**Pennsylvania**
**Youth Suicide Prevention Initiative**

# Final Report

## Regional Youth Suicide Prevention Workshops

## with County Task Forces and Community Members

*Sponsored by*

**Pennsylvania Youth Suicide Prevention Monitoring Committee**
**and**
**Garrett Lee Smith Youth Suicide Prevention in Primary Care Grant Project**

**October-November 2010**

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## Overview of Four Workshops

Four Youth Suicide Prevention Task Force Workshops were held across the state in October and November 2010. The locations were Northeast (Tribeca -Pittson, PA), Central (Child Welfare Training Center –Mechanicsburg, PA), West (PaTTAN – Pittsburgh PA), and Southeast (Norristown State Hospital-Norristown, PA). The workshops were developed by the Garrett Lee Smith Grant subcommittee of the PA Youth Suicide Prevention Monitoring Committee.

### Target audience for the regional workshops:

- County Suicide Prevention Task Force Members
- Mental Health Providers including but not limited to Counselors, Social Workers, Crisis Workers, Psychologists, Behavioral Health Providers
- Drug and Alcohol Providers/Professionals/and Liaisons
- County Health and Mental Health Administrators and Policy Personnel
- Teachers, School Personnel, School Administrators
- First Responders, Emergency Medical Technicians, Public Health Professionals, Nurses
- Law Enforcement
- Clergy and Faith Community Leaders
- Community Leaders,
- Advocates, Veterans and Providers of Veteran Services
- Corrections Personnel, Juvenile Justice Staff
- Student Assistance Program (SAP) Professionals
- Survivors of Suicide

Prior to the development of the workshops, members of several County Youth Suicide Prevention Task Forces from across the state were interviewed. From those interviews, a survey was developed and included with the registration form for the regional workshops. The survey helped identify not only regional needs but also individual areas of interest.

### Survey questions:

1. Strengths of Your Task Force/Community Efforts
2. Challenges for Your Task Force/Community Efforts
3. Recent Successes/Projects of Your Task Forces/Community Efforts
4. Pitfalls to Avoid
5. Topics of interest for Future Meetings/Trainings:
   ____ Collaborating with Schools
   ____ Communication – e.g. Website Development, newsletter, etc.
   ____ Means Restriction – e.g. visit www.meansmatter.org for an overview
   ____ Events Planning
   ____ Other (list)
6. Preference for Meetings/Trainings:
   ____ Face to face

____    Webinar
____    Conference Call
____    Webcast  that can be downloaded
____    Other suggestions

## Quick summary of survey responses:

- Registrants for all four workshops indicated collaboration and commitment from community agencies and organizations as strengths of their task force and community efforts.
- All four regions listed collaborating and connecting with schools as a challenge for their task force and community efforts.
- Recent successes included "Out of the Darkness," suicide prevention and awareness walks/run; conferences and campaigns; development of a speakers' bureau; and bullying prevention efforts. Among the few pitfalls to avoid that were listed were burnout, regional conflict, statis, and the need to have the right people at the table.
- Responding to the questions about topics of interest for future meetings and trainings, registrants indicated collaborating with schools (42); communication, such as web site development and newsletter (20); means restriction (12); event planning (12). Others listed were bullying and parent involvement.
- Regarding preference for the format of meetings and trainings, 39 said face-to-face, 22 said webinar, 11 said a webcast that could be downloaded, and six said conference call.

## Professional disciplines of workshop participants:

A total of 159 participants attended the YSPTF workshops. When they signed in, they identified their professional discipline (or who they were representing at the workshop). The table below shows the number of attendees from each category.

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| Providers | 31 | 19.5% |
| Schools/IUs | 29 | 18.2% |
| YSPTF | 27 | 17.0% |
| MHMR/CASSP | 10 | 6.3% |
| Private Insurance | 6 | 3.8% |
| Hospitals | 5 | 3.1% |
| No Affiliation/Unknown | 5 | 3.1% |
| Higher Education/College-University | 4 | 2.5% |
| Mental Health Association/NAMI | 4 | 2.5% |
| CDR | 4 | 2.5% |
| Coroners | 4 | 2.5% |
| PNSAS | 4 | 2.5% |

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| Medical Group | 3 | 1.9% |
| JPO | 3 | 1.9% |
| Human Services | 3 | 1.9% |
| DPW/ OMHSAS | 3 | 1.9% |
| Dept. of Health | 3 | 1.9% |
| SCA | 2 | 1.3% |
| County Government | 2 | 1.3% |
| Juvenile Justice | 2 | 1.3% |
| Survivor | 1 | 0.6% |
| Parent | 1 | 0.6% |
| Faith Based | 1 | 0.6% |
| DPW/CYS | 1 | 0.6% |
| PDE | 1 | 0.6% |

## Additional notes regarding representation:

- The largest number of participants represented provider agencies (31 or 19.5%)
- The second largest number represented schools and intermediate units (29 or 18.2%). However, schools and IUs were represented only at the Western Region workshop (21 participants) and Southeast Region workshop (eight participants).
- County Youth Suicide Prevention Task Forces were represented by 27 (17.0%) attendees from across the state.
- The Northeast Regional workshop was the only with representation from medical groups (three).
- There was only one attendee each from survivors, parents, faith-based organizations, DPW/OCYF and PDE.

