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Introduction

Building upon Connecticut's (CT) existing youth suicide prevention infrastructure, the Department of Mental Health and Addiction Services (DMHAS) has successfully completed the **CT Youth Suicide Prevention Initiative's** (**CYSPI**) third year of statewide efforts to implement, evaluate, and sustain statewide youth suicide prevention and early intervention programs and services in conjunction with the federal Garrett Lee Smith Memorial Act. DMHAS works collaboratively, and with great appreciation, with multiple national, state and community-based agencies, systems, schools, and individuals in order to carry out the CYSPI. Voluntary members of the CYSPI Advisory Committee, a sub-committee of the CT Youth Suicide Advisory Board managed by the Department of Children and Families (DCF), include the DCF representative and those from the Office of Child Advocate (OCA), State Department of Education (SDE), National Alliance on Mental Illness-CT, CT Behavioral Health Network, Town of Enfield Youth Services, Wheeler Clinic/CT Clearinghouse, University of Connecticut Health Center (UCHC), United Way of CT (National Suicide Prevention Lifeline provider), and private citizens/parents who are survivors of suicide. Sub-contracted state agency partners include SDE-CT Technical High School System (CTHSS), Connecticut State University System (CSU), and the UCHC-Institute for Public Health Research. Other state and national sub-contracted partners include the Saint Francis Hospital and Medical Center (Saint Francis), Quirk Middle School of Hartford Public Schools (QMS), Trumbull Public High School of Hartford Public Schools (THS), Screening for Mental Health (SMH), LivingWorks, QPR Institute, Wheeler Clinic/CT Clearinghouse (Clearinghouse), and the United Way of CT (United Way). In addition, non-contracted partners have been the Department of Public Health (DPH), DCF Emergency Mobile Psychiatric Services (EMPS), Office of Chief Medical Examiner (OCME), and the Interagency Suicide Prevention Network (ISPN) managed by DPH which developed the CT Comprehensive Suicide Prevention Plan (2005). The sincere commitment of these partners to suicide prevention and early intervention has considerably contributed to the success of the CYSPI, and the capacity to sustain most of its efforts beyond the initial funding period.

I. Demographics of Target Populations & Service Areas:

A. Suicide as a Public Health Problem in CT

In CT, suicide is the 2nd leading cause of death for ages 10-14 and the 3rd among people aged 15 to 24; however, 2nd for college students (CDC, 2004). Therefore, the CYSPI's primary target population is youth and young adults statewide from a variety of urban, suburban, and rural areas. The CYSPI encompasses six major components. Below is a description of the target populations and service areas for each component.

The 2007 Connecticut School Health Survey (Youth Risk Behavior Survey-YRBS), a survey of 9th - 12th graders administered by the State Department of Public Health and funded by the CDC, found that 15.1% (U.S =16.9%) of students seriously considered attempting suicide during the past 12 months; 13.8 % (U.S.=13.0%) of students made a plan about how they would attempt suicide during the past 12 months; and 12.1 % (U.S.=8.4%; statistically significant) of students actually attempted suicide one or more times during the past 12 months (CDC, 2007).

CT Department of Public Health published a report examining the 8,654 of self inflicted injuries identified by Emergency Department personnel between 2000 and 2004 with an average of 1, 731 each

year. Overall, Latinos had the highest rates (67.7/100,000) of self inflicted injury, whereas CT's African American (40.4/100,000) and White (39.3/100,000) populations had similar rates of self injury. The highest rates of self-inflicted injuries were among youth 15-19 years (183.8/100,000), followed by young adults 20-24 years (129.6/100,000) and the most common method of self-inflicted injury is by poisoning drugs, highest rates were among youth 15-19 years (102/100,000), followed by young adults 20-24 years (66.4/100,000). Male children ages 5-9 (3.6/100,000) were seen in the State's emergency departments for self injury more frequently than girls the same age (1.0/100,000). However, older girls and young women were seen in emergency departments at greater rates than males for ages 10-14 (82.0 vs. 26.3/100,000) for ages15-19 (243.1 vs. 127.5/100,000) and for ages 20-24 (143.3 vs.116.4/100,000). For all ages 10 to 24 the most frequently identified self inflicted injury was for poisoning and drug overdose followed by cutting (Mohamed, 2008).

According to the National College Health Assessment in the 12 months prior to the assessment 21% of college students felt hopeless, 15% felt so depressed it was difficult to function, 18% felt overwhelming anxiety, and more than 50% expressed higher than average stress. In addition, 20% had a history of being diagnosed with depression (American College Health Assoc., Fall 2008).

The United Way of CT operates the crisis hotline for the State of CT that is part of the national Suicide Prevention Lifeline crisis response network, 2-1-1. There was a notable increase in the calls to the suicide prevention hotline for ages 10-17 and for ages 18-24 between 2006 and 2007. The numbers remained relatively stable between 2007 and 2008 (United Way of CT, 2009).

In 2008, the CT Chief Medical Examiner's Office reported a total of 300 deaths by suicide, six of them being youth age 10-14, 15 of teens age 15 and 19, and 16 of young adults age 20-24 (OCME, 2009). According to the CT Office of the Child Advocate, 67 youth suicides in 46 towns of 10-17 year-olds occurred between January 1, 2001 and December 31, 2008, with some towns having experienced multiple suicides. Males made up the majority of the deaths and hanging was the most common method, and in 2008 it was the only method (CT OCA, 2009).

B. **CYSPI Target Population Data**

1. **High School Component:** The *Signs of Suicide (SOS) High School Program* serves 9th grade youth, with special focus on the CT Technical High School System (CTHSS) of 17 schools (Grasso Southeastern, Platt, Bullard-Havens, Henry Abbott, H.H. Ellis, Eli Whitney, A.I. Prince, Howell Cheney, H.C. Wilcox, Vinal, E.C. Goodwin, Norwich, J.M. Wright, Oliver Wolcott, W.F. Kaynor, Windham, and Emmett O'Brien Technical High School), the Trumbull High School and Trumbull Agriscience and Biotechnology Center. A total of 9,971 students were enrolled in the CTHSS 2007-2008 representing all 169 towns in Connecticut; 57.9% White, 0.6% American Indian, 0.8% Asian American, 14.8% African American, and 25.8% Latino; 32% of students are eligible for Free/Reduced-Price Meals; and 8.6% of students come from homes where English is not the primary language. As of October 1, 2007, 9th grade enrollment was reported to be 2,800 of 10,588 (26%) students. A total of 2,094 students were enrolled in Trumbull High School 2007-2008; 85.6% White, 0.0% American Indian, 4.1% Asian American, 4.8% African American, and 5.4 % Latino; 4% of students are eligible for Free/Reduced-Price Meals; and 3.1% of students come from homes where English is not the primary language. The number of non-English home languages is 27 (CT SDE, 2009).

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2. **College Component:** The College Program (*CollegeResponse and QPR*) serves young adults age 18-24 attending the Connecticut State University System The Connecticut State University System (CSU) is the largest public university system in Connecticut and consists of four comprehensive universities (Central, Eastern, Southern, and Western CT State University). The universities offer high-quality graduate and undergraduate programs in more than 160 subject areas and provide extensive opportunities for internships, community service and cultural engagement. Students from all 169 Connecticut towns, all 50 states, and 82 foreign nations attend CSUS universities. Ninety-three (93%) percent are Connecticut residents. There were 28,503 undergraduate and 7,292 graduate students enrolled in fall 2006; 58% female, 42% male, and 17% of color. In order, the most popular undergraduate programs are: Education, Psychology, Business Administration, Communication, Accounting, and English; and the most popular graduate programs are: Education, Library Science, English, Business Administration, and Social Work (CSU System, 2009).

   - **Eastern** (ECSU) is a coeducational, residential University founded in 1889 located in Willimantic, Connecticut. Fall 2006 Enrollment was 5,239, total number of new full-time students enrolled was1,301 and 89% of freshmen live on campus. In 2006, students of color accounted for 15% of all undergraduates, and 81% of full-time undergraduates received financial aid in 2005-2006 (ECSU, 2009).

   - **Central** (CCSU) is a regional, comprehensive public university located in New Britain, CT. Founded in 1849 as the New Britain Normal School, a teacher-training facility, CCSU is Connecticut's oldest publicly supported institution of higher education. It became the Teachers College of Connecticut in 1933, and after a period of extensive institutional growth it became the Central Connecticut State College in 1959. The largest of the four universities within the Connecticut State University System, CCSU enrolls nearly 7,000 full-time and more than 5,000 part-time students. Of these, 9,600 attend as undergraduates, and 2,730 as graduates. Female students account for 53 % of the student population; males, 47 %. CCSU's student population is diverse with more than 15 % of students of traditional minority heritage; African American 7 %, Latino 5 %, and Asians 3 %. In 2006, 7,535 men and women applied for admission to CCSU (CCSU, 2009).

