

Summary of Feedback from Regional Youth Suicide Prevention Workshop with County Task Forces/Community Members

October 25, 2010
Wilkes-Barre

In preparation for the roundtable discussion topics, interviews with seven existing task forces across the state were conducted. The following topics were identified as most relevant:

- Establishing and Maintaining a Task Force
- Collaborating with Schools
- Potential Partnerships with GLS grant
- Supporting Survivors
- Event Planning including walks, and conferences
- Communication including web site, newsletter and meetings
- Fundraising

Before lunch attendees were asked to vote on the top two topics they would like to discuss during the roundtable discussions. “Establishing and Maintaining Task Forces” and “Collaborating with Schools” were identified as the top two. “Supporting Survivors” came in a very close third. In light of limited time, two tables were assigned the same topic to facilitate their report back to the large group.

When reporting back, participants were asked to identify their top three strategies and top three concerns/challenges for each topic. Participants were reminded to include any feedback for the state monitoring committee. Following is a summary of the roundtable discussions according to topic:

Topic 1: Establishing and Maintaining Task Forces

- Suggestions: Collaboration with Child Death Review (possible sub-committee), Creation of sub-committees with specific projects on each task force (example, Child Death Review), Creation of 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, more funding and support from the GLS project, Recruitment of 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), Meetings made available through conference calls or webex, Collaboration with MH/MR directors, Identify champions that will keep morale and motivation high, Create a template for establishing and maintaining a successful taskforce, Joint meetings for taskforces, 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.

Topic 2: Collaborating with Schools

- Suggestions: 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, Dynamic and regularly reviewed crisis plan memorandum 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.