## Northeast Region Summary
## October 25, 2010

### Survey Results

1.  **Strengths of Your Task Force/Community Efforts:**

    *   We are a three county joinder, which allows us to collaborate more. Members have at least 3 years experience in the field of behavioral health (in a variety of positions).
    *   None
    *   I am currently a second year graduate student at the University of Scranton pursuing my master's in secondary school counseling. As such I do not have any experience or affiliation with a task force or community efforts but would be eager to learn all I could about the subject.
    *   I am currently enrolled as a sophomore at the University of Scranton's Counseling & Human Services Program. Upon completion of the master's program I desire to work in the NEPA areas hospice field.
    *   Energy, commitment and diverse backgrounds
    *   Good communications/good effort
    *   Strong team which meets regularly, all dedicated to the efforts
    *   School & social services representatives

2.  **Challenges for Your Task Force/Community Efforts:**

    *   Unknown
    *   Data from the coroner's office is not a reliable source for accurate and comprehensive data. No other reliable source of data has been identified.
    *   Developing school partnerships. Having a presence in Scranton not just Wilkes-Barre
    *   Because our service area is so large and diverse it is difficult planning to meet the needs of all we serve
    *   Ongoing information in community
    *   Education and stigma in the community regarding suicide
    *   Meeting attendance
    *   Cross section of community as members including mental health consumers, police, ER personnel

3.  **Recent Successes/Projects of Your Task Force/Community Efforts:**

    *   Unknown
    *   Very big turnout for recent "Walk out of Darkness"
    *   Project-Developing better services for transitional age youth
    *   Referrals have been coming in
    *   "Coaster and Posters" campaign – coasters with suicide prevention information were passed out to local bars. Posters were hung all over the county.

4. **Pitfalls to Avoid:**

- Unknown
- Regional conflicts – the 2 cities don't often think alike
- Not casting a broad net for members

5. **Topics of Interest for Future Meetings/Trainings:**
- Collaborating with Schools (8)
- Communication (4)
- Means Restriction (4)
- Events Planning (3)
- Other (0)

6. **Preference for Meetings / Trainings:**
- Face to Face (9)
- Webinar (3)
- Conference Call (2)
- Download Webcast (4)
- Other Suggestions (0)

***One person indicated Lackawanna County as location for training: "Scranton is in great need for training."***

## Participants

The Northeast Region Workshop was held at Tribeca in Pittson, PA. There were 33 participants from various disciplines. Each participant identified themselves as representing a specific professional discipline. The table below shows the number of attendees from each professional category.

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| Providers | 6 | 18.2% |
| YSPTF | 5 | 15.2% |
| MHMR/CASSP | 5 | 15.2% |
| Medical Groups | 3 | 9.1% |
| Private Insurance | 3 | 9.1% |
| No Affiliation/Unknown | 3 | 9.1% |
| Higher Education/ College/University | 2 | 6.1% |
| Hospitals | 2 | 6.1% |
| SCA | 1 | 3.0% |
| PNSAS | 1 | 3.0% |
| Human Services | 1 | 3.0% |
| DPW/OMHSAS | 1 | 3.0% |

| Survivor | 0 | 0.0% |
|---|---|---|
| Parent | 1 | 0.0% |
| Mental Health Association/NAMI | 0 | 0.0% |
| JPO | 0 | 0.0% |
| CDR | 0 | 0.0% |
| Coroners | 0 | 0.0% |
| County Government | 0 | 0.0% |
| Juvenile Justice | 0 | 0.0% |
| Dept. of Health | 0 | 0.0% |
| Faith Based | 0 | 0.0% |
| DPW/CYS | 0 | 0.0% |
| PDE | 0 | 0.0% |
| Schools/IUs | 0 | 0.0% |

- The largest number of participants represented provider agencies (6 or 18.2%)
- The second largest number represented youth suicide prevention task forces (YSPTF) and representatives of county MH/MR and CASSP programs.
- Three participants represented medical groups (unique to this region, likely due to the local presence of the Garrett Lee Smith grant project).
- There was no representation from schools/IUs, JPO, survivors, parents, CDR, coroners, faith based, county government, or the Mental Health Association/NAMI.
- Three members of the PA Youth Suicide Prevention Monitoring Committee attended. Two members were from a hospital and one was from a provider. They were all workshop presenters.

## Roundtable Discussion

**Establishing and Maintaining Task Forces**

**Suggestions:**

- Collaborate with Child Death Review (possible sub-committee)
- Create sub-committees with specific projects on each task force (example, Child Death Review)
- Create specific projects for task forces to galvanize around (One or Two)
- Target communities that have recently dealt with a suicide to recruit task force members or the implementation of a task force if they don't have it
- Provide more funding and support from the GLS project
- Recruit a broad range of professionals to increase the inclusion of multiple disciplines on the task force (not just individuals in MH and social services but also schools and police officers for example)
- Make meetings available through conference calls or WebEx
- Collaborate with MH/MR directors
- Identify champions that will keep morale and motivation high
- Create a template for establishing and maintaining a successful taskforce

- Hold joint meetings for taskforces
- Hold quarterly meetings to ease time constraints
- Set agendas at meetings
- Use the payspi website for taskforce communication and collaboration (Share templates, success stories, etc.)

