

VT Youth Suicide Prevention Coalition

January 23, 2009

Hampton Inn, Colchester

Those present: JoEllen Tarallo-Falk, Garrett Lee Smith (GLS) Project Director, Brian Remer, GLS Project Manager, Charlie Biss, Director, Child Mental Health, Barbara Cimaglio, Deputy Commissioner, Vermont Department of Health (VDH), MaryEllen Mendl, Director of VT 211, Tom Delaney, Evaluator, VT Child Health Improvement Project (VCHIP), Donna McAllister, Health Education Consultant, VT Department of Education, Heather Danis, District Director, VDH, Robin Pesci, Director, First Call, Howard Center

Introductions

The project is funded by Garrett Lee Smith federal funding administered by the Substance Abuse Mental Health Services Administration. It is a three year year, commencing in 2008 and ending in 2011.

Participants were asked to identify an outcome they hope will be achieved through the project and select a picture that depicts this outcome. The Vision/Outcomes shared were:

- a network of support for youth at risk of mental health problems...that the importance of connection be emphasized so that all youth can reach out for help when they need it
- a conscious mix of social and emotional wellbeing as a part of the definition of health
- a dynamic evaluation so that we have a picture of what is happening in the project
- the project spreads the word about the importance of addressing mental health issues
- a consistent system and language for suicide prevention and support through trainings
- basic skill set and understanding about the ways in which our communities are going to address this issue

Participants looked at the Mission statement taken from the grant application and asked people to compare what they identified as desired outcomes to the mission statement and make observations.

Project Mission:

To create a culture in Vermont in which youth and adults are empowered with knowledge, attitudes, skills and resources to effectively prevent and respond to suicidal behavior by youth.

Observations shared after this activity:

- Barbara said that they are increasingly learning through other initiatives about the importance of involving peers and the importance of peer to peer connection

- Charlie mentioned that one of the chief activities of a new grant is to develop a peer run organization and they are currently hiring a Youth Director. We will want to connect with this effort
- JoEllen said that she observed that a theme everyone shared was the importance of elevating mental health issues to be addressed alongside physical health
- Barbara talked about the importance of creating environments that support health
- Donna pointed out that “culture” is a key word in the mission, and the challenge of trying to change culture. In order to affect the change we need to engage stakeholders in breaking down stigmas connected to mental health issues so that kids will come forward. The discussion about culture ensued and the need to create collective responsibility that is part of what everyone in the environment does.
- Economic stress is a factor in schools and communities and we need to think about what that means for young people whose parent may have lost a job, etc. We know that the stress of economics is connected to risk behaviors.
- Donna mentioned that there has been some momentum in the last couple years around sexual violence prevention and how that connects to this work.
- We tend to look at youth culture through deficits, rather than through assets. Charlie mentioned the importance of addressing protective factors and assets.

United Way 211

MaryEllen described the system of help and referral through the 211 line.

She described that there is a science to giving help that under-girds the telephone response to the caller. The responder tries to clarify why they are getting the call. It often relates to either money or “everything else.” Then they try to brainstorm ways that the caller can respond and they try to come up with at least three possible responses. Most calls are for basic needs.

MaryEllen said that the United Way data collection around call intake is robust and can be broken out in different ways. It will be used for evaluation of this project. A report on the call history related to Suicide for 2008 was distributed and discussed. The majority of calls are 25-59 years old and the next demographic is over sixty, with few being youth calls. We discussed the need to have specific strategies targeting youth. For example, Howard Mental Health is doing some media, commercials and videos focused on youth depression and 211.

Grant Activities (see attached “GLS Mindmap 1-23-09”)

JoEllen explained that the whole focus of the grant was on destigmatizing mental health issues, recognizing signs and symptoms of mental health problems, and responding by referring to sources of help.

There are four major initiatives in the grant:

1. Gatekeeper Trainer of Trainers for school personnel, community serving organizations, medical practitioners, law enforcement. There will be two direct community training interventions. We are using the Maine *Lifelines* model for the school based training and the New Hampshire *Connect* model for the community-

- based training. We will also be piloting a small campus-based Gatekeeper training at the University of Vermont with an eye toward applying for the Campus Suicide funding in fall 2009.
2. Strategic Planning with the purpose of developing a five year Youth Suicide Prevention plan that addresses long-term and sustainable approaches of prevention and early intervention.
 3. Communications and Information dissemination including social marketing strategies that aim to reach 300,000 citizens over three years. We will be carrying out a media campaign coordinated with United Way and focusing on the VT 211 helpline service. The group discussed the need to research and consider social networking strategies for reaching the 12-24 year old audience. We will also look into social marketing strategies being used nationally. Tom talked about collecting process measures for the Social Marketing objectives of the grant.
 4. Evaluation – discussed below

Barbara pointed that it is important for us to consider strategies that strike a balance between being comprehensive with focused and specific. The group agreed that the more we can do to connect to other initiatives the better.

