

## **State Suicide Prevention Programs**

FY 2015 Report

Prepared by the

Utah Department of Human Services

Division of Substance Abuse and Mental Health

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Doug Thomas, Director DSAMH

[dothomas@utah.gov](mailto:dothomas@utah.gov)

Kimberly Myers, Suicide Prevention Coordinator

[kmyers@utah.gov](mailto:kmyers@utah.gov)

## Utah Suicide Prevention Program Report

Suicide is a major public health problem in Utah and a leading cause of preventable death. From 2009 to 2013, Utah's age-adjusted suicide rate was 19.4 per 100,000 persons. This is an average of 503 suicides per year. Utah has one of the highest age-adjusted suicide rates in the U.S. It was the second-leading cause of death for Utahans ages 10 to 39 years old in 2013 and the number one cause of death for youth ages 10-17. More people attempt suicide than are fatally injured. The most recent data show that 2,743 Utahans were seen in emergency departments (2012) and 1,605 Utahans were hospitalized for self-inflicted injuries (2012). One in fifteen Utah adults have had serious thoughts of suicide. According to the 2015 Student Health and Risk Prevention Survey, during the past 12 months before the survey, 14.4% of youth grades 6-12 report seriously considering suicide, 6.7% of Utah youth grades 6-12 students attempted suicide one or more times and 13.9% of these students report harming themselves without the intention of dying.

HB 154 (2013)/HB 364 (2015) require the Utah Division of Substance Abuse and Mental Health to designate a state suicide prevention coordinator to organize suicide prevention programs and efforts statewide. It also provides \$210,000 in suicide prevention program funding for FY 2015 and \$191,000 in ongoing funding. The following is a brief summary of related activities.

### DSAMH

The Utah Division of Substance Abuse and Mental Health (DSAMH) was created as Utah's substance abuse and mental health authority by Utah statute §62A-15-103. DSAMH is charged with ensuring a comprehensive continuum of mental health and substance use disorder services are available throughout the state. DSAMH contracts with local county governments who are statutorily designated as local substance abuse authorities (LSAAs) and local mental health authorities (LMHAs) to provide prevention, treatment, and recovery services. DSAMH provides policy direction, monitoring, and oversight to local authorities and their contracted service providers. As a state we have identified five focused state strategies one of which is reducing the rate of suicide in Utah. We are committed to becoming a Zero Suicide system of care. The following division directive indicates the commitment of zero suicide within the public mental health and substance use treatment and prevention system as overseen by the state suicide prevention coordinator:

- During FY 2015, Local Mental Health Authorities statewide will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices related to suicide prevention, intervention, and postvention. Conduct an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. A model tool will be provided by DSAMH or another assessment tool selected by the Local Authority may be used. Complete the above and submit a written report to DSAMH by June 30, 2015.
- During FY 2016, based on assessment results, Local Authorities will develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention program. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2016.

All of the Local Mental Health Authorities have undergone a suicide prevention behavioral healthcare assessment and submitted them to DSAMH and the state suicide prevention coordinator for review. DSAMH will provide ongoing technical assistance to help all LMHAs use the assessment to form a local strategic plan for care quality improvement.

DSAMH and all Local Mental Health Authorities have partnered to implement a statewide Medicaid Performance Improvement Project for suicide safer care within the public behavioral health care system. 2015 is a baseline data collection year, with a goal of learning where the system is at in terms of screening and assessing for suicide risk and providing comprehensive safety planning interventions when someone is at risk. In 2016, targeted interventions will be implemented over the year in order to improve quality of care.

### **Utah Suicide Prevention Coalition:**

The Utah Suicide Prevention Coalition is a partnership of community members, suicide survivors, service providers, researchers, and others dedicated to saving lives and advancing suicide prevention efforts in Utah. DSAMH has provided ongoing leadership and coordination for the coalition. This group has met monthly over the past three years and has accomplished a great deal, including the revision and ongoing implementation of the Utah Suicide Prevention Plan (see attached plan). A website has been developed with abundant resources and information which can be found at <http://utahsuicideprevention.org/>

The Utah Suicide Prevention Coalition hosts a handful of additional committees who are dedicated to implementation of the State Suicide Prevention Plan. DSAMH provides leadership and coordination to all of the committees. Committees include the Executive Committee, Community Awareness Committee, Training and Education Committee, Epidemiology/Data Committee, Policy Committee, and the First Responder Committee.