**Challenges/Concerns:**

- Low attendance at meetings (bad winter weather last year)
- Cancelled meetings decrease its perceived importance
- Meetings conducted through email limit the attendance of those without internet/email access
- Lack of momentum and concrete projects to organize around
- Lack of input in GLS grant activities
- Lack of multidisciplinary representation on task forces (Luzerne county task force—all social services)
- Time constraints of members
- Task forces are in different stages of development which hinder collaboration among them
- Trend for one person (the person with the most time or a job that would include task force participation in their job description) to do all of the work

## Collaborating with Schools

**Suggestions:**

- Get support of the Secretary of Education and mandates for schools to have MH training/inclusion, memorandums that actually work—specific/dynamic
- Seek out contacts for collaboration and market what the task force can offer schools(Truancy Officers, Special Education Educators)
- Market availability of programs to parents and students
- Recruit educators to increase their representation on task forces, Involvement with peer counselors
- Ensure dynamic and regularly reviewed crisis plan memoranda of understanding at schools

**Barriers/Concerns:**

- Lack of interest
- Lack of time
- Academic takes precedence over a balance between academics and overall well being of students
- Lack of parental support
- Lack of detecting problems early and reporting early symptoms

**Off Task Discussion:**

- Collaboration between Mental Health and Primary Care is difficult for a number of reasons: funding, time, lack of communication about referrals.
- The suggestion was made for a consultation/crisis model rather than private practice.
- Healthy Beginnings is able to bill Medicaid for mental health services because it's written in as part of the program. Another way to bill for mental health services is through a consultation model.

## Central Region Summary
## November 8, 2010

### Survey Results

1. **Strengths of Your Task Force/Community Efforts:**

   - Our coalition consists of several agency leaders, school district personnel, retired community advocates, and both older adult and youth interests.
   - Unsure as I am new to this area of suicide prevention.
   - Cross agency participation.
   - A weekly support group
   - Full participation from MH, Law Enforcement, Coroner, Schools, Ministers and Priests, Community Members
   - Very committed group – team effort
   - Collaboration of various community systems; Mental Health, Primary Care, Emergency Medical Services, Mental Health Association, Area Agency on Aging, Crisis Intervention, Children and Youth, and School Districts

2. **Challenges for Your Task Force/Community Efforts:**

   - Financial support and willingness of some members to be speakers.
   - Unsure
   - Finding a partner to submit grant proposals
   - Keeping everyone involved.
   - Getting folks involved
   - Full engagement of the school districts and the community as a whole

3. **Recent Successes / Projects of Your Task Force / Community Efforts:**

   - Yearly conference in April and our new relationship with Cocalico school district club Avedium. Had our first community walk in September. Will be in our first research project with Johns Hopkins.
   - N/A
   - Brochure of resources; obtained training materials; attention to the issues; some data collection
   - We were able to create a brochure with local and national numbers to call for assistance
   - QPR trainings
   - "You can be a lifesaver" campaign
   - Speaker's Bureau
   - Coaster/Poster Campaign to businesses with liquor license in County
   - QPR training – many presentations to local businesses and groups
   - Developing teen presentation to take into schools – utilize Facebook
   - Completed a presentation to the School District Superintendents

4. **Pitfalls to Avoid:**

- Becoming discouraged when attendance is low at events or when the paper will not publish articles.
- Must have the "right" people at the table – but that can be difficult to determine

5. **Topics of Interest for Future Meetings/Trainings:**

- Collaborating with Schools (6)
- Communication (6)
- Means Restriction (0)
- Events Planning (2)
- Other (response:  Bullying – the link to suicide)(1)

6. **Preference for Meetings/Trainings:**

- Face to Face (4)
- Webinar (4)
- Conference Call (2)
- Download Webcast (2)
- Other Suggestions (0)

## Participants

The Central Region Workshop was held at the Child Welfare Training Center in Mechanicsburg PA. There were 36 participants from various disciplines. Participants identified themselves as representing a specific professional discipline. The table below shows the number of attendees from each category.

