnad, and Andrea Duarte met on June 6, 2006 for a preliminary meeting to discuss the DCF Trainings. Deanna has shared materials necessary to prepare the Memorandum of Agreement (MOA) between the agencies. The contract is being prepared.

***Objective 3:*** In Year 1, design and pilot implementation of a model program to increase the availability and accessibility of mental health treatment by embedding services in school-based health clinics, which may be replicated in other CT communities. By the end of the three-year project period, a minimum of 625 (125 in Year 1; 250 in Year 2; and 250 in Year 3) middle/high school students will be referred for a comprehensive assessment/evaluation of suicidal risk and engaged in individual/group interventions and of those 200 (50 in Year 1; 75 in Year 2; and 75 in Year 3) will be connected to existing community-based services/supports.

### Progress

St. Francis has developed their model and revised Objective 3 to now be:

In Year 1, design and pilot implementation of a model program to increase the availability and accessibility of mental health treatment by embedding services in school-based health clinics, which may be replicated in other CT communities. By the end of the three-year project period, a minimum of 875 (175 in Year 1; 350 in year 2 and 350 in year 3) middle school students will be assessed for mental health status and 235 will be referred for services and engaged in individual/group interventions (44 in Year 1; 93 in Year 2; and 98 in Year 3) in the school and clinic based settings.

St. Francis will hire a counselor to work in the Pediatric Clinic at the hospital and will be sub-contracting with Hartford Public Schools to hire a counselor to work at the Quirk Middle School - School-Based Health Center. Both counselors will provide the Beck's Depression Screening to adolescents in order to identify moderate to severe youth at risk (see model flow chart). Those individuals identified in this category will receive 4-6 "crisis counseling" sessions with the counselor and will then receive another evaluation to determine their mental status and the need for further counseling. Youth in need of additional treatment will then be referred to the local Child Guidance Clinics- The Village for Families and Children, The Institute for Hispanic Families, and/or the Child and Adolescent Outpatient Clinic at the Institute of Living.

St. Francis is now completing their DMHAS Contract Application.

### **Goal 3: To identify a permanent funding source to sustain the CT Suicide Prevention Initiative and support statewide replication/implementation.**

**Objective 1:** By the end of the project period, a practical strategy will be in place to sustain the initiative and funding additional suicide prevention/early intervention services statewide.

TBD

**Objective 2:** By the end of the project period, the **CT Initiative** strategy will be embedded in state policy, in the Youth Suicide Advisory Board, Mental Health Policy Council's State Plans, and CT's Mental Health Transformation State Incentive Grant (T-SIG).

### Progress

At this time, the T-SIG work groups have completed their meetings and recommendations. The advisory board will now select which recommendations will be included in the Plan to the federal Center for Mental Health Services. Attached are the final suicide prevention recommendations from Workgroup 1 that was assigned to Goal 1 of the President's New Freedom Commission on Mental Health:

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.

### **Goal 4: To conduct a high quality program evaluation through an academic partnership.**

**Objective 1:** Engage the University of CT Health Center (UCHC) to conduct a process and outcome evaluation of the infrastructure and evidence-based prevention intervention activities.

Progress

Andrea Duarte has spoken with the UCHC Evaluation Team a number of times and she and Allison Case met with them on July 27, 2006 to discuss the project's evaluation and discuss next steps for planning.

Andrea and the UCHC Evaluation Team will meet with St. Francis staff on August 17, 2006 to discuss the evaluation of this component of the Initiative.

The UCHC and DMHAS MOA is currently under development.

**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.

TBD

**Objective 3:** Translate the process/outcome evaluation into lessons learned for communities attempting to implement evidence-based suicide prevention interventions in their communities.

TBD

**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.

TBD