   - **Southern** (SCSU) was founded as a teachers college in 1893 and has evolved into a comprehensive university with more than 12,000 students located less than three miles from downtown New Haven, CT. There are 7,114 full-time undergraduate students and 910 full-time graduate students with a 1:1.8 ratio of male to female students, and 2,700 students live on campus. Fall 2008 enrollment included Caucasian 70.2%, African American 11%, Latino 5.9%, Asian 2.1%, Non-Resident Alien 0.9%, and Unknown 9.7% (SCSU, 2009).

   - **Western** (WestConn) has two campuses in Danbury, CT: a main campus in downtown Danbury called Midtown, and a second campus, about three miles from the main campus, called Westside. The majority of students attending WestConn are from CT (90.6%) and 9.4% are from out of state. In fall 2006 there were a total of 6,086 students enrolled, 4,208 full-time students, 1,878 part-time with 4,131 full-time undergraduate and 77 full-time graduate students. Fall 2006 undergraduate admissions were 2,825, including 644 transfers, with 1,262 of them enrolled as new full-time students, including 407 transfers. Women

comprised 49.5% of the entering class (423 of 855), and minority students represented 14.7% of the entering class (123 of 839) (West Conn, 2009).

3. **Pilot Program:** The *Assessing Depression and Preventing Suicide in Adolescents (ADAPSA) Program* serves middle-school-aged youth (11-14+) attending the Hartford-based St. Francis Hospital and Medical Center (St. Francis) Adolescent and Young Health Program and Quirk Middle School and Hartford High School School-Based Health Centers for mental health services. As of 2006, Hartford's population estimate was 124,512 residents (US Census Bureau, 2006). According to the 2000 Census: 30.1% are youth under 18 years old (8.2% 10-14, 8.5% 15-19) and 8.8% 20-24 years-old, 52.2% female, 27.7% White, 38.1% African American, 40.5% Latinos, 0.5% American Indian, and 1.6% Asian American; 53.5% spoke English at home, and 46.5% spoke another language and English less than "very well." This urban center is stressed by significant social problems, having among the highest national rates for poverty, crime, violence, school dropout, teen pregnancy, and drug arrest. The median family income was $27,051, 35.8% of families with youth under 18 were in poverty, and 46% of these were female led with no husband present (U.S. Census Bureau, 2000).

   In 2008, St. Francis had 1,269 patients with 3,053 visits (39.4%=1 visit and 25.6%=2 visits): 57.9% female, 47.4% African American, 44.4% Latino, 4.2% White, 1.3% Asian American, and 1.4% other. The Program provides comprehensive healthcare and counseling services to youth/young adults 13-21 years old, but 77.9% of youth are 17 and under and require parental consent (St. Francis, 2009).

   Hartford Public School's Quirk Middle School (Quirk) had a total of 575 seventh- and eighth-graders enrolled in 2007-2008. The school is predominantly made up of Latino students (78.1%), followed by African American (19.5%), White (1.2%), Asian American (0.9%), and American Indian (0.3%). The majority of students are eligible for free/reduced-price meals (>95%), 82.5% of students above the entry grade attended Quirk the previous year, and 73% of K-12 students speak a non-English home language (CT SDE, 2009).

4. **Statewide Campaign:** The *Statewide Youth Suicide Prevention Education and Awareness Campaign* is a mini-grant program that had its first release in September 2007 and second in March 2008 and serves communities statewide through the use of a youth driven, positive community youth development approach. Approved strategies include establishment of an Active Minds chapter, participation in Yellow Ribbon Campaign activities and development of an innovative local approach based on community interest, needs and input. Grantees are represent a variety of youth and young adult serving agencies, organizations and schools with pre-existing youth groups or prior experience with youth. Examples include: middle and high schools, colleges, universities, Youth Services Bureaus, faith-based youth groups, school-based health centers, and community-based prevention groups.

5. **Training Component:** The *Applied Suicide Intervention Skills Trainings (ASIST)* is open to all State of Connecticut Department of Children and Family (DCF) personnel, juvenile justice personnel, foster parents, and school nurses across the state. The trainings will be open to other people as space/funds permit. United Way of Connecticut/211 - the statewide telephone information and referral resource provider - is coordinating this series of trainings appropriate for both gatekeepers and lay people/general audiences.

The *Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals* trainings serve clinical staff (masters/PhD clinicians) of the 17 CT Technical High Schools and Trumbull High School (counselors, social workers and psychologists), DCF Emergency Mobile Psychiatric Services clinicians, CSUS Counseling Services staff, DMHAS Crisis Responders who work with the CSUS system, and the clinicians funded through the CYSPI in the ADAPSA Program. The trainings will be open to other mental health clinicians as space/funds permit. According to the Department of Public Health Licensing Bureau there are a total of 9,512 mental health clinicians (social workers, psychologists, marriage and family therapists, and licensed professional counselors) licensed in CT; however, some may not reside or actively practice in the state (CT DPH, 2009). Connecticut Clearinghouse - the state's comprehensive warehouse for information, resources and technical assistance on substance abuse prevention, mental health promotion, and treatment - is facilitating this series of clinical training workshops.

II. Description of Activities, Progress and Notable Accomplishments and Challenges:

The overall purpose of the CYSPI is to develop and implement comprehensive, evidence-based youth suicide prevention and early intervention strategies, involving public/private collaboration among youth-serving agencies, schools, higher educational institutions, and juvenile justice, foster care, and behavioral health systems.

A. **Goal 1:** Develop and implement youth suicide prevention/early intervention strategies targeting schools, higher educational institutions, juvenile justice, foster care, and behavioral health systems.

Objective 1: Through the CT Youth Suicide Advisory Board (YSAB), engage additional key stakeholders, including state agency representatives, school/university personnel, youth, parents, community providers, in the development of a youth suicide prevention/early intervention strategy targeting school, university, juvenile justice, and foster care youth.

The YSAB developed a Sub-Committee at the onset of the grant charged with the oversight of the CYSPI known as the CYSPI Advisory Sub-Committee. This twelve-member board met monthly until August 2007 and then reduced meetings to bi-monthly. This group provides ongoing strategic and operational advice on all aspects of the CYSPI grant's goals and objectives. Member agencies include: CT Behavioral Health Partnership, National Alliance on Mental Illness-CT, Wheeler Clinic CT Clearinghouse, DCF, State Department of Education (SDE), Office of the Child Advocate, United Way of CT, Town of Enfield Youth Services, and the University of CT Health Center.

CYSPI Advisory Sub-Committee Meeting dates during this reporting period include: June 17, August 19, October 16 (update provided via e-mail, no meeting), December 16, 2008; and February 17 and April 28, 2009. Meetings were held from 9:00 to 10:30/11:00 AM at the United Way of CT in Rocky Hill, which is located in the center of the state. An average of 6 people attended meetings regularly; competing schedules and budget restrictions made it difficult for all members to participate consistently. We have explored the option of using a Bridge-line for people to call in to meetings, but most prefer to attend in person when possible. Meeting minutes and group e-mails have allowed members to remain active in project activities and discussion of youth suicide prevention efforts and needs. All meeting minutes are available on the CYSPI home

page: http://www.ct.gov/dmhas/cyspi (CT DMHAS, 2009).

Objective 2: Address unmet needs, gaps, and other social, cultural, and developmental barriers in the delivery of youth suicide prevention strategies across the State of CT with the support and guidance of the CT Youth Suicide Advisory Board and the CT Comprehensive Suicide Plan (Interagency Suicide Prevention Network, 2005).

The CYSPI Youth Suicide Prevention Education and Awareness Campaign was initiated on September 6, 2007 and works to build the capacity of CT communities to promote the mental health and wellness of youth through the use of a youth driven, positive community youth development approach that embraces youths' desire to create change in their surrounding environments by developing partnerships between youth-related organizations/schools and community development agencies to create new opportunities for youth to serve their communities while developing their personal abilities. Two cohorts of grantees, seven in each, have been awarded to specifically develop or support the Yellow Ribbon International Suicide Prevention Program, Active Minds on Campus, and/or an evidence-based Design Your Own approach. A total of over 3,000 people of all ages have participated in CYSPI funded activities through this initiative. Populations involved included youth, parents, schools, colleges, universities, community members, community-based and youth organizations, hospitals, fraternal organizations/lodges, town departments, politicians, and mental health clinicians.