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| Providers | 7 | 18.9% |
| YSPTF | 4 | 10.8% |
| MHMR/CASSP | 3 | 8.1% |
| Mental Health Association/NAMI | 3 | 8.1% |
| Hospitals | 2 | 5.4% |
| Coroners | 2 | 5.4% |
| County Government | 2 | 5.4% |
| DPW/OMHSAS | 2 | 5.4% |
| Juvenile Justice | 2 | 5.4% |
| Dept. of Health | 2 | 5.4% |
| Higher Education/College/ University | 1 | 2.7% |
| Private Insurance | 1 | 2.7% |

| | | |
|---|---|---|
| Parent | 1 | 2.7% |
| CDR | 1 | 2.7% |
| No Affiliation/Unknown | 1 | 2.7% |
| Faith Based | 1 | 2.7% |
| DPW/CYS | 1 | 2.7% |
| PDE | 1 | 2.7% |
| Medical Group | 0 | 0.0% |
| SCA | 0 | 0.0% |
| Survivor | 0 | 0.0% |
| JPO | 0 | 0.0% |
| PNSAS | 0 | 0.0% |
| Human Services | 0 | 0.0% |
| Schools/IUs | 0 | 0.0% |

- The largest number of participants represented provider agencies (7 or 18.2%)
- Four participants identified themselves as members of a youth suicide prevention task force (10.8%)
- More representatives from the PA Youth Suicide Prevention Monitoring Committee attended this workshop than any other (11 people: 2 from OMHSAS, 2 from Health, 1 from higher education, 1 from the Child Death Review Team, 1 provider, 2 from juvenile justice, 1 from child welfare, and 1 from hospitals. Three monitoring committee members were presenters.)
- One parent attended (the only parent to attend any of the workshops)

## Feedback from Presentations

**Student Assistance Program (SAP)**

- Overview of SAP
- SAP's connection to suicide prevention
- Questions raised:
  - Do charter and private schools have SAP programs?
    - Yes
  - Does SAP include educational events for students and parents that market its availability?
    - Some SAP teams host assemblies, home room orientations, and hand out information at parent nights among other events
  - Is SAP data available to the public?
    - Yes, it is available on the website

**Child Death Review**

- Overview of Child Death Review
- Explanation of how CDR and county task forces can partner together
- Questions:
  - How does CDR define a suicide death as "preventable" or "not preventable"?

- Varies by CDR team and counties because of the availability of resources like mental health centers. However if the child told someone about their plans it is deemed as "preventable." Other "preventable" criteria include whether the child was actively in services and access to means (unlocked gun)
- Where does CDR gain its information for data collection from? Is the data kept confidential?
    - All information is kept confidential and is reported in aggregate form in order to ensure this. Information is obtained from a variety of sources (coroner, hospital, etc.)
- Are families involved in CDR's review and data collection reports? Does family involvement affect the validity of CDR reports?
    - Act 87 allows for parental involvements. Some CDR teams have been approached by families to present information on a child's death.
- How often do CDR recommendations come out?
    - An annual report is issued and every September recommendations are sent to the legislature
- What types of deaths are reviewed? Only unexpected deaths?
    - All deaths of children up to age 22 are reviewed whether expected or unexpected
- How does one become involved in CDR or serve on the committee?
    - Information available on the CDR website
- Where can the CDR data report be accessed?
    - Data available on the CDR website
- How long is the CDR review process?
    - Varies on a case by case basis (availability of information) and the CDR team (frequency of meetings). Cases are reviewed after the death certificate has been issued which depending on the case can take up to a year or more.

## Garrett Lee Smith Youth Suicide Prevention Grant Project

- Overview of the PA youth suicide prevention in primary care project
- Introduction of the grant renewal concept that with bring the project to scale through a technical assistance model
- Discussion Questions:
    - Is there potential in reaching out to family advocacy groups?
        - Educating communities about the availability of this product and disseminating it to their local PCPs
    - Could this be taken into Emergency Departments?
        - The BHS could be taken into EDs…it is a standard at the CHOP ED …however, this would change the focus of the grant
    - Is the BHS available to adult populations?
        - There has been discussion of including adult populations, however the project is funded as a youth focused project
    - Is there potential in linking with health care centers at colleges and universities?
        - These would be possible targets with a technical assistance model and falls within the age range (14 to 24)

**Interim topics discussed**

- PA Juvenile Department Screening Study
  - Around 30,000 screens
  - Found a decrease in suicide ideation, but this was more significant for high school aged males than middle school aged males
  - Found an increase in suicide ideation in middle school aged males
  - Found an increase in males experiencing trauma

## Roundtable Discussion:

**Networking with Schools:**

- Group 1:
  - Strategies
    - Piggyback on mental health programs to address the stigma against suicide
    - Implementing proven programs at little to no cost to address lack of resources
    - Target one school district
    - Offer as an option for students to attend (Parental Permission Forms)
  - Concerns:
    - Parental Resistance
    - Faith Based Schools (Religious Belief)
    - Resources—School & Community (Outreach to kids with information is really important)
- Group 2:
  - Strategies
    - Adding depression to health education (mental health)
    - Understand "normal adolescent behavior" (teachers & parents)
    - Educate teachers to be trauma informed (Training on how to identify students with trauma issues)
  - Concerns
    - Teachers/Schools fail to see parents as partners
    - Where to fit in extra topics and provide funding for them
    - Getting buy-in from community and schools---other issues take precedence
- Group 3:
  - Strategies & Concerns
    - Discussion about SAP in relation to consistency and standardization across the state
    - Develop, monitor, update, and publicize school crisis plans annually (SAP monitoring—suicide policy) (PA School Board Association)
    - Education for educators, students, and parents

