

Garrett Lee Smith Early Prevention and Intervention on Youth Suicide grant
Monday April 26, 2010 / (9:45 am-3:30 pm)
Quarterly Steering Committee Meeting

Location: Child Guidance Center (CGC) at (in the conference room):
5776 St. Augustine Rd.
Jacksonville, FL 32207

Agenda

1. Welcome – Marc Karver: Introductions and note that Kim will be our Time Management Facilitator (Set up conference line)

2. **USF Evaluation Team Update**

Presented at AAS first 720 trainees in QPR.

720 – pre and post evaluation, representative of demographics in Jacksonville

35% participants – caregivers /foster parents

Pretest before training & Post test after training the FU.

As of April 1st, 54% filled FU's.

72% completed follow-up online.

There is a significant difference between pre and post knowledge

Not a significant lost of knowledge at follow-up.

Increasing capability, 47% felt they can refer a youth after the training

3. **Family Involvement- USF Evaluation Team**

Kim G.

Family Guide – creating focusing to suicide. Draft by May 3rd – focus groups to evaluate and take information to tweak, written with families. Distribute to family centers.

Barriers – limited among family member need more involved.

Ideas? Ray's Social Marketing? – Sarah – trying familiarize with the area. CEO of

CDC – CEO Denise – MHA – some parents

Look at CGC- local PTAJ 7 out of and school.

Marc – families join team

4. QPR- Virginia

Trained in QPR:

Boys home- parents

Staff medical services

UNF staff and students

Working towards encouraging agencies to utilize CCM

Did not have referrals so contact trainers.

Theresa – targeting kids that are not followed can't really change plans and protocols from other MHA agency.

Marc – MH are not connected to each other kids get lost. Trying to implement “Umbrella” so the community is more connected.

CCM – I do lots of back tracking to see if someone QPR trained.

Marc – QPR is meant for members in the community, not necessarily those with professional training in suicide prevention.

Schools are promising

Cathy –training 8,000 teachers. A couple of counselors could be above QPR licensed MHC. Some of them have credentials.

Marc – not seeing weekly with children

Kathy – some of them, not all

Marc – Guidance Counselors are appropriate for QPR. If not referring, then not appropriate for QPR.

*LMHC – not appropriate for QPR

High School CG – are appropriate QPR (MAPP, DCF, and Residential BA's)

Kathy – what about JJ?

Marc – check with Virginia (tough population)

Kathy – connect with teachers in JJ Correctional Center, Gateway?

Marc- Gateway is very interested.

Ray – Gateway was involved.

Marc – police?

Kim – May be one of the applicants. Cops go to 40 hour training on MH and training on children.

Police officers may be suicide savvy

5 active trainers

Roberta major advocate

Submitted applications in the DCF for QPR online.

Barriers – lack of staff. Lost some trainers. Not promoting training since limited resources

Plan – whole new cohort of trainers. Funding from carry over tuition for 20.

Talking to people how we set them up very well. Support them follow through.

Good group of folks. Some from UNF.

Florida State College

DCF

Parent involvement in Duval Schools

Others

One hard sector is JJ.

DJJ – access to teachers from JJ.

Marc – Brenda and Angela enough?

Kathy – good from actually DJJ.

Erin – legislation for suicidology prevention for schools passes through senate.

May have a need increase in training, prefer online.

Has all QPR trainers online listed.

Kathy – if passed many need more trainers.

Marc – may help with sustainability.

Legislation – getting CEO's, school district can make it mandatory for teachers.

Plans – continue recruitment would like to move forward with cohort. Hold up is to be in the

Implementing agency. She hopes for late June, pull off that soon?

Feedback better in June before school begins.

Draft a plan to recruit, have to fill an application to see if they have access to an audience. Make better matches.

Required to be in a gate keeper trainers. The new trainers are met at orientation.

Provide limited information in one day.

Train minimum of 75 people or 2 (partners do better & promote better) for 125.

Kathy – works well for people who do not like to present.

5. Case Management- Ray/Theresa

CCM to only follow QPR training referrals.

Focus more on high school (s) receiving SOS training.

Renee will send out reminders to contact CCM after trainings occur.

Ray thinks schools will be more successful /beneficial because there are protocols.

6. SOS Schools- Virginia/Kathy/Donna

Kathy – how reports are imparted when people are required to the training.

Kathy & Virginia – teachers are positive

Virginia – 13 people, 9 signed on packet. 9 head of time. Very engaged. PE teachers. PE teachers one was very involved.