DMHAS contracted with Wheeler Clinic's CT Clearinghouse, Plainville, CT, which is the statewide resource center for information about mental health, substance use disorders, health promotion, recovery and wellness. This contract provides funding to the CT Clearinghouse to administer, fund and facilitate the campaign through a mini-grant program targeted at preexisting youth and young adult groups in a variety of school and community-based settings. DCF contributes an additional $12,500 annually to the Campaign, which increased the funding and number of mini-grants considerably from what the CYSPI could support alone. The Campaign cost a total of $42,000 over the two years.

The first cohort of grantees included: Amity High School in Woodbridge, Community Prevention and Addiction Services in Willimantic, Connecticut College in New London, Frank Ward Strong Middle School in Durham, Community Health Resources/Greater Enfield Alliance for Kids and Families in Enfield, Integrated Wellness Group Inc. in New Haven, and Nu Epsilon Omega Sorority of Sacred Heart University in Bridgeport. Contracts of $2,000 each were funded July 1, 2007 to May, 31, 2008 with their reports due July 31, 2008; therefore, their results were not included in the last Annual Report. Two grantees implemented Yellow Ribbon, two grantees implemented an Active Minds on Campus Chapter, and four grantees implemented a "Design Your Own" approach.

The second cohort of seven grantees was funded with awards of $4,000 each. Awards were announced on May 28, 2008 and contract periods were July 1, 2008 to May 31, 2009. Grantees were: the City of Bristol Youth Services, Families United for Children's Mental Health, Greater Enfield Alliance for Kids and Families, Norwich Free Academy, United Services, Inc., Connecticut College-Student Counseling Services, and University of New Haven. Connecticut College was the only repeat applicant/grantee. Four grantees implemented the Yellow Ribbon, two grantees implemented and/or expanded Active Minds on Campus Chapters, and two grantees

implemented a "Design Your Own" approach. The CT Clearinghouse held a grantee orientation meeting on September 9, 2008 as part of National Suicide Prevention Week. Allison Case, CYSPI Project Coordinator provided a CYSPI Overview, and CT Clearinghouse staff reviewed reporting and data collection requirements.

Grantee activities included the establishment of Yellow Ribbon, Active Minds and other awareness groups, and hosting education and awareness programs at which an activity took place and information on a suicide prevention-related topic was disseminated. Examples of these activities include: SOS Middle School and High School Program, forums and breakfasts with local and state politicians, walks, vigils, health fairs, basketball tournaments, rock concerts, ice cream socials, speaker presentations from the American Foundation for Suicide Prevention and Active Minds, screening days, fundraisers, a Youth Summit, and parent education programs. Topics addressed were suicide, warning signs, stress management and reduction, mental health promotion, coping strategies, teen suicide and sexual orientation, eating disorders, and alcohol use. Use of media included press releases, video and DVD development and dissemination to youth and schools, Facebook page development and utilization, and National Public Radio coverage. A sample of press coverage regarding a luncheon with a State Legislator is located at this link: http://www.norwichbulletin.com/homepage/x1362388529/Teens-turn-grief-into-mission-launching-suicide-awareness-campaign?view=print (Groves, February 27, 2009). Materials developed and disseminated included various paper flyers, brochures, handbooks, help cards, a logo, the CT Youth Suicide Advisory Board Information and Education Packet, and a DVD. Samples of the materials developed are being collected and will be included in the Final Report.

In addition, one grantee utilized the Yellow Ribbon Curriculum pre-/post-surveys with the 13-15 year-old Peer Leaders and Peer Mentors involved in their mini-grant. Findings are as follows:

- 78% increased their understanding of factors that put youth at risk of suicide, while 22% stayed the same.
- 78% strongly agree, and 22% agreed with the statement, "If a friend or fellow student came to me because she/he was depressed or having suicidal thoughts, I would know who to go to for help.
- 89% strongly agreed and 11% agreed with the statement, "I know what resources are available to me if I am feeling depresses or having suicidal thoughts.
- 67% strongly agreed, and 33% agreed with the statement, "I think that the Yellow Ribbon program makes it easier for youth to ask for help if they are depressed or having suicidal thoughts.
- 100% would recommend the Yellow Ribbon program presentation to others.

In the end, some grantees required more technical assistance than others due to various circumstances and one requested a no-cost extension in order to complete some of their goals. The no-cost extension was granted by the CT Clearinghouse and the contract was extended through September 2009.

Finally, the Project Director continues to develop and update the CYSPI web pages on the DMHAS web-site: http://www.ct.gov/dmhas/cyspi. The home page links to many other pages including: Background; Goals; Advisory Boards and meeting minutes; Program Description; Evaluation; Technical Assistance; CYSPI Project Overview; CYSPI Frequently Asked Questions;

Suicide Prevention Resources; Statistics; Risk and Protective Factors; Suicide Fact Sheet; Best Practices Registry for Suicide Prevention; National Strategy for Suicide Prevention; and American Association of Suicidology Information & Media Kit (DMHAS, 2009).

B. **Goal 2**: To implement selected youth suicide prevention/early intervention strategies.

Objective 1: By the end of the project period, statewide Screening for Mental Health, Inc. SOS (Signs of Suicide) education, consultation, and technical assistance will be conducted for the CT Technical High School System (CTHSS) of 16 high schools high schools and Trumbull High School/Regional Agriscience and Biotechnology Program (THS) (Planning in Year 1; 17 schools statewide receive services in Year 2 and Year 3). An estimated 2,100 9th-grade high school students will be served.

Over the past two academic years DMHAS has been working with CTHSS via SDE to implement the SOS curriculum in ninth-grade classrooms in each of the CTHSS schools (Grasso Southeastern, Platt, Bullard-Havens, Henry Abbott, H.H. Ellis, Eli Whitney, A.I. Prince, Howell Cheney, H.C. Wilcox, Vinal, E.C. Goodwin, Norwich, J.M. Wright, Oliver Wolcott, W.F. Kaynor, Windham, and Emmett O'Brien Technical High School); as well as with the Town of Trumbull/Trumbull Public Schools to implement the SOS in the THS. In addition, parents/guardians, family members, caregivers, schools, communities at large and the agencies, organizations and institutions within these communities across the state have been informed of efforts.

The CTHSS schools and THS delivered the SOS High School Program for the second time during the 2008-2009 academic year. Initially, it was estimated that 2,100 9th-grade students would be served, but the Garrett Lee Smith Memorial Act restrictions requiring active parental consent for services and evaluation made it extremely difficult to serve this number of youth. However, a total of 1,582 (577 year one and 1,005 year two, 75% of 2,100) 9th-grade students were consented to participate in the program and evaluation. The end result, due to some attrition, was a total of 1,124 9th-grade students (465 year one and 659 year two) ultimately participated in the SOS Program and completed the pre- and post-tests.

All but two of the 17 schools reported that at least one student came to the attention of the school mental health staff as a result of the SOS Program through either self or peer referral; average 3 students per school, range per school 0-18. The two that did not have a student come forward presented the program later in the school year which may account for the lack of student response although other schools that delivered the SOS Program in May and June did have at least one student come to the attention of staff as a result of the SOS Program.

The original CTHSS Education Consultant, Bill Turek, who championed this effort and worked with us to bring the SOS Program into the CTHSS schools retired December 31, 2007. This significantly impacted the Program, our communication with the school staff, and our process data collection efforts as it took the CTHSS Administration a few months to identify who would take over the monitoring of staff related to this Program (i.e. all of the clinicians in the schools). When Darleen Foley, Special Education Consultant, was designated to take over this responsibility, she was willing to help, but already had a more than full-time job monitoring the Special Education staff across the system. The clinical staff at the schools were familiar with

Darleen, but were not as responsive to her as they were originally to Bill. Darleen had to expend considerable effort in order to get the staff to respond at times. As a result we are still waiting for some of the process data.

Despite these challenges, responses to the SOS Program have been very positive at the CTHSS schools and THS, and at this time there is no discussion of removing the program as an option from their suicide prevention strategies, but the CTHSS Administration is leaving it up to the individual schools to determine whether they wish to continue with the SOS Program or not. However, due to the State offering an early retirement package at the end of the 2008-2009 state fiscal year in an effort to save money, the Superintendent herself, as well as many other CTHSS staff retired causing disruption and uncertainty across the system. As a result, only six schools (5 CTHSS and THS) at this time have stated for certain that they will continue with the SOS Program beyond the grant period, which for them was after June 2009. As positions settle through this next academic year we will attempt to reassess whether the six schools have in fact continued with the Program and whether any additional schools were able to as well.