**Conference and Event Planning**

- o Group 1
    - ▪ Strategies
        - • Approach service organizations/businesses for funding
        - • Offer credit to participate
        - • Partner with suicide prevention organizations
        - • Central location to identify and advertise event (paypsi.org)
    - ▪ Concerns
        - • Identifying target audience
        - • Funding Sources
        - • Leadership for organization of the event
- o Group 2
    - ▪ Strategies
        - • Getting the word out through networking, email, surveys, websites
        - • Topics/Speakers
        - • Cost efficient
    - ▪ Concerns
        - • Cost---sponsors/use  of technology (webinars)
        - • Getting the word out, attendance of the event
        - • Making it memorable with useful information and take away messages/tasks
- o Group 3
    - ▪ Strategies
        - • Seek funding from corporate businesses (Pepsi Refresh Grants)
        - • Seek funding from community foundations (Local Banks)
        - • Seek an AHRQ conference grant
        - • Partnering with neighboring counties to host joint conferences and events
    - ▪ Concerns
        - • Funding!
        - • Obtaining Pepsi Refresh grant votes during January (spreading the word)
        - • Providing funding or "seed money" for the ideas that result from conferences or events

**The Media and Suicide**

- o Media accountability in reporting suicides in an accurately and with sensitivity
- o Partnering with your local media to discuss guidelines for reporting suicides and inclusion of resources
- o Increase in the use internet media and how this increase the availability of information to children/teens before parents
- o AFSP Media Guidelines were put out in 2001 and are currently being revised

# Western Region Summary
## November 22, 2010

## Survey Results

1. **Strengths of Your Task Force/Community Efforts:**

   - We have a Board of Directors, by-laws, a mission statement and a group of very dedicated individuals that make up our team.
   - Crisis response
   - Community involvement/concern for adolescents
   - School personnel seem to have competent "gatekeeper" ability and can refer students who demonstrate behavior that is troubling.
   - We are currently in the process of developing a SAP team for our program to better assist the students that we serve.
   - We have no task force in our county. We do have an active Child Death Review Team
   - Lawrence County's Child Death Review Team meets on a regular basis. There is active participation by numerous community representatives including coroner and various medical personnel.
   - At this time, I have not been participating in the Task Force—no notice of when they meet has been communicated to me (Washington County)
   - We have continued determination
   - Meet weekly to discuss high risk student and conduct risk assessments in pairs
   - McGuffey School District collaborates with outside agencies – Washington Communities/Gateway Vision. They are also involved with our ESAP/SAP Teams
   - Committed to improving mental health services in our schools
   - Development and implementation of county and regional initiatives. Tracking, monitoring progress/trends.
   - I am not on a specific task force and would be pleased to have the opportunity. I have helped on all levels with the ESD use of the Columbia University TeenScreen Program for years and have presented at CASSP trainings around the state on Adolescent Suicide and the use of the TeenScreen and the SOS (Signs of Suicide) program.

2. **Challenges for Your Task Force/Community Efforts:**

   - We need to bring more participants from the community, clergy, school, businesses; most of our members are from local social service agencies.
   - Not all suicidal teens show it through behavior.
   - The resistance of parents and administrators to see the need for this type of program within our school.
   - To get a task force started and to try to find statistics for our county. When PA's Suicide Prevention Plan was first initiated I tried to get numbers for this county and hit barriers. No one was willing to talk about suicide at that time.
   - We don't have a suicide prevention task force locally.

- Increase the membership, and getting into schools.
- Need more parental and community involvement
- Prevention – getting involved before a crisis occurs
- Programs for Prevention
- Identification
- Dissemination of information to community/families

3. **Recent Successes/Projects of Your Task Force/Community Efforts:**

- We had our first walk for suicide prevention and awareness on September 19; we were very successful in having over 250 walkers and raising funds. We are now looking at programs to start in our community.
- Depression Screening Day Awareness – 10/7/2010
- Nothing specific to suicide prevention
- For National Suicide Prevention week we did a presentation to 8th grade students on Effective Communication and how to be a good friend; with an emphasis at the end of the presentation on being the first responder to a friend's crisis.
- Bullying prevention program initiative is going well as well as positive behavior program, and positive behavior support program.
- Universal screenings for emotional and behavioral issues for students K-12
- Development of best practice standards for children's mental health services, development of interagency division committee
- Erie School District was the first school district in the country to do a city-wide screening via TeenScreen and continues to screen 9th graders yearly and will add 7th graders this year.

4. **Pitfalls to Avoid:**

- Stasis. Being creative and flexible is very important.

5. **Topics of Interest for Future Meetings/Trainings:**

- Collaborating with Schools (13)
- Communication (5)
- Means Restriction (3)
- Events Planning (4)
- Other (2) ( How to engage the community to develop a task force)

6. **Preference for Meetings/Trainings:**

- Face to Face (12)
- Webinar (4)
- Conference Call (0)
- Download Webcast (3)
- Other Suggestions (0)

## Participants

The Western Region Workshop was held at PaTTAN Pittsburgh in Harmerville, PA. There were 45 participants from various disciplines. Participants identified themselves as representing a specific professional discipline. The table below shows the number of attendees from each category.