- Executive Committee
  - Includes representation from the Division of Substance Abuse and Mental Health (DSAMH), Department of Health (DOH), State Office of Education (USOE), Division of Child and Family Services, Juvenile Justice Services, Department of Public Safety, University of Utah Healthcare, Intermountain Healthcare, National Alliance on Mental Illness-Utah, Wasatch Mental Health, Hope4Utah, Utah Navajo Health Services, and ESI Management Group.

The coalition has developed a comprehensive State Suicide Prevention Plan that includes a focus on high risk and vulnerable populations including LGBT, minority (Hispanic, American Indian), elderly, individuals living with mental illness, domestic violence, substance use disorders, trauma and bullying. The gender and age range population with the highest rate of suicide deaths in Utah is among males age 45-55.

The State Suicide Prevention Plan includes various objectives involving high risk populations focusing on public education, restriction of fatal means, prevention, intervention and postvention. The coalition has made particular efforts to involve stakeholders working with each of these high risk populations. For example, numerous presentations have been given in the past year specific to high risk populations by Latino Behavioral Health Services in collaboration with NAMI Utah, for the Latino population and other ethnic minority populations. In addition, DSAMH has worked in close consultation with Navajo Health Services to enhance expertise in suicide prevention and build a Suicide Prevention Coalition in San Juan County.

In Utah, Caitlin Ryan, PHD, ACSW, Director of the Family Acceptance Project has been a regular expert presenter and consultant over the years in Utah. She has developed the only evidence based practice specifically for working with LDS families with LGBT youth. More information on this can be found at the Family Acceptance Project at <http://familyproject.sfsu.edu/>. Dr. Ryan's efforts have included key note presentations, workshops and consultation at every major behavioral health related conference in Utah in the past year. Since 2013, she has visited Utah well over a dozen times presenting, consulting, and educating communities, state agencies, providers, Universities and Colleges. She has met with many LDS church leaders, clinicians and congregations providing this education.

A representation of key DSAMH/Coalition Outcomes are listed below.

- Utah Suicide Prevention Plan - revision and implementation - monthly reviews ensuring compliance and progression towards full implementation ([http://utahsuicideprevention.org/images/pdf/Suicide\\_State\\_Plan\\_goals\\_obj\\_2.pdf](http://utahsuicideprevention.org/images/pdf/Suicide_State_Plan_goals_obj_2.pdf))
- Regular monthly meetings since 2012
- Launched Suicide Prevention Coalition website [www.utahsuicideprevention.org](http://www.utahsuicideprevention.org)
- Governor Herbert Declaration of Suicide Prevention Day in Utah, May 22, 2014
- Suicide Prevention Town Hall Tool Kit
- Workforce Survey on Suicide Prevention Preparedness
- Multiple and ongoing suicide prevention, intervention, and postvention training
- Adoption of universal screening tool for assessing suicide risk
- 2014 - Legislative passing of the UT Fire Arms Safety bill
- Establishment of the Suicide Fatality Review Board
- Implemented the Workforce Needs Assessment Survey - the results of the survey helped drive strategic planning and a Public Health Approach to meeting workforce needs
- Assisted IHC to identify and implement the C-SSRS into their system of care as a public/private partnership. Working with other key health care providers on care quality improvement suicide
- 2015 - Support and education of 5 pieces of legislation related to suicide prevention.
- Ongoing meetings of key work groups including Community Awareness, Training and Education, Epidemiology/Data, and Policy.
- 2015 - Launch of a first responder initiative for suicide prevention, including a kick off summit with first responder leadership and the launch of a suicide prevention coalition workgroup focused on first responder suicide prevention. Each year, more law enforcement officers and fire fighters die because of suicide than are killed in the line of duty. Individuals in public safety are also often the first on scene for suicide deaths, attempts, and ideation in the community. The coalition feels strongly about finding ways to provide ongoing support to these individuals and agencies in the community.