In addition to the SOS classroom-based curriculum, the CYSPI continues to work with the DCF-managed, statewide Emergency Mobile Psychiatric Service (EMPS) System to strengthen the relationship between the EMPS System and the SDE at the systems level to increase collaboration among EMPS providers and the High Schools in the CYSPI in the delivery of in-school mental health education programs and mental health services, and to ensure that suicidal and at-risk youth receive timely and effective crisis intervention, screening, and appropriate medical treatment and/or referral to therapeutic counseling. EMPS responds to schools when students have been identified as needing more advanced mental health services than may be provided in the school environment. The EMPS Director, Tim Marshall, continues to be committed to working with the CYSPI and to utilize this opportunity as a pilot for relationships with public schools outside of the CYSPI. The CTHSS and Trumbull High School CYPSI Liaisons have been encouraged to inform their local EMPS when pre and post-tests and SOS implementation are occurring and in the days following delivery and discussion of the curriculum. EMPS staff have been encouraged to be available to the schools via consultation and in person for additional support during these periods. Since 2007 Tim has also been considering the adoption of the SOS Program among the EMPS providers as they are often approached by youth service agencies and schools to provide suicide prevention education. Due to a reprocurement of EMPS providers this effort has been temporarily postponed, but will be revisited in the future.

Objective 2: By the end of the project period, campus-wide depression screening via Screening for Mental Health, Inc. *National Depression Screening Day* and year-round on-line screening will be conducted for the CT State University System of four universities (Planning in Year 1, four colleges in Year 2 and 3) across four (4) of the five (5) behavioral health regions of the state, training a minimum 360 college students;
Objective 3: By the end of the project period, statewide Screening for Mental Health, Inc. *SOS (Signs of Suicide)* training, consultation, and technical assistance will be conducted for the CT State University System of four universities (Planning in Year 1, two colleges in Year 2, and all four colleges in Year 3) across four (4) of the five (5) behavioral health regions of the state, serving 600 new college students; and
Objective 4: By the end of the project period, campus-wide *QPR (Question, Persuade, and Refer) Gatekeeper Training* will be conducted for the CT State University System of four

universities (Planning in Year 1, four colleges in Year 2 and 3) across four (4) of the five (5) behavioral health regions of the state, training a minimum 200 college staff.

The CT State University System (CSU) consists of four universities Central CSU (CCSU), Eastern CSU (SCSU), Southern CSU (SCSU), and Western CSU (West Conn) located across the state. All are 4-year schools. The CSUs continue to work with DMHAS to develop a quality, sustainable infrastructure and expertise in the implementation of an innovative program and practice utilizing the SMH College*Response* Model which is a combination of the college level SOS, National Depression Screening Day (NDSD), and web-based depression screening; and the QPR (Question, Persuade, Refer) Institute's QPR Gatekeeper Model.

All four schools participated in NDSD on October 9, 2008 and utilized the web-based screening services linked to their own Counseling Center web pages. The web-based screening tool package that is part of the College*Response* Kit includes four separate screenings for Depression, Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD) and Bipolar Disorder (BPD). Students may take any or all of the screenings as many times as they wish. On NDSD three schools had screening locations on campus and one advertised and encouraged the use of the web-based depression screening method exclusively for the event. Overall a total of 861 (172 in-person and 689 web-based) screenings for depression took place in the most recent academic year. The percentage of students who screened positive for depression varies depending on the site and the screening method, but in general students who performed the web-based screening were positive more often than those who received the in-person screening. This may be the result of the in-person screenings being targeted at a universal population, whereas the web-based screening attracted a selective and indicated population. In addition, 412 Anxiety, 122 PTSD and 281 BPD web-based screenings took place during the 2008-2009 academic year; including the 689 Depression screenings brings the total screenings to 1,504. The majority of students reported the screenings were helpful and that they would seek help on campus vs. off campus as needed.

During the 2008-2009 academic year, staff changes at one of the universities impacted some of the grant-funded programs, services and data reporting. The ECSU Acting Director, who was present since the beginning of the Initiative in 2006, was replaced due to union contract limitations by a second Acting Director in October 2008. ECSU then proceeded to actively recruit a permanent Director who was hired in late winter 2009 and started in mid-April. As a result, the data reported is not accurate for this site and must be cleaned during the no-cost extension period, and it is believed that the numbers of clients and visits to the Counseling Center for this site are underrepresented.

With this said, the data collected reflects 3,574 clients and 8,067 visits to the four CSU counseling centers. This is aggregate data collected on a monthly basis for single and group clients, clients are counted once a month, but there is some overlap of client counts month to month. There are more visits in the spring, but more clients in the fall. Forty-seven percent (47%) of students self-referred and of those clients who disclosed their reason for seeking assistance the most frequently endorsed reasons were depression, anxiety, and relationships. In addition, 144 clients endorsed suicide ideation as their presenting problem, and 1,179 suicide assessments were performed over the course of the academic year. Although the DMHAS contracts with the CSUs stipulate that they "recognize and rely on the UCHC as the "Institution Providing IRB Review" via the Institutional Review Board (*IRB) Authorization Agreement,"* we have experienced some

challenges with West Conn as they decided it was necessary to acquire their own IRB approval for evaluation activities that have already been approved of by the UCHC IRB and that actually do not require IRB approval as they involve de-identified aggregate data. Therefore, although the client, visit, and presenting problem data is complete for West Conn, the suicide assessment counts are lower than their actual numbers as consent from the student was necessary to report the count data. It is estimated that there are probably a minimum of 200 suicide assessments not counted during the 2008-2009 academic year at West Conn; therefore, the total suicide assessments for the CSU system is most likely closer to 1,400 than the 1,179 reported above.

All four Universities provided QPR training to college faculty and staff, with the dominant population being Residence Assistants. All four of the University Counseling Centers have a minimum of two certified QPR Instructors. QPR Instructors must be recertified every three years, so those at SCSU and West Conn have recently submitted materials for recertification. In addition, the new ECSU Director is planning to become a QPR Instructor by December 2009. All met their training goals, and 3 surpassed them training a total of 335 people 2007-2009. As the Training Exit Survey (TES) and Suicide Prevention Data Center were used to collect data on the QPR trainings we have training data that is combined with other trainings performed throughout the CYSPI (i.e. ASIST and AMSR). The aggregate findings indicate that participants reported overall satisfaction with their training experiences, trainers' knowledge, and the sites. Eighty-one percent (81%) reported they attended to increase their general awareness and knowledge of suicide for themselves and others and 69% reported they attended to identify youth who might be at risk for suicide. The highest area of impact was scored 3.4 of 4 and was "I will use a lot of what I learned from this training." Other areas of high impact were: increased knowledge, helped people feel more prepared to offer help, and is pertinent to their work. All four of the Universities intend to continue utilizing QPR beyond the grant period. In addition, if we are funded in the next round of GLS grants, two Counseling Center Directors have committed to become QPR Master Trainers and will provide QPR Instructor Training as part of the new grant.

The SOS College Program was provided to new incoming students by three of the four schools in 2008-2009. Due to the changes in Administration at ECSU, they did not perform SOS. A total of 14 SOS Programs were held in First Year Experience Classes and Residence Halls at the three other schools to a total of 378 students, which accounts for 63% of the overall goal of 600. Only one school met and exceeded its contracted goal, so the other three will be holding more SOS Programs during their no-cost extensions in 2008-2009 in order to meet their goals to reach the additional students. Satisfaction surveys were collected at the end of the programs and overall students reported being satisfied or very satisfied with the Program, materials, and role plays especially, but suggested that the video be updated. This information was shared with the Screening for Mental Health, but at the same time we learned that the SOS College Program has been discontinued and will be replaced be a peer to peer model in development.

Additional CSU activities and accomplishments include:

- CSU clinicians participated in AMSR Training;
- West Conn Clinician participated in the AMSR Training of Trainers as well as the College Addendum Training;
- Increased collaboration with local hospitals and mental health providers;
- Student behavior review teams to proactively respond to critical student issues;
- Participation in university threat assessment teams;

- Use of MentalHealthEdu online training for faculty in staff addressing identification and response to students in psychological distress;
- Group counseling for men, women, GLBT, and African-American students;
- Establishment of the Titanium Schedule software system at ECSU (now at 3 of 4 schools), which streamlines counseling center management and assists with data collection;
- Discussions to re-establish campus-wide multidisciplinary healthy student initiatives;
- Establishment of Active Minds on Campus at SCSU and development of NAMI on Campus student organizations at CCSU and ECSU; and
- Development of guides for faculty and staff to assist with identifying students in distress based on the University of Maryland's guide "Helping Students in Distress." The guides provide important referral information and resources unique to each University. Two Universities are still developing theirs and two are completed. SCSU's is available to view at: http://www.southernct.edu/studentlife/uploads/textWidget/wysiwyg/documents/StudentsDistressWebR1.pdf

CCSU, ECSU, SCSU Counseling Center Directors and the West Conn Counseling Center Liaison all attended quarterly meetings with the CYSPI Project Director and/or Coordinator and UCHC Evaluator in order to discuss progress and challenges and exchange ideas and resources. During this reporting period, meetings were conducted on August 8 and December 5, 2008 and March 6, 2008. There were reports of three unconfirmed completed suicides among CSU students during this reporting period. All three were upper-classmen; none were clients of the Counseling Centers although some were known by them, and all occurred spring 2009.