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| Schools/IUs | 21 | 46.7% |
| Providers | 11 | 24.4% |
| YSPTF | 3 | 6.7% |
| Private Insurance | 2 | 4.4% |
| PNSAS | 2 | 4.4% |
| Human Services | 2 | 4.4% |
| Higher Education/ College/University | 1 | 2.2% |
| MHMR/CASSP | 1 | 2.2% |
| SCA | 1 | 2.2% |
| Mental Health Association/NAMI | 1 | 2.2% |
| Medical | 11 | 24.4% |
| Survivor | 0 | 0.0% |
| Parent | 0 | 0.0% |
| JPO | 0 | 0.0% |
| Hospitals | 0 | 0.0% |
| CDR | 0 | 0.0% |
| Coroners | 0 | 0.0% |
| No Affiliation/Unknown | 0 | 0.0% |
| County Government | 0 | 0.0% |
| DPW/OMHSAS | 0 | 0.0% |
| Juvenile Justice | 0 | 0.0% |
| Dept. of Health | 0 | 0.0% |
| Faith Based | 0 | 0.0% |
| DPW/CYS | 0 | 0.0% |
| PDE | 0 | 0.0% |

- The largest number of participants represented schools and intermediate units (21 or 46.7%)
- The second largest number represented providers (11 or 24.4%)
- Three participants represented County Youth Suicide Prevention Task Forces
- Two members of the PA Youth Suicide Prevention Monitoring Committee attended; both were presenters.

## Roundtable Discussion

**Establishing and Maintaining Task Forces**

**Strategies/Suggestions:**

- Contact stakeholders to become active participants – Mental health providers, hospitals, district magistrates, police officers, behavioral health directors, crisis supervisors, and school guidance counselors
- Establish a meeting time, bylaws, board of directors, and mission statement
- Establish community programs: address the school superintendents; taskforce may help fund projects; offer training to police officers and first responders. Raise awareness in community through suicide prevention  walk and prevention education

**Challenges/Concerns:**

- Money and funding
- Getting people involved and maintaining involvement
- Stigma

**Discussion:**
- Certain people do all of the work
- One group acknowledges survivors by  giving them a piece of jewelry or something to identify them/show support

**Supporting Survivors**

**Strategies/Suggestions:**

- Contact established support groups (SAP, MH, churches, EAP, etc.)
-  School District should establish policies regarding procedures, and memorials
- Community awareness/education

**Challenges/Concerns:**

- A lot of supports aren't suicide specific – families feel alienated
- Where do you draw the line with stigma?
- Resistance to help due to stigma

**Discussion:**

- Family members have started their own support group specific to suicide
- There are more on-line resources available for survivors
- National webinar from AFSP (?) for survivors and professionals

- We need to recognize anniversary and other important dates and check in with survivors during these tough times
- Victor Frankel's book on Making Meaning Out of Suffering
- "Out of Darkness Walk" to acknowledge survivors' loss
- Some counties have done a walk and secondary outcome was that survivors have been able to meet and support one another. A dialogue was facilitated by a therapist.

## Collaborating with Schools

**Strategies/Suggestions:**

- Removing the "stigma" and talking about the problem
- Increasing the awareness of the problem by attaching suicide prevention to anti bullying efforts
- Networking among professionals including institutions of higher learning

**Challenges/Concerns:**

- Policies and procedures
- Lack of funding
- Lack of family and teacher buy-in

**Discussion:**

- Individual efforts by all school staff may be helpful-they are all a part of prevention.
- Give local funeral directors and ministers a packet of information about school supports including the Student Assistance Program.
- Contact PSBA to present a workshop on Suicide at their state conference.
- Some Suicide Task Forces have met with superintendents and have offered mini-grants for suicide prevention programs to be offered in the schools

## Screening Tools

**Strategies/Suggestions:**

- Consider identifying a best practice assessment (tool) for suicide assessment
- Increasing acceptance just like nurses screen for issues in schools. Nurses could ask a few questions as a part of the health of mental health is a part of health screening.
- Accessing resources as needed and increasing collaboration

**Challenges/Concerns:**

- Mental health follow-through. Resources too few, not collaborating, or confusing for families to access
- Parental acceptance
- Strengthen relationships with schools and agencies

**Discussion:**

- Look at Facebook as it has monitored the users' use of words that might indicate a concern-connecting on-line SPRC?  A message to the person who wrote the concerning words. Signs of Suicide program could be helpful
- Online Bullying Prevention; Facebook can investigate and revoke privileges of those found to be bullying.
- Some District Attorneys' offices have been targeting cyber bullying and texting.

