

**MINUTES: 12/6/21 SUICIDE PREVENTION TASK FORCE**

**7:30 - 8:30**

**In Person at Public Health and Online with Zoom**

**Co-Chairs: Matthew Daniels and Aaron Preece**

**Matthew Daniels, Business; Emmanuel Baptist Church**

**Shaun Stone, Peer Specialist; Recovery Community**

**Mardy Sleight, QPR trainer; Business, LDS Church**

**Bill Lehr, Marbleton Senior Center**

**Mary Bluemel, Community member**

**Shelly Bray, Best Home Health**

**Dr. Renea Dorrity MD, Sublette Hospital District**

**Randy Belton, Priest Associate, St. Andrew's Church; Business; Veterans organizations; Lion's**

**Melinda Bobo, Priest-Rector, St. Andrew's Church**

**Trisha Scott, Coalition Coordinator**

**OUR GOALS:**

**GOAL #1: Train 10% of the county in QPR by June 2022.**

**PROGRESS ON GOALS:** As of November 30, 703 residents have been trained in QPR since November 2019. 380 to go between now and June 30, 2022.

**GOAL #2: By June 2024, decrease the number of suicides in Sublette County.**

**PROGRESS ON GOALS:** There was a decrease in the rate of suicide in Sublette from 2019 - 2020 by 1 death. (WDH)

**GOAL #3: Decrease # of Title 25 incidents by increasing access to mental health services.**

**PROGRESS ON GOALS:**

2018 total: 10 total

2019 total: 15 total

2020 total: 13 total

2021 January to November: 6 total.

**7:30 - 7:45:** QPR report: QPR trainers have now taught 703 Sublette residents to be Gatekeepers, approx 200 people to go to meet the goal. Mardy, Bill, and Trisha will meet to adapt Jen Wilkinson's template for teaching QPR to Big Piney High School health students. Skyline QPR generated conversation on getting counselors to Skyline students through Teton Behavior Therapy and paid for if necessary by the Sublette Community Mental Health fund. ISOSL Day: 7 people attended. We are following up with survivors who attended to connect them to services and support.

**7:45:** **Shaun Stone** presented his recent peer specialist training and his story. Shaun is interested in working in the community to support those in recovery, also interested in pursuing a career in substance abuse and mental health counseling.

**8:00: Mary Bluemel** presented her story on recovery from lifelong mental illness and her experiences, positive and negative, in the medical and mental health community. Mary's her goal is to do public speaking to advocate for mental health and to decrease stigma related to mental health. Mary is working with Wyoming NAMI to advocate in the legislature for more funding for mental health services.

Dr. Dorrity, Mary's provider, reported that Wyoming has inadequate services for mental health. There are "not enough doctors, psychiatrists, professionals to handle the need."

"The ACA has made it harder to get insurance, not easier. But the ACA did mandate that insurance has to pay for substance abuse and mental health treatment and that is a good thing."

Melinda stated that it is important for us to advocate for expanded medicaid to support mental health services for those not currently served by insurance. Dr. Dorrity explained how difficult it is to get people who need medicaid enrolled, there can be impossible requirements, like having to be hospitalized for 30 days to qualify, in some cases. Expanded medicaid would have significant benefits for MH clients, also for the families and spouses of people experiencing MH challenges.

Dr. Dorrity said that one place we can make a real difference is getting more counselors in the schools to help kids struggling with everything from learning disabilities to home and social challenges.

Mary, Dr. Dorrity, and task force members all spoke about how mental health is more debilitating and disabling than most physical health issues.

Matthew asked Mary what was her starting point to get help and she said "the medical clinics". She said it is important to "never give up".

Dr. Dorrity said that a key ingredient in successful MH treatment is frequent follow up; and use of wrap around services. Dr. Dorrity reported that she was part of a multi-disciplinary team when she worked early in her career with the Air Force. A patient/client would have 8 providers when treating depression: psychiatric, medical provider, counseling provider, fitness, diet, and case management.

Dr. Dorrity said it wasn't always enough but it was still a better treatment model than any she has experienced since then.

Next meeting: January 3, 2022.