Objective 5: By the end of the three-year project period, approximately 500 foster care and adoptive parents, schools nurses, parent-teacher organizations (PTOs), youth service bureaus, and child welfare/juvenile justice personnel will be engaged in a training program in recognizing the signs and symptoms of suicidality and depression in youth. In addition, CTHSS school counselors and statewide DCF-Emergency Mobile Psychiatric Service (EMPS) staff will be trained on assessing and managing suicide risk.

The CYSPI contracted with the United Way of CT (UW) to provide eight two-day LivingWorks' *Applied Suicide Intervention Skills Training* (*ASIST) Gatekeeper* trainings and one advanced, five-day *ASIST Training For Trainers (T4T)* in coordination with LivingWorks to foster and adoptive parents, school nurses, juvenile justice personnel, and other community stakeholders.

During this reporting period, UW held three *ASIST* trainings targeting DCF staff, juvenile justice personnel, foster parents and school nurses. UW continued to publicize *ASIST Gatekeeper* training dates and recruit appropriate workshop participants through the DCF Training Academy, CT School Nurses Association, and the Court Support Services Division, but it was considerably difficult for people to commit to the two day training held at the United Way and it was common for people to register and then not attend. Trainings occurred: October 14-15 and December 9-10, 2008 and February 10-11, 2009, and 27 caregivers participated, bringing the total overall trained to 144. TES forms were used to assess each training. As mentioned during the discussion of QPR, ASIST training data is combined with other trainings performed throughout the CYSPI (i.e. QPR and AMSR). The aggregate findings indicate that participants reported overall satisfaction with

their training experiences, trainers' knowledge, and the sites. Eighty-one percent (81%) reported they attended to increase their general awareness and knowledge of suicide for themselves and others and 69% reported they attended to identify youth who might be at risk for suicide. The highest area of impact was scored 3.4 of 4 and was "I will use a lot of what I learned from this training." Other areas of high impact were: increased knowledge, helped people feel more prepared to offer help, and is pertinent to their work.

UW made arrangements with LivingWorks and hosted the five-day *ASIST Training for Trainers (T4T)* April 13-17, 2009 in Rocky Hill, CT. Fifteen people attended the training; eight key professionals from CT and seven Chaplains from the US Army. The key professionals from CT are:

- Two consultants who specialize in suicide prevention education and work with the CT Problem Gambling Program;
- Two staff from Wheeler Clinic, one who is the Associate Director of Prevention, Wellness and Recover and the other who is a Program Coordinator;
- Two staff from the Department of Children and Families, one from the DCF Training Academy and the other from High Meadows, a residential treatment facility for male adolescents age 12-20 with significant emotional and behavioral problems; and
- Two from the CT Juvenile Training School, the state's only secure treatment facility for boys ages 12-17 who are committed delinquent.

Graduates of the *T4T* are required to offer three practice trainings each within the 12 months following the *T4T* in order to become certified. The *ASIST T4T* will dramatically increase the amount of suicide prevention gatekeeper training opportunities available statewide and bring the training to sites in need of such training making it more convenient for people to participate. Also, if we are funded in the next round of GLS grants, the two new Instructors from Wheeler Clinic (pending certification) and the two seasoned Instructors from the United Way will provide ASIST Training and safeTalk training as part of the new grant. To assist the new trainers with their practice trainings, Wheeler Clinic will use some of their grant dollars to provide the workbooks given to training participants.

Wheeler Clinic was contracted to manage and facilitate the *Assessing and Managing Suicidal Risk (AMSR): Core Competencies for Mental Health Professionals* trainings, which target the CTHSS, Trumbull, CSU, St. Francis Hospital and Medical Center Adolescent Clinic, Quirk Middle School School-Based Health Center, and EMPS clinical staff. Wheeler held two trainings this grant period, October 14, 2008 and January 21, 2009 at which Dr. Barry Feldman, Licensed Clinical Social Worker and Assistant Director and Clinical Director for On-Site Academy in Gardner, MA was the trainer. Trainings have been planned based on the SOS High School implementation Cohort schedule. Therefore, Cohort 2A and related EMPS staff were the primary target group for the October training and Cohort 2B and related EMPS staff were the primary target group for the January training. Thirty-nine clinicians attended (48 registered) the October 2008 training and 50 attended (56 registered) in January 2009 for a total of 89 AMSR graduates this grant period and 158 overall. This training will prepare them to better assist and assess students, appropriately refer them, and have a common language making it easier to communicate across sites. TES forms were used at the January training, but were forgotten in October. As mentioned during the discussion of QPR and ASIST, AMSR training data is combined with these other trainings performed throughout the CYSPI. The aggregate findings indicate that participants

reported overall satisfaction with their training experiences, trainers' knowledge, and the sites. Eighty-one percent (81%) reported they attended to increase their general awareness and knowledge of suicide for themselves and others and 69% reported they attended to identify youth who might be at risk for suicide. The highest area of impact was scored 3.4 of 4 and was "I will use a lot of what I learned from this training." Other areas of high impact were: increased knowledge, helped people feel more prepared to offer help, and is pertinent to their work.

Additionally, Wheeler obtained funding via Connecticut's Mental Health Transformation (MHT) Strategic Incentive Grant July 1, 2008 to provide a Core AMSR Training of Trainers (TOT) October 29-31, 2008. The Clearinghouse worked closely with the SPRC Training Institute to coordinate all aspects of the TOT conducted by Dr. Anthony Pisani, Assistant Professor in Psychiatry and Pediatrics at the University of Rochester Medical Center and Rochester General Hospital. Nineteen clinicians applied, but only nine (47%) made the cut and attended the TOT, five from CT and four from other states/countries. They must complete one practice TOT within the year following the training in order to become certified.

The MHT-funded AMSR TOT helped Wheeler prepare for the CYSPI-funded Core and College AMSR TOT which was held April 20-22, 2009. Fortunate for the CYPSI, we benefited from certain lessons learned while implementing the AMSR TOT for the MHT. The primary lesson pertained to the application and scoring process. It concerned the staff at Wheeler that so many clinicians who applied for the TOT believed that they met the eligibility criteria and were then denied into the training. Wheeler had used the standard SPRC application template, cover letter and scoring sheet, and allowed the SPRC solely to review the applications. Later it was discovered that they could have tailored the materials to some extent to better suit the local need and perform a preliminary review and scoring process which would allow time to request additional information or clarification from applicants as needed in order to strengthen their applications and increase the likelihood that they would be accepted by SPRC.

Therefore, when it came time to plan for the CYSPI-funded AMSR TOT the Wheeler staff and the CYSPI Project Director worked very closely with the SPRC Training Institute staff, Xan Young and Megan Mathis, in order to plan the training, prepare the application form, cover letter and scoring sheet, review and score applications, and respond to applicants. The CYSPI Project Director strategically advertised the training and invited certain clinicians to apply who would most likely be interested and eligible. A total of thirty-two applications were received. Applications were first reviewed and scored in CT by certified AMSR Trainer Kim Nelson, Wheeler Clinic, Director of Child and Adolescent Services, Andrea Duarte, DMHAS, CYSPI Project Director, and Amy James, UCHC, CYSPI Evaluation Coordinator. Twenty-seven applicants passed the preliminary CT review and were sent on to SPRC to be reviewed and scored by David Litts, SPRC, Associate Director of Prevention Practice. Only two applicants were denied by SPRC that had passed the CT review and both only by 1 or 2 points. This new process proved to be more effective than utilizing the standard SPRC materials and single site review.

The training was provided by one of the curriculum developers, Dr. Cheryl King, Licensed Clinical Psychologist and Chief Psychologist in the Department of Psychiatry at the University of Michigan Medical School. Twenty-five clinicians of the 32 applicants (78%) were accepted into the training and 23 attended the TOT, 19 from CT, two from CA, one from MA, and one from WY. All 23 graduated from the Core AMSR and two from the College Addendum, both in CT.