## Southeast Region Summary
### November 29, 2010

### Survey Results

1. **Strengths of Your Task Force/Community Efforts:**

   - District Crisis Response Team/YAP/CASY/ATOD
   - We have a commitment from a variety of community agencies and volunteer groups
   - Large and active – with a strong core of people
   - The division of the specific committees within the task force and the strength of the communication between them
   - Strong leadership; involvement of provider services
   - Consistent meetings, participation from many schools and local providers
   - Well connected to community resources and contacts in multiple counties
   - Youth rallying around our mental health awareness campaign
   - Yearly walk/run event
   - Annual Suicide Conference
   - Participation in Health Fairs throughout Delaware County
   - Multisystem connections
   - Connection to Health Department and Coroner's Office
   - Support and assistance from Delaware County Medical Society, Survivors of Suicide, Inc., and Delaware County Medical Examiner's Office.
   - Weekly youth group meetings, on-going support education about substance abuse
   - I am just beginning to become involved in our local task force
   - Wide community support and strong school support
   - Large and active, with a strong core of people
   - Task Force consistently meets and is divided into sub-committees. Those who are leading it are well organized and offer a good deal of time to the effort. We hold a conference every year. More people seem to be hearing about us and joining the task force efforts.
   - Many interested professionals who would like to be involved

2. **Challenges for Your Task Force/Community Efforts:**

   - Social "norms" campaign
   - Maintaining everyone's interest and being able to address everyone's ideas
   - Sustainability of some of our committees
   - Getting task force members to volunteer for events
   - Sustainable involvement and focus of community
   - Funding
   - Child Death Review is no longer part of my program
   - Budget cuts/program shifts
   - Educating school district staff
   - Volunteers

- Strengthen connections to school districts
- Finding new ways to promote prevention and education of suicide to the public
- Collaborating with schools, public officials, and county mental health providers
- Low involvement on task force / some people doing the work, low meeting turnout
- Maintaining everyone's interest and being able to address everyone's ideas
- Support from counties
- Financial assistance
- Maintaining Momentum
- The Philadelphia Task Force is not currently operating

3. **Recent Successes/Projects of Your Task Force/Community Efforts:**

- 5K walk/run, annual conference, attends health fairs, t-shirt contest
- Annual run/walk events, annual conference, candlelight service (annual), attend multiple health fairs, website
- Upcoming conference in November, Suicide Prevention Walk/Run in May, Candlelight Vigil
- Walk/run; candlelight vigil
- A mobile crisis program for youth was recently started in the community
- Regional Parent Youth Professional Forums
- Secondary statewide transition initiatives for youth with special health care needs
- Promoting the medical home model in support of the AAP
- My ZMRO campaign on website www.umacast.org
- Minding your mind parent and student forums
- We had over 200 people and raised over $5,000 in on-site registrations. We also got support from a local radio station and personality who stated he would participate next year 2011.
- QPR Trainings
- Liv-Live Events
- Grant funding
- Annual Walk/Run for Suicide Prevention
- 3$^{rd}$ Annual "Make A Difference" with Art Project
- Annual Light the Night Memorial Service
- Annual Suicide Prevention Symposium
- Motorcycle Run raised $11,000
- Penn York Camp (Reaching New Heights Workshop for 5$^{th}$-6$^{th}$ graders)
- Teen suicide prevention concert

4. **Pitfalls to Avoid:**

- Some people being used over and over again
- Getting the word out to people that we do not offer treatment, directly, but we can assist them in finding the right people for them.
- Don't take on too many projects at one time
- Burnout
- Planning too many things

5. **Topics of Interest for Future Meetings/Trainings:**

- Collaborating with Schools (15)
- Communication (5)
- Means Restriction (5)
- Events Planning (3)
- Other: Cyber Bullying and parent involvement

6. **Preference for Meetings / Trainings:**

- Face to Face (14)
- Webinar (11)
- Conference Call (2)
- Download Webcast (2)
- Other Suggestions (0)

## Participants

The Southeast Region Workshop was held at Norristown State Hospital in Norristown PA. There were 44 participants from various disciplines. Participants identified themselves as representing a specific professional discipline. The table below shows the number of attendees from each category.

| Professional Discipline | Number of Participants | Percentage |
|---|---|---|
| YSPTF | 15 | 34.1% |
| Schools/IUs | 8 | 18.2% |
| Providers | 7 | 15.9% |
| JPO | 3 | 6.8% |
| CDR | 3 | 6.8% |
| Coroners | 2 | 4.5% |
| MHMR/CASSP | 1 | 2.3% |
| Survivor | 1 | 2.3% |
| Hospitals | 1 | 2.3% |
| PNSAS | 1 | 2.3% |
| No Affiliation/Unknown | 1 | 2.3% |
| Dept of Health | 1 | 2.3% |
| Higher Ed/ College/University | 0 | 0.0% |
| Medical | 0 | 0.0% |
| SCA | 0 | 0.0% |
| Private Insurance | 0 | 0.0% |
| Parent | 0 | 0.0% |

| | | |
|---|---|---|
| Mental health Association/NAMI | 0 | 0.0% |
| County Government | 0 | 0.0% |
| Human  Services | 0 | 0.0% |
| DPW/OMHSAS | 0 | 0.0% |
| Juvenile Justice | 0 | 0.0% |
| Faith Based | 0 | 0.0% |
| DPW/CYS | 0 | 0.0% |
| PDE | 0 | 0.0% |

- The largest number of participants came from youth suicide prevention task forces (15 or 34.1%)
- The second highest number represented schools and intermediate units (8 or 18.2%)
- Seven providers attended
- Three members of the PA Youth Suicide Prevention Monitoring Committee attended (all three were presenters)

## Roundtable Discussion

**Regional Collaboration**

**Recommendations:**

- Review and Revise Regional Task Forces to include SAP and CDR.
- Establish mutual and cooperative goals i.e. newsletter, website, conference, concerts, and warm line (which would be more informational than crisis oriented.
- Regional Communication—a vehicle for sharing what is working i.e. website or email distributions.

