



SERAC Region 3 Suicide Prevention Team Meeting Minutes

Meeting Date: October 3, 2019

Location: SERAC

Present: Karensa Mansfield, Miranda Mahoney, John Goodman, Carolyn Wilson, Allyson Nadau, Tracy LaChapelle, Tina Salcedo, Rayallen Bergman, Lisa Palazzo, Sabena Escott, Janelle Turley, Lindsay Kyle, Paige Fanolis, John Schwartz, Angela Skelley, Joe Telli, Brittany Valentine, Ann Dagle, Scott Barton, Katie Bell, Art Mongillo, Emily Belvale, Sun Mennier, Valerie Geato, Kim Davis

Staff: Michele Devine, Vickie Meyer, Peter Schultheis, Deborah Walker, Christine Miskell

AGENDA ITEM/TOPIC	SUMMARY OF DISCUSSION
Introduction to suicide prevention team meetings	The new regional meeting structure was explained and will include problem gambling, suicide prevention/postvention and advocacy with a focus on suicide prevention/postvention today. One Word, One Voice material can be acquired online at preventsuicidect.org with the table display and tablecloth available for use through SERAC.
Local Initiatives	<p>Last year there were four suicide prevention grantees in the school systems. This year other school systems are interested and hoping to gain mini-grants.</p> <ul style="list-style-type: none"> • Colchester began their program with a QPR training with staff. In the elementary grades, kids are utilizing safety plans and are learning to go to people who are identified as trusted adults. The SOS program was introduced to high school students and had open dialogue for what students were experiencing. In the community they've offered mental health fairs to help people connect to resources as well as break-out sessions with different trainings. • Lebanon recently experienced three youth suicides and one parent suicide making suicide prevention a priority. As a result QPR training was done for all staff and QPR refresher trainings to those already QPR trained. Signs of Suicide was presented to the middle school and in the PE/health classes with freshman. The school psychologist has presented the Gizmo plan to fourth graders. Last year they developed a task force from three different schools. Currently they are working to create a protocol for prevention and postvention. Partnered with AFSP to do a walk around the track. Working on a health and wellness fair for families to attend.

SERAC Region 3 Suicide Prevention Team Meeting Minutes

AGENDA ITEM/TOPIC	SUMMARY OF DISCUSSION
Data Presentation	<p>Ms. Miskell reported on data collected on mental health indicators. The data showed mental health was the number one concern in the region. Ms. Miskell presented data from surveys for 15 school districts and 17,000 youth:</p> <ul style="list-style-type: none"> • Had thoughts of hurting yourself: 20-25% • Hurt myself on purpose: 10-15% • Sexual violence: 3-5% • So sad or hopeless that stopped usual activities: 20% • Seriously considered attempting suicide: 10% • I feel lonely: 5% strongly, 20-30% agree • I feel sad most of the time: 5-7%, 20-25% agree • Share thoughts with guardians: definitely true 20-25%, mostly true 60% • Feel close to guardians: definitely true 69-50% decline, mostly true 90% • Feel loved and valued: definitely true 75-90% • DMHAS did a community readiness survey with 80% of respondents agreeing that suicide efforts are necessary.

SERAC Region 3 Suicide Prevention Team Meeting Minutes

AGENDA ITEM/TOPIC	SUMMARY OF DISCUSSION
Resources, Needs, & Gaps	<ul style="list-style-type: none"> • There is very little funding for children’s mental health and school resources. • DMHAS funds Western CT receives 21K per capita, in the SE 14K per capita, in the NE 3K per capita. • Barrier of transportation in the NE is a gap. • Through the State Opioid Response grant there is now a QPR piece attached to Narcan training. • People need to have access to materials for engagement. • The state suicide plan has a component to be data informed and data driven. The current plan for 2020 is on the preventsuicidect.org website. • There has been loss within doctors, veterinarians and funeral home directors. Are we providing support to those who are serving stressful fields of work? • Additional parent support to help with those whose children have either been lost to suicide or attempted suicide. • National alliance for mental illness and AFSP are good supports for families. • Creating linkage between hospitals and schools. The school may never know that the child has been in crisis. • Stigma creates the disconnect between mental health and community support. • Telephone recovery support to offer support with substance use disorder that may be implemented with suicide and mental health care. Follow-up calls from mobile outreach services seldom happen with children and youth. • There is no follow-up from emergency rooms. • MHFA for youth transitioning from middle school to high school. • Linkage from inpatient to the world especially with beds on the other side of the state. Getting release from parents in order to share information. • Patients released from emergency room has no real intervention. Kids who wait for days for treatment are often sent home to dysfunctional homes and schools the next day with no after care.