CT graduates include psychiatrists, social workers, and psychologists who work in a variety of settings with various populations: private practice, state mental hospital, community-based mental health agencies, youth service bureaus, veterans administration hospital, college counseling center, substance abuse treatment facility, young adult programs for those with mental illness and substance abuse problems, EMDR-HAP, forensic psychiatric services, and emergency mobile psychiatric services. They must complete one practice TOT within the year following the training in order to become certified, and as with the new ASIST trainers, to encourage practice training Wheeler Clinic subsidize the cost of workbooks given to training participants. If we are funded in the next round of GLS grants, a few of the new Instructors, pending certification, will provide AMSR Training as part of the new grant to targeted populations. Also, two trainers who work with the DMHAS Education and Training Division graduated from the AMSR TOT and once they are certified will be able to provide AMSR beyond this Initiative to DMHAS and DMHAS-funded agency mental health providers.

Participants of the AMSR TOT completed the TES forms and Training Utilization and Penetration (TUP) Consent forms at the close of the training. As mentioned previously, training data is combined with other trainings performed throughout the CYSPI (i.e. QPR and ASIST). The aggregate findings indicate that participants reported overall satisfaction with their training experiences, trainers' knowledge, and the sites. Eighty-one percent (81%) reported they attended to increase their general awareness and knowledge of suicide for themselves and others and 69% reported they attended to identify youth who might be at risk for suicide. The highest area of impact was scored 3.4 of 4 and was "I will use a lot of what I learned from this training." Other areas of high impact were: increased knowledge, helped people feel more prepared to offer help, and is pertinent to their work. However, these participants also had to complete an evaluation on-line for the SPRC in order to get their certificate of attendance. Twenty-one of the twenty-three completed the evaluation. On average the clinicians had 20 years of experience (rage 8-32), and the majority were very satisfied with: the training, the trainer and the training manuals; felt the content was "just right" for their level; increased their confidence in assessing suicidal risk; increased their confidence in managing clients at risk for suicide; increased their familiarity with the core competencies for mental health professionals; increased their familiarity with the fundamentals of Suicidology; and increased my knowledge in the nine core competencies featured in the workshop. In addition, all stated they would recommend the workshop to their peers.

Objective 6: Design and pilot implementation of a model program to increase the availability and accessibility of mental health treatment by embedding services in school-based health clinics, which may be replicated in other CT communities. By the end of the three-year project period, a minimum of 875 7^{th} -9^{th}-grade students at St. Francis Hospital (St. Francis) and Medical Center's Adolescent Clinic and Quirk Middle School (Quirk) and Hartford High School (Hartford High) School-Based Health Centers in Hartford, CT will be assessed for depression and suicidal risk and 235 will be referred to individual and/or group crisis counseling services. These students will then be connected to appropriate existing therapeutic counseling.

DMHAS works with St. Francis, Quirk and Hartford High to implement a comprehensive prevention program titled, "*Assessing Depression and Preventing Suicide in Adolescents (ADAPSA*)" designed to use: 1) programs and services that have been developed and evaluated using scientific research methods that demonstrate their effectiveness; and 2) programs and

services that use established prevention principles to increase the availability and accessibility of mental health treatment by embedding services in these locations. Care is coordinated among the sites in order to meet the needs of youth who may access services at either site at one time or another.

St. Francis, Quirk, and Hartford High staff met monthly during this Project period with their advisory committee which includes representatives from the State Departments of Public Health and Office of the Child Advocate, as well as the Hartford School System. In addition, DMHAS held quarterly meetings with administrative staff, and UCHC held monthly data and evaluation meetings with direct service staff.

Each site provides mental health assessments using the Reynolds Adolescent Depression Scale, version 2, (RADS 2), the Behavior Rating Profile (BRP) (Pro-Ed 2007) that assesses family, peer and school support, and a coping sub-scale of from the Oregon Youth Authority (OYA) Questionnaire, which monitors student functioning on an ongoing basis. Participating youth are evaluated by a clinical interview following the screening. When appropriate, youth who meet screening criteria or assessment by clinician are offered brief psychological services (6 to 8 sessions) by mental health clinicians employed at each site or referred on to other community mental health agencies. Youth who received treatment are reassessed at three, six, and 12-months. All services and evaluations are performed only with youth who have active parental consent.

In cooperation with clinical staff from St. Francis and Quirk, UCHC staff developed a web-based program that enables the mental health clinicians at each site to administer all three screening tools on computers in the clinic. Clinicians at all three sites also track the youth by major clinical concerns, screening outcome and follow up using the database housed at UCHC. Data entry has been more consistent in the second year of collection. Improvements have been made in tracking the appointments and referrals.

Student consent, screening, assessment and appropriate follow-up services continued throughout the grant period at St. Francis. Quirk was on summer break July and August 2008, but resumed services during the 2008-2009 academic year, and efforts were expanded to Hartford High in the 2008-2009 academic year as planned. The bilingual (Spanish-English) mental health clinician working at Hartford High followed-up with youth who had been recruited while in 8^{th}-grade at Quirk and graduated on to Hartford High. In addition, other 9^{th}-grade students previously unknown to the Pilot were also recruited. Targeting the 9^{th}-grade (14 and 15 year-olds) is supported by the Connecticut specific data which indicates them at-risk for suicidality. There were 20 8^{th} graders who were planning to attend Hartford HS at the end of the 2007-2008 school year, however only 6 enrolled at Hartford HS as of September 2008. Some of the youth left the district; others went to magnet schools or other high schools and have been lost to follow up.

As of June 2009, a total of 796 youth grades 6^{th}-12^{th} were screened as part of well child visits at the three ADAPSA sites. From this group 505 youth have received consent to participate and have been enrolled in the ADAPSA Pilot Study with 94 at-risk youth being identified in grades 7-9. Baseline tests administered with an average overall score of 54, and a range of 33-97. Scores above 77 are defined as at least a moderate risk for depression.

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As with the first year of the study, the school-based sites were far more successful in consenting the at-risk youth at their sites with Quirk consenting 79% of the at- risk youth identified and Hartford High recruiting 63% of the at-risk youth identified compared with the 50% at the St. Francis out-patient clinic. Initially, it was thought that it would be easier to gain consent for the youth seen at the school-based health centers. However, overall the St. Francis site was able to consent 166 of the 277 (60%) youth grades 7-9; and the majority of these youth did not screen positive. Whereas, at the Quirk site, clinic staff was able to screen a greater number of youth, and of the 404 screened, 171 were consented for an overall consent rate of 42%. Nevertheless, it was critical that those who were determined to be at risk were recruited into the study, and in that respect, the school-based sites were far more successful than the community outpatient pediatric clinic.

The youth identified at-risk for depression and suicide included 7th (48%), 8th (33%) and 9th (19%) grade students. The majority (68%) were girls and mostly Latino (74%) reflecting typical gender help seeking patterns and the majority ethnic group in the City of Hartford, Connecticut. In addition, this group included African American (20%), Multiracial/other (3%) and White (2%) youth. A number of students identified at risk by the screening were already seeing mental health professionals; others were in need of long term or more intensive services and referred immediately to community mental health service providers. The majority of youth identified at risk were seen by mental health professionals at the Quirk Middle School Based Health Clinic and the St. Francis outpatient pediatric clinic.

Students at Quirk were offered more than twice as many appointments and kept almost all of the appointments offered, 97% compared to 77% of appointments kept at St. Francis. Although the brief treatment model was to offer services for 6-8 sessions, the average number of clinical appointments was double that target at Quirk (n=15), while St. Francis struggled to reach the targeted number of sessions (n=4). Further evaluation is necessary and outcomes will be presented in the Final Report, but it is clear that the school-based setting has been more successful in ensuring that at-risk youth attend scheduled appointments.

The original protocol described re-screening enrolled at-risk youth at 3, 6, and 12 months. Overall, re-screening rates have been quite low following the initial 3-month disposition, but there was an improvement in the 6-month re-screening rate during the 2008-2009 (43%) school year over the 2007-2008 (31%) school year. Nevertheless, less than half of the enrolled participants were re-screened at the 6-month follow up. Slightly more than half (54%) of the youth were re-screened at 12 months, due in large part to the opportunity to re-screen during the next annual check up at the outpatient clinic. RADS-2 re-screening varied by site, but the school-based clinics were more successful than the out-patient clinic in re-screening at-risk youth in order to assess ongoing risk. Again, further evaluation is necessary and outcomes will be presented in the Final Report, but the school-based settings have been more successful in re-assessing the at-risk youth, also related to their ability to ensure that their appointments are kept.

The following vignettes were shared by St. Francis as examples of youth they serve. They are evidence of the need for on-going efforts to reduce risk factors and provide services:

- *Male, 8th grade, Latino:*
  Student recently moved from Puerto Rico and is having difficulty adjusting to Connecticut. Misses home and misses culture in PR. Feels worried and unsafe in Hartford. Fighting with

other kids at school and had a physical altercation with teacher which may have lead to expulsion and criminal charges. Teacher fortunately chose not to press charges. Cannot control anger and temper. Having feelings of self-harm and suicide, including suicidal gestures such as cutting. Began counseling at school and improved tremendously. Disclosed that father was abusing mother physically which was appropriately reported and follow-up by DCF. Although student was upset by DCF involvement, understood importance of keeping mother and kids safe if father had anger issues. Family receiving more services at home. Student began to improve in school both academically and socially. Making more friends and using anger management skills learned in treatment. The student is in a much better mood toward end of year and is passing 8th grade and moving onto high school. He is looking forward to trip to PR with family to visit family members there.