**Concerns:**

- Upkeep and maintenance of website and other projects
- Barriers of politics; i.e. medical examiner's office providing information being handled differently from county to county.
- Funding—paying or meetings, meals and conferences
- Possibilities: Behavioral Health Managed Care providers sponsoring events, grants from businesses; freestanding independent task forces (not county entity) agencies would donate meeting space, time and supplies on a rotating basis.

**Comments (regarding third bullet above):**

- In Chester County co-chair is county employee
- Would have to be careful that responsibilities are clear so issues don't fall through the cracks
- Bylaws could help with this. Delaware County has mission statement and guidelines
- Should have survivors on the task force which increases "passion" for the work

- Some survivors may be willing to donate resources.
- Be sure that the task force supports survivors.

**General Comments:**

- Who would provide training on a how a task force should run?
- Task forces need to make decision regarding non-profit or not. Once you begin collecting funds, legal issues come into play.
- Need to look at people who are not at the table and should be included (i.e., American Foundation for Suicide Prevention, which sometimes will give financial support to a local ministerium)

**Accessing and Networking:**

**Strategies:**

- Set up a team (subcommittee to work with schools)
- Learn process of the school system, policies and politics i.e. school board, administration, etc. and type (charters, etc.)
- SAP liaisons can be good resources
- Administrative support would be needed
- Need to develop strategies for networking with current school programs
- Explore using Mental Health First Aid (12 hour course see MentalHealthFirstAid.org)
- Using students to reach other students i.e. aevidum.com
- Schools need case managers—possibility for SAP? To work with out of school and in school resources. Writing grant to obtain case manager.
- Use reframing to decrease the stigma and resistance
- Marketing concepts may be helpful with increasing school buy-in including presentations on what your agency can offer the school districts.
- Educate schools on agencies that can provide trainings for their students and staff.
- With multiple agency involvement—having agencies go to schools to prevent families from having to travel and keep multiple appointments, but need to work out the technical issues involved with that.
- Using mobile agency involvement (coming to the schools for services)
- Meet with schools to develop strategies
- Educate school staff on identification, referral, and services
- Interagency collaboration would need to be emphasized to prevent confusion, and "territorial" issues.
- Make connections within programs (agencies) and keeping consistency in the program.

**Concerns:**

- Maintaining task force and networking despite turnover and attrition
- School board issues in allowing networking
- Stigma of MH and suicide issues for schools
- Issues with being allowed to screen students in schools including practical considerations i.e. space and time constraints.
- PSSA testing and school's emphasis on academics and resistance to issues that they perceive as interfering with this.
- Schools often are reactive to suicides rather than proactive
- Schools wanting to deal with problems "in house" and not involve outsiders
- School nurse involvement would be critical, but they are often covering multiple buildings and their time is limited.
- Schools and agencies need to understand each other's cultures and how to access services.
- Young adults who are between high school and college are a vulnerable population without services or institution (school) to identify them or for the individual to turn to for support.
- There can also be a gap between elementary and middle schools and secondary services if student is transferring or moving up in school system.
- Schools don't understand Medical Assistance process and time frames before student is eligible.

## Screening:

**Possible screening tools:**

- TeenScreen
- IFT (?)
- SIQ (?)
- SOS
- Behavioral Health Screening—PENN
- School Nurses could do as part of routine health screening
- QPR (question, persuade, refer)

**Advantages of screening:**

- Multiple referral points
- Students liked it
- Schools were supportive

**Recommendations:**

- Everyone is trained including all support staff in schools on behavioral signs.
- Tools should be universal, same standardized tools should be used for a region so that everyone is talking same language.
- In school liaison should be assigned to collaborate with agencies and school administrators, staff

- Use student run organizations to promote (i.e. Aevidum, The Me Project).—using students to reach students
- Teen summit (bring teens together to talk about what works for them)
- Tools should be universal,
- More training needed in crisis intervention
- Make information and trainings more family friendly
- Build relationships with school personnel
- Increased collaboration with school nurses & PCP
- Have in school liaison

**Concerns:**

- Parent may be resistant to having their children screened at school
- Funding for screening
- Stigma of screening
- Parents who were in denial –didn't feel it was needed
- Parents feel unwelcome in schools so may feel this is a negative intrusion
- Lack of training in using screening tools
- Screening tools not universal—everyone uses their own.
- Hard time getting information "into" schools
- Concerns of screening all kids, which may result in an overload of referrals, and not enough services to address the needs.
- Attitude of "us vs. them" with schools and parents ( Parents feel unwelcome in schools so may feel this is a negative intrusion)
- Obtaining parental permission
- Parent follow through with recommendations
- Storage of information and tracking