Kathy – PE teachers are coaches, double role

VA – one was about 3 parents call if kids not in team they will kill themselves.

VA – 19 teachers so far trained, others days will be better, not a lot of time

Kathy – girl die by suicide in front of a coach.

Accomplishments – between the USF and other people key holders guide developed very good guide to give at high schools receiving SOS training, they weren't surprised.

First contact 2 weeks ago and scheduled QPR training.

Hope is 10 per session would be 120 trainers.

Get close to 60%.

Need numbers to move to SOS program.

Met with Guidance Department to talk about the protocol to go to the Guidance.

Talked about what they do normally – interview students,

They don't get many referrals at all.

Call parents.

Make decisions themselves or go to Rapid Response

60% is key for QPR.

VA – very (counselor guidance) receptive.

They were fine with it.

They did say, they don't have the time to the guidance, more time spent on scheduling for students.

They are on board.

Find a time to talk again with Ray.

Checklist that GC's will fill, and ask if they contact Ray.

Ray get calls from guidance.

Good news is the timing is pretty good is better now than later.

VA is meeting with full service schools director.

Good on referral piece.

SOS piece – convey savvy – health teacher – very enthusiastic

Tentative plan (60%) –

SOS Curriculum in May

block schedule

consent forms soon

confident in getting consent

YRBS in 2011

Pretest a week before SOS and then after we do the program.

Kathy – connectiveness, *students have good rapport with these two teachers*

“Dynamic Duo”

These teachers really glow, very interesting

Hope lecture lab and PE.

Kathy – kids are used to filling out surveys

Next fall?

Next School?

** Idea – get principals QPR trained to get a buy in, but had to get an hour in.

7. Social Marketing – Salter Mitchell

Applying a social marketing framework to suicide prevention

Devising a strategy: Brainstorming with others in other aims.

social what?

Ways to look at social marketing

- Persuading people to do the right thing?
- Creating behavior change?

- Improving the customer experience?
- Creating programs that influence mass behavior as a way to achieve a social goal

One easy example: Smoking

Marketing is about an exchange

got advertising?

Social marketing has to look at the environment as whole when targeting a population and promoting a behavior.

What would I owe?

When we think of a crisis as any situation in which we feel that our skills do not meet the demands of the environment, we realize that crises can be frequent visitors in most of our lives. If we do not have the resources, there is no use for resources.

Seeing suicide as a choice

A few other considerations

Not seeing that there are other solutions to their problems instead of suicide. Open up options for target populations.

* like Crisis center hotline

* MH help

* Family support

Adolescent ego-centric or “personal fable” thinking can contribute to suicide risk by

exaggerating the uniqueness and magnitude of a youth’s troubles and encouraging a perception of suicide as romantic, heroic or an idealized act of revenge.

It can be hard (especially for parents) to tell the difference between normal adolescent behavior (ups and downs and acting out) and the warning signs of suicide.

Most adolescents with suicide ideation tell a peer about it

One common approach

A Model for Understanding Suicidal Behavior

Duval County: BRFS Measures

Evidence-based interventions

Training gatekeepers, particularly pediatricians

Screening

Limiting access to lethal means

Teaching the warning signs in peers

Increasing help-seeking

Increasing problem-solving skills

Increasing a sense of connectedness- between families in the youths. Look at specifically 18-24 year olds.

Initial Strategy Idea

Who should be doing what?

Populations?

Parents- encourage them to refer? Who? Their child or their child's friends?- social issues with advertising that. What if parents get mad "not helping my child get better".

Maybe college transition and workers who aren't going to college.

Targeting Transition Periods

Build social support

Actual support v. perceived support

What creates connection? Impact of efficacy and skills?

Opportunities for new connections

Opportunities to preserve past connections?

Do urban sprawl / lack of community identity contribute to social isolation? How do we address this?

What actions?

Encourage help-seeking or socializing?

Encourage Treatment

Build family / caregiver support

Fundamentally **change perceptions of suicide as a preventable health** problem—
family/friends

Partnerships

Some possible locations:

High school graduations, working class of post HS graduates, college fairs and career fairs.

Targeting Beh – Connectiveness with people post high school

*Ideas – yearbooks , career fair, grad bashes, ad in year books, email lists of graduating seniors,
provide SM with Social networking sites, listings of suicide prevention.

Limited funds maybe an issue for targeting populations who do not go to college

Implementation- 2010/2011 school year

FL- public records

Promoting connectiveness between family members the population under transition and friends
from high school. Goal is to help reduce isolation because of transition.