- *Female, 8th-grade, Latino:*

Mental health staff worked with a student and her family for the academic school year. Helped mother prioritize time and spend more one-on-one positive time with student which she reported she wanted and missed. The mom began balancing work and free time more appropriately, not spending as much time with her new boyfriend and prioritizing her children. Mother ended a very abusive relationship and is making progress financially and emotionally. She has a good full-time job and moved from Hartford to Manchester. Staff member helped mother enroll two daughters' in local Manchester schools for fall 2009 and renew health insurance. This student felt supported and used therapy as a tool to cope with very upsetting family problems throughout year. (Examples include: Mother's rape from abusive ex in parking lot after work, and, temporary health scare following rape when student was unsure of how mother was doing when she received the news via text DURING SCHOOL HOURS! and Fear for herself and her little sister's safety because of mother's unpredictable ex-boyfriend/family.) This student finished 8th grade with very good grades and is excited and looking forward to moving to Manchester.

- *Male, 7th-grade, Latino:*

This student began treatment after indicated that he has a lot of trouble sleeping and was reporting some psychotic symptoms including visual and auditory hallucinations. He was down and sad in school and could not focus. Staff contacted parent and mother followed through with referrals and student began attending regular outside therapy appointments as well as being assessed by a psychiatrist. He obtained appropriate medication to help relieve symptoms and finish 8th grade smoothly, he had made good friends and was content with his life at re-screen.

- *Male, 8th-grade:*

This student lost a parent last year and joined Grief Counseling Group at school. He went through activities including creating a memory box to represent relationship with loved one lost. Talked to other students to feel supported and express empathy for one another. He was able to process his feelings of grief and sadness over missing loved one. He did very well in treatment at school and will continue with outside support over summer months and forward.

- *Female, 8th - grade:*

Student was having multiple symptoms of PTSD. She was the victim of a violent home invasion. At the time of the screen, she was often anxious, had trouble sleeping, and was sad.

After several therapy sessions, she was happier, less anxious, and sleeping well. Both the patient and her mother reported that she was able to sleep alone again and was not having nightmares. She was also functioning better at school.

C. **Goal 3:** To identify a permanent funding source to sustain the CT Suicide Prevention Initiative and support statewide replication/implementation.

Objective 1: By the end of the project period, a practical strategy will be in place to sustain the initiative and fund additional suicide prevention/early intervention services statewide.

Some efforts to sustain CYSPI activities have been mentioned previously. These and others include:

- Two trainers who work with the DMHAS Education and Training Division graduated from the AMSR TOT and once certified will be able to provide AMSR to all DMHAS and DMHAS-funded agency clinicians.
- DMHAS, DCF-EMPS system and the State Department of Education are working to strengthen relationships at the systems level and increase collaboration between schools and both emergency mobile psychiatric and community-based service providers.
- St. Francis Hospital and Medical Center plans to financially support the ADAPSA counseling staff with hospital funds, and is researching grant opportunities to continue the ADAPSA Initiative.
- The CYSPI Project Director has been discussion options with other DMHAS staff involved with the CSAP-funded Strategic Prevention Framework State Incentive Grant and CSAP and CMHS Block Grant Initiatives to identify opportunities to coordinate programs and services over time.
- The CYSPI Project Director worked with multiple agencies and individuals in DMHAS and across CT to submit an application on April 17, 2009 in response to the CMHS Request for Applications (SM09-003): Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention, to expand and enhance the CYSPI with additional Garret Lee Smith funding.

Objective 2: By the end of the project period, the CYSPI strategy will be embedded in state policy, in the Youth Suicide Advisory Board, and CT's Mental Health Transformation State Incentive Grant.

DMHAS, in collaboration with its state and community partners, continued to research partnership opportunities and implement sustainment activities through statewide interagency coordination and resource development efforts. The CYSPI Project Director, sub-contracted agencies, schools, and mini-grantees have worked to share the CYSPI goals, objectives and ideals statewide with various groups and individuals during outreach efforts in attempts to increase awareness and collaborate. Parties include the: YSAB, Interagency Suicide Prevention Network (ISPN), Mental Health Transformation Initiative, Strategic Prevention Framework Initiative, state departments, regional mental health groups, CT Youth Service Association, CT Prevention Network, CT Southwest Chapter of the American Foundation for Suicide Prevention, CT Military Support Program, CT National Guard, Veterans Administration Hospital Suicide Prevention Initiative, Emergency Mobile Psychiatric Services, DMHAS Education and Training Division,

clinical professional organizations, state universities and community colleges, parent groups, schools, fraternal organizations, community-based agencies, clinicians and Legislators. In addition, discussions and outreach have also taken place with out of state entities such as the SPRC Training Institute, American Foundation for Suicide Prevention, Outside the Classroom, Kognito Interactive, and the National Office of Suicide Prevention in Ireland. As a result, parties have been educated about youth suicide as a public health problem, youth suicide in CT, and have been informed of the youth suicide prevention efforts in the state funded through various means. In this process we have been pleased to learn that there are many suicide prevention efforts being made across the state by multiple caring individuals and groups. We have also discovered that they often are unfamiliar with one another; are hidden within groups with broad encompassing purposes; are not blatantly named something to do with suicide; have minimal resources; and don't know exactly what to do or where to start in order to be effective. We have greatly appreciated the cooperative nature of those involved and more than anything our findings indicate the need for a statewide suicide prevention coalition as one does not currently exist. In addition, these results suggest the need for the application of SAMHSA's Strategic Prevention Framework directed at youth suicide prevention. It is our hope that we may initiate such concepts if we are granted fall 2009.

DMHAS, as administrator of the federal SAMHSA Block Grants and co-chair of the Mental Health Planning Council, is in a key position to encourage, and if funds are available, support continued implementation, evaluation, improvement and replication of CYSPI activities throughout the state. The CYSPI Project Director and MHT Project Manager continued discussions of how the two grants might intersect and complement one another. In spring 2008 there had been discussion around the implementation of a school survey for mental health which would include questions developed by the MHT and CYSPI and in coordination with the CT DPH-funded School-Based Health Centers and CT SDE. These discussions were put on hold during the summer 2008. When the CYSPI Project Director returned from Maternity Leave in November 2008 she met with the MHT Project Manager and discovered that not only was no progress made regarding the survey since late spring, but the DPH School-Based Health Centers Coordinator left her position and the survey concept was put on hold, possibly indefinitely.

Discussions of how the CYSPI and MHT may overlap and support each other continued. The MHT Project Manager suggested the CYSPI consider future utilization of the Network of Care for Behavioral Health web-site: http://connecticut.networkofcare.org/mh/home/index.cfm . This web-site is a resource for individuals, families and agencies concerned with mental health. It provides information about mental health services, laws, and related news, as well as communication tools and other features (CT Network of Care, 2009). The CYSPI Project Director has investigated the web-site's capabilities and needs to compare it to other options available to support the CYSPI, as well as discuss the options with the CYSPI Advisory Committee. If we receive the new grant this will be given further consideration with regard to the proposed programs and services. Unfortunately, the MHT Project Manager left her position in early May 2009 and the CT MHT is scheduled to end fall 2009. It is unclear what MHT efforts will be sustained, but the web-site has been embedded as a state-funded service.

The CYSPI Project Director and others involved in the CYSPI have worked with local, state, and US Legislators during the time of the Project. CT has multiple laws that pertain to suicide prevention. Most are related to the State Department of Education and Children and Families.

SDE-related laws address youth suicide prevention education in the classroom, crisis management policies and procedures, suicide prevention education for teachers and those acquiring teacher certification. DCF-related laws address the development and management of the Youth Suicide Advisory Board, youth suicide prevention education in DCF facilities, and crisis procedures and management. In addition, there is a law that allows youth age 13-17 to seek mental health services without parental consent. It is recommended that by the sixth session that parents are notified that the child is in treatment if it is in the best interest of the child. Unfortunately, most suicide prevention education legislation is not required, merely recommended or encouraged. Additional concepts for suicide prevention and mental health legislation are being considered and researched using Suicide Prevention Action Network (SPAN) as a resource. Suggestions may be provided to the DMHAS Legislative Liaison in advance of the next legislative session.