The traditional definition of a coalition is that you have groups of people representing different interests to focus on an overarching mission. It was pointed out that it is sometimes very hard to get people with passions on one topic to embrace sharing resources with other connected issues. Our objective is to build on what is already existing, link up and dovetail so as not to create another silo. People at the community level know the groups that are already working on issues and we need to connect with them.

Evaluation (see “SAMHSA Slides 1_22_09” Powerpoint presentation)

Tom Delaney spoke about the evaluation that the Vermont Child Health Improvement Project will be doing for the project. The goals for the evaluation include: Legal compliance; Provide meaningful data; Quality improvement. Tom reviewed the federal evaluation initiative being subcontracted to and carried out by Macro International and discussed the cross-site evaluation and collection of Early Identification, Referral and Follow-up data and the Vermont plan to evaluate. A substantive discussion followed about what settings the data will be presented in and who will be responsible for collecting the data.

We had discussion about the difficulty of collecting some data, especially the Early Identification, Referral, and Follow-up (EIRF) measures. Tom said there is good information from Maine about collecting that data. We will need to identify the exact system for the collection of this data and attempt to avoid duplication of data. The RFP to schools will ask participants to commit to provide data over a 1-2 year period. We intend to get more clarity from MACRO International, who is subcontracted by the SAMHSA to carry out this component of the cross-site evaluation. Everyone agreed that collecting data from environments other than schools is more difficult so we should focus on schools unless we learn we must collect it elsewhere.

The evaluation is one of the most challenging aspects of this project so we will be explicit about the requirements needed for schools to participate.

We discussed dissemination of information to the field:

Weekly field memo (VT DoE)

Linking Health and Learning Bulletin (VT DoE)

Vermont Principals Association and Vermont Superintendents Association

Vermont Department of Health district office School Health Liaison list-serves

Student Assistance Professional list-serve

Coalition Development- people who were absent

Summary of Roles and Responsibilities of Coalition members

Sub-committee to evaluate Maine Lifelines curriculum:

JoEllen, Donna, Robin

Overview of training schedule (See “Handouts 1-23-09”)

Brian overviewed the Training and Marketing calendar and timeline

Coalition Development

The following tasks were discussed as next steps for coalition development.

1. Explore further how to connect to a network of Survivors
2. Identify additional coalition representatives as follows:
 - Pediatrician, Pediatric Nurse, etc. who can represent the medical community (Elliott Nelson was involved previously and has concerns around means restriction)
 - District level person from family services, Division of Children and Families (Dana Lawrence is mentioned as a great advocate)
 - Psychiatrist (e.g., David Van Buskirk – Robin has contact information or someone from the Brattleboro Retreat)
 - Juvenile Justice and Court Diversion programs
 - School Resource Officer (ask Debbie Mintz for contact)
3. Consider how to expand communication with youth
 - Youth Advisory Group of the Strategic Prevention Framework
 - New Youth Coordinator for the VT Federations for Children’s Mental Health
 - Vermont CARES and/or Outright VT may have a youth advisory component
4. Connect with:
 - Sexual violence network
 - Comprehensive Health Education Wellness Advisory Council meets quarterly
 - School Crisis Team network (Steve Earley (sp?) - Addison County)
 - School Nurse Association
 - School Based Health at VDH (Garry Schaedel)
5. Establish a Youth Intern through UVM to work on strategies for youth/young

adults focused on social networking and media. Tom can help with this.

RFP dissemination for school participation

We discussed disseminating the RFP for school training in fall 2009 by April 1 with a return date of April 30 or by April 24 with a return date by the end of May (allowing a 3-4 week turn around). We could ask Debby Haskins for input on disseminating the RFP as many SAPs may respond.

Future meetings

- The next meeting will be held Friday, April 3. A representative of Macro International will be present as part of a site visit.
- We will be setting up a list-serve to enhance internal communication and share resources among the VYSPC.
- We will also consider use of virtual meetings for those who have travel limitations.

Next agenda

Strategic Planning - Suicide Prevention Planning model

Social Marketing campaign concept

Engaging youth

Roles and responsibilities of Coalition members

Attachments:

Garrett Lee Smith Program Overview Mind Map (“GLS Mindmap 1-23-09”)

Lifelines Gatekeeper Training Mind Map (“Lifelines Mindmap 1-23-09”)

Training and Marketing Calendar (included in “Handouts 1-23-09”)

Evaluation Power Point (“SAMHAS Slides 1_22_09”)

Future:

Other activities we may want to undertake:

Engaging clergy – identify a Sunday where every clergy delivers a message of hope-
provide a webinar; distribute key points; align with a prevention month/day of the year

Survivors quilt or Survivors story corp

ToT for Peer Facilitators on various topics

Production of a public T.V. and radio program (Barbara, Charlie, JoEllen)

Maryellen talked about referrals to 911 emergency response and “warm transfers”,
immediate transfer response.