### **Utah Prevention By Design**

In 2012 DSAMH contracted with NAMI Utah and launched the Utah Prevention by Design Project which partners with local community partners and coalitions for suicide prevention and mental health promotion efforts. Key 2012-2014 Prevention by Design outcomes have primarily been in engaging communities, capacity building, and process outcomes. Key outcomes include:

## 2014 Outcomes Summary; NAMI Utah Prevention by Design

January 1 through December 31, 2014

	QPR*	QPR	MHFA	MHFA*	YMHA*	ASIST*	Hope Squad	Guiding	Town Hall*	Community Meetings**	School/Other***	Area Totals
		Instructors Trained	Instructors Trained					Good Choices				
Bear River	397	3	0	0	0	0	0	0	120	2,176	0	2696
Central	121	2	2	66	0	0	0	65	0	0	0	256
Davis	1,134	0	0	0	0	0	232	0	530	0	4,921	6,817
Four Corners	30	14	0	0	0	0	0	0	0	0	0	44
Northeastern	0	0	3	58	44	0	0	0	50	5,550	0	5705
SJCC	58	17	0	0	0	0	0	0	0	0	0	75
UNHS	0	0	0	0	0	209	0	0	0	0	0	209
South Salt Lake	19	2	3	19	0	0	0	0	250	391	159	843
Southwest	97	17	0	60	0	0	0	0	0	0	0	174
Summit	258	2	0	0	0	0	12	0	56	69	54	451
Tooele	1,100	14	0	0	0	0	56	0	0	100	0	1,270
Utah County	204	0	0	0	0	0	0	0	0	98	142	444
Wasatch	274	7	0	0	0	0	0	0	450	250	1,019	2000
Weber	516	5	0	32	0	0	340	0	724	0	3,321	4938
<b>TOTALS</b>	<b>4208</b>	<b>83</b>	<b>8</b>	<b>235</b>	<b>44</b>	<b>209</b>	<b>640</b>	<b>65</b>	<b>2180</b>	<b>8,634</b>	<b>9616</b>	<b>25922</b>

\* Attendee numbers

\*\* Events held in the community, separate from town hall meetings, in which suicide prevention was a topic and suicide prevention materials were distributed

\*\*\* Prevention education events/classes for parents and students held outside of school hours at which suicide prevention was a part

For 2015 and 2016, the outcome focus has changed from engagement and being process driven to the effectiveness of strategies. Pre/Post data collection will be a core priority and that data will be collected and reported out semi-annually.

The Prevention and Promotion contract was released for bid in 2014 and was again awarded to NAMI Utah. With support of the DSAMH, NAMI Utah completed a statewide Mental Health Needs Assessment and Community Action Plan, to ensure a data-driven approach to mental health promotion, mental illness prevention and suicide prevention. This Needs Assessment and Action Plan will drive prevention and promotion efforts of NAMI Utah, DSAMH, and local stakeholders over the next several years. Over the past several years, this project has provided sub-contracting opportunities for up to 13 coalitions statewide. This represents one sub-contract in each of the defined Local Health Authority regions. Through legislatively approved state funding awarded for FY15 in March of 2015, the number of sub-contractors has expanded to over 20 local groups who are receiving funding for suicide prevention efforts beginning June 30, 2015. This greatly expands the capacity of our state to engage in meaningful prevention strategies.

### FUNDS

March 2015, via HB 364, the Utah State Legislature approved \$210,000 one-time funding for FY15 and \$191,000 funding for FY16 ongoing. The funding is to be used to support the administration of a state suicide prevention program composed of suicide prevention, intervention, and postvention programs. Services and efforts include the following components: (a) delivery of resources, tools, and training to community-based coalitions; (b) evidence-based suicide risk assessment tools and training; (c) town hall meetings for building community-based suicide prevention strategies; (d) suicide prevention gatekeeper training; (e) training to identify warning signs and to manage an at-risk individual's crisis; (f) evidence-based intervention training; (g) intervention skills training; and (h) postvention training.

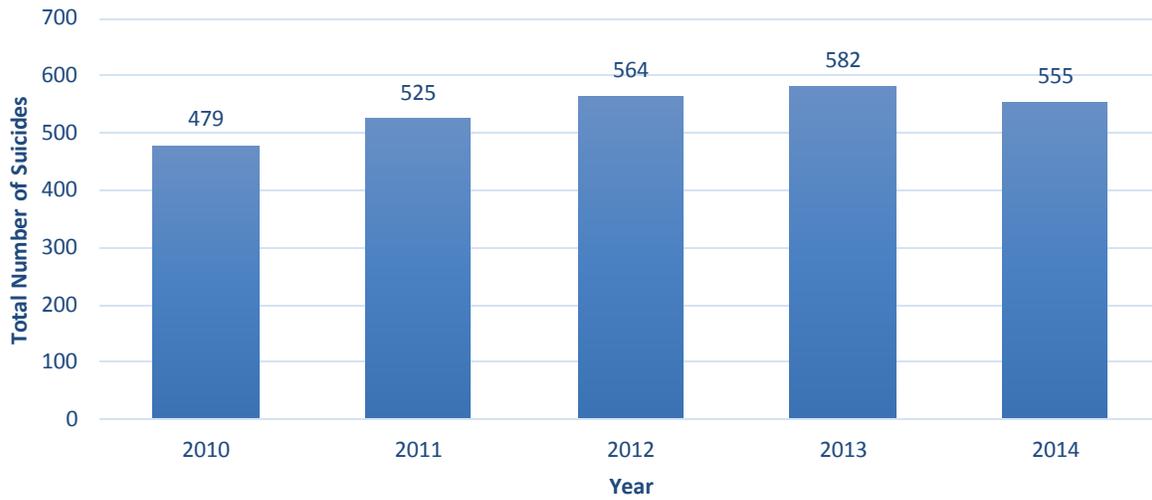
FY15 funding has been allotted as follows:

<b>PREVENTION</b>	Funding	Programming Component/ Statute Addressed
Prevention and Promotion Contract- Local Coalition Sub-Contracts & Community Awareness Campaign (NAMI Utah)	\$125,000	(a) delivery of resources, tools, and training to community-based coalitions;
QPR T4T	\$4,157.00	(d) suicide prevention gatekeeper training
Harvard/Mean Matters	\$1,166.48	(a) delivery of resources, tools, and training to community-based coalitions
MHFA Training Manuals	\$3,949.80	(d) suicide prevention gatekeeper training
QPR Manuals	\$5,448.95	(d) suicide prevention gatekeeper training
<b>INTERVENTION</b>		
Empathos- CAMS	\$11,175	(f) evidence-based intervention training (g) intervention skills training
UNI- Lifeline	\$15,000	(e) training to identify warning signs and to manage an at-risk individual's crisis (g) intervention skills training;
CIT	\$12,000	(e) training to identify warning signs and to manage an at-risk individual's crisis (g) intervention skills training;
<b>POSTVENTION</b>		
Connect Postvention T4T	\$29,916	(h) postvention training
<b>OTHER</b>		
Coordinator Administration and Training	\$1,901.42	(a) delivery of resources, tools, and training to community-based coalitions (f) evidence-based intervention training
<b>TOTAL</b>	<b>\$209,714.65</b>	

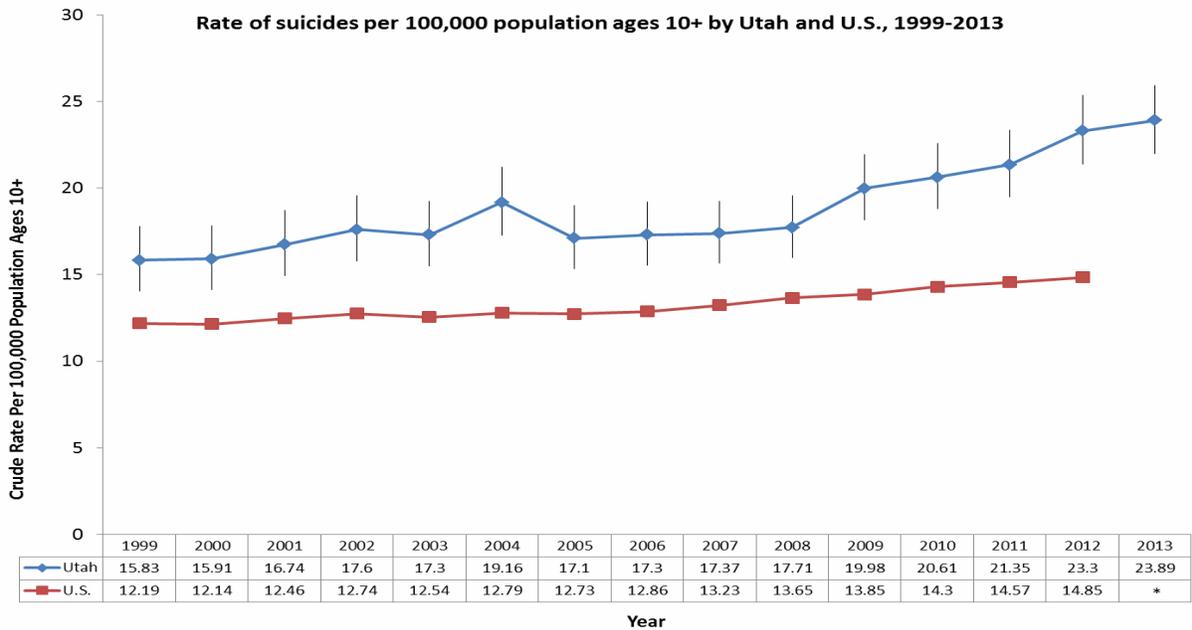
### Five Year Suicide Trends

As previously discussed, suicide is a major public health problem in Utah. Utah consistently ranks above the national average for suicide deaths. A review of the data collected from 2010-2014 indicates that the overall number of suicide deaths does appear to be flattening, although the rate of youth suicides continues to increase. The following tables represent data collected by the Utah Department of Health to help us better understand and respond to the problem of suicide in Utah.

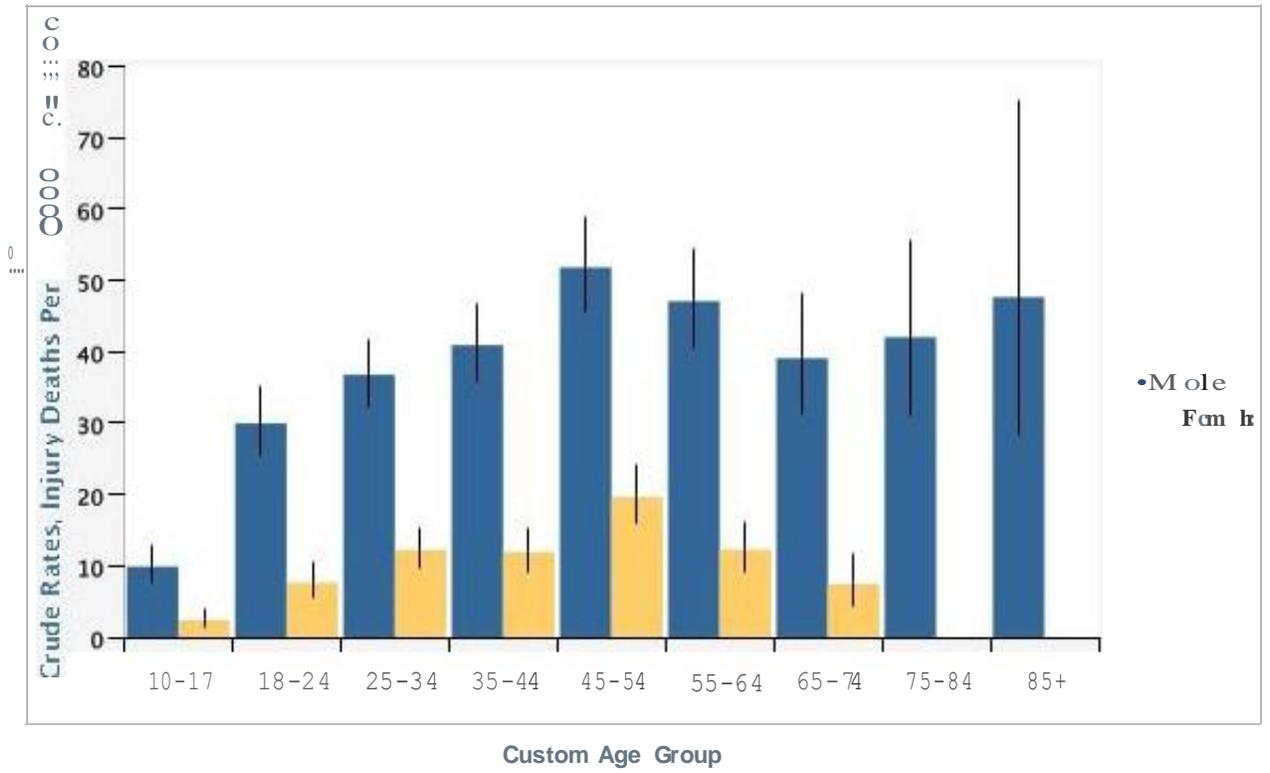