D. **Goal 4:** To conduct a high quality program evaluation through an academic partnership.

Objective 1: Engage the University of CT Health Center (UCHC) to conduct a process and outcome evaluation of the infrastructure and evidence-based prevention intervention activities.

UCHC and DMHAS meet monthly and have regular e-mail and phone communication. The UCHC Evaluation Team has been actively involved with the CYSPI at many levels. UCHC prepares, submits, and received Institutional Review Board (IRB) approvals on a regular basis as required. In addition, they have actively participated in CYPSI Advisory Sub-Committee meetings, Mini-Grant Reviews, AMSR Applicant Review, Macro International and SPRC Webinars, and multiple planning and oversight meetings with CYSPI sub-contracted agencies and schools in order to plan evaluation activities. Unfortunately, they were not able to participate in the CMHS Grantee meeting in 2009 due to the fact that CMHS did not originally request grantees to attend the meeting during the third year of the grant; as a result UCHC had not budgeted for the travel. However, they received additional dollars with their contract amendment to extend their services through the end of the no-cost extension and plan to attend the next grantee meeting in 2010. The UCHC staff continue to be professional, solution-focused, informative and resourceful. They work effectively with the CYSPI Project Director and Coordinator, CYSPI sub-contractors, CMHS, SPRC and Macro International.

Objective 2: Evaluate progress and outcome performance measures to assess program effectiveness, ensure quality services, identify successes, inform quality improvement, and promote systemic sustainability of effective practices.

The CYSPI State-level evaluation involves the collection of process and qualitative data with regard to CYPSI Advisory Sub-Committee meetings and the Awareness Campaign, and the following research questions and methods:

A. **ADAPSA Middle School Pilot** - Research Question: Will embedding services in school clinics improve treatment outcomes in urban, middle school aged youth?

Methods: 1) Screen and enroll middle school youth from Quirk and St. Francis, 2) Assess depressive symptoms prior to and following treatment, and 3) Examine treatment adherence (number sessions attended, number appointments missed, follow-through with referrals).

See Goal 2, Objective 6 for update. Final analysis will take place during the no-cost extension and outcome data will be reported in the Final Report.

B. **Youth Suicide Prevention Training** - Research Question: Will suicide prevention training improve knowledge concerning depression and suicide risk among foster and adoptive parents, child and family service staff, juvenile justice personnel, and school nurses?

Methods: 1) Train targeted staff, 2) assess knowledge of depression and suicide risk prior to and following training, and 3) assess satisfaction with training.

See Goal 2, Objective 5 for update. Final analysis will take place during the no-cost extension and outcome data will be reported in the Final Report.

C. **College Suicide Prevention Programs** - Research Question: Can suicide prevention programs focusing on gatekeeper training and peer education increase help-seeking among college students?

Methods: 1) All four CSU campuses will implement QPR & CollegeResponse Programs, and 2) Track the numbers and characteristics of students accessing counseling services using monthly reports from campus counseling offices prior to and following implementation.

See Goal 2, Objective 2-4 for update. Final analysis will take place during the no-cost extension and outcome data will be reported in the Final Report.

D. **SOS High School Program** - Research Question: Does the SOS program reduce suicidal behavior among high school students?

Methods: 1) High schools statewide will implement SOS, 2) Construct experimental design including treatment and control groups, and 3) Assess changes in student knowledge and attitudes about depression and suicide, history of suicidal thoughts and attempts and help-seeking behavior via pre-post survey.

See Goal 2, Objective 1 for update. Final analysis will take place during the no-cost extension and outcome data will be reported in the Final Report.

Objective 3: Translate the process/outcome evaluation into lessons learned for communities attempting to implement evidence-based suicide prevention interventions; and
Objective 4: Disseminate findings by producing a written report for statewide use, national replication, and to inform the Youth Suicide Advisory Board.

An End of Project Meeting and Recognition Award Ceremony will be held at the end of March 2010, between the College and High School spring breaks, at which the CYSPI Project Director and Evaluator will report on all outcomes of the Initiative, as well as successes, challenges, and lessons learned. All CYSPI Advisory Committee members, YSAB members, CYSPI sub-contractors, and other dignitaries and stakeholders will be invited to attend. In addition, awards/certificates will be issued to sub-contractors and Advisory Committee members involved

in the Project for outstanding efforts in suicide prevention. An Executive Report will be prepared and disseminated on CD for all attendees and will be placed on the CYSPI website. A Press Release of the event with a link to the Executive Report issued.

IV. **Personnel**

Andrea Duarte, CYSPI Project Director was on a maternity leave May 8 to November 10, 2008. Allison Case, Project Coordinator acted as the contact person for the CYSPI in her absence.

V. **Budget**

DMHAS applied and was approved for a no-cost extension until May 31, 2010 in order to complete deliverables and spend down the remaining grant dollars, resulting from unexpended funds predominantly related to the delay in implementation of the ADAPSA Pilot. As a result, the following entities were granted cost extensions: UCHC, Wheeler, the four CSUs; while St. Francis has a no-cost extension.

VI. **Technical Assistance**

During this reporting period, the CYSPI Project Director, Coordinator and UCHC Evaluator have participated in regular technical assistance calls coordinated by SPRC and including our CMHS/GPO as well as Macro International. These calls and related e-mail communications have been extremely helpful in growing our understanding of national program goals and intent and have supported implementation and expansion of CYSPI efforts statewide.

Additionally, our participation in topic-based conference calls facilitated by Macro and SPRC has grown both our awareness and capacity to address a variety of relevant issues, including social marketing, school-based interventions, community coalitions and sustainability. These calls have also introduced us to preventionists from across the country engaged in similar efforts, further expanding our resource network and allowing us to learn from both their successes and challenges.

We have enjoyed and benefited from this complement of technical assistance services and look forward to their continuation in the coming year.

VII. **Other**

A. **Cross-Site Evaluation and Technical Assistance**

As is expected of all Garrett Lee Smith Memorial Act grantees, the CYSPI is participating in the Macro International Cross-Site Evaluation that utilizes the Suicide Prevention Data Center (SPDC) to complete the evaluation tools as requested and referenced in the Evaluation Manual (Product and Services Inventories, Referral Network Surveys, Training Exit Surveys, Training Utilization and Penetration Consent forms, Early Identification and Referral Forms, and the Existing Database Inventories). All cross-site tools have been completed in a timely manner and as prescribed. In addition, the UCHC Evaluation team developed a web-based data collection and service management system, which incorporates the EIRF, for the ADAPSA component.

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We have received technical assistance from CMHS, the SPRC and Macro International Liaisons and other GLS grantees within the past year through the group calls and list serve, but the most significant assistance came from the SPRC Training Institute for the AMSR TOT. We have greatly appreciated the various supports we have received. In terms of additional needs, since our first grantee meeting in 12/06 in Bethesda, MD, Amy James, UCHC Evaluation Coordinator and I, have asked whether it would be possible to provide the grantees with a matrix (sample of CT attached) of who (all GLS Initiatives included) is doing/using what and with whom and hold calls and/or group meetings at the annual meeting along this line. We recognize that the GLS state, tribal and college initiatives vary considerably, but many of us utilize the same methods and tools such as curriculum and advisory boards, etc. For example, the College GLS funded Conn College Initiative, and the State GLS funded CT State University System (four schools) all use QPR, NDSD and Active Minds, and yet we developed our programs independent of one another and have only engaged over the past two years as a result of our actions at the state level. This information would be extremely beneficial.

B. **CMHS-Related Meetings**

The CYPSI Project Coordinator attended the CMHS meeting in Phoenix, AZ January 5-7, 2009, as well as participated in all Macro International Webinars during the grant cycle. These staff members also participated in monthly conference calls with Richard McKeon, CMHS GPO, Brandee Brewer, ORC-Macro Liaison, and Nella Mupier, SPRC Liaisons. In addition, the CYPSI Project Director had additional calls and e-mail contacts with all parties as needed.

C. **AAS Annual Conference**

The CYSPI Project Director attended the 42nd Annual American Association of Suicidology April 15-18, 2008 in San Francisco, CA – held in conjunction with the 7th Annual Crisis Centers Conference and 21th Annual Healing After Suicide Conference.

D. **Closing Remarks**

In CT we are fortunate to be a small state with a lot of resources and people willing to work together toward the greater good. We are particularly pleased with the positive relationships we continue to develop and strengthen with sub-contractors, our advisory committee and the network of individuals and agencies committed to suicide prevention, early intervention and response statewide. We are strengthened, challenged and inspired by on-going dialogue and interaction with these professional stakeholders, non-traditional partners, and dedicated advocates. It is with their support and perseverance that project activities have progressed largely as intended with relatively minimal modifications or delays, and will successfully be realized by the close of the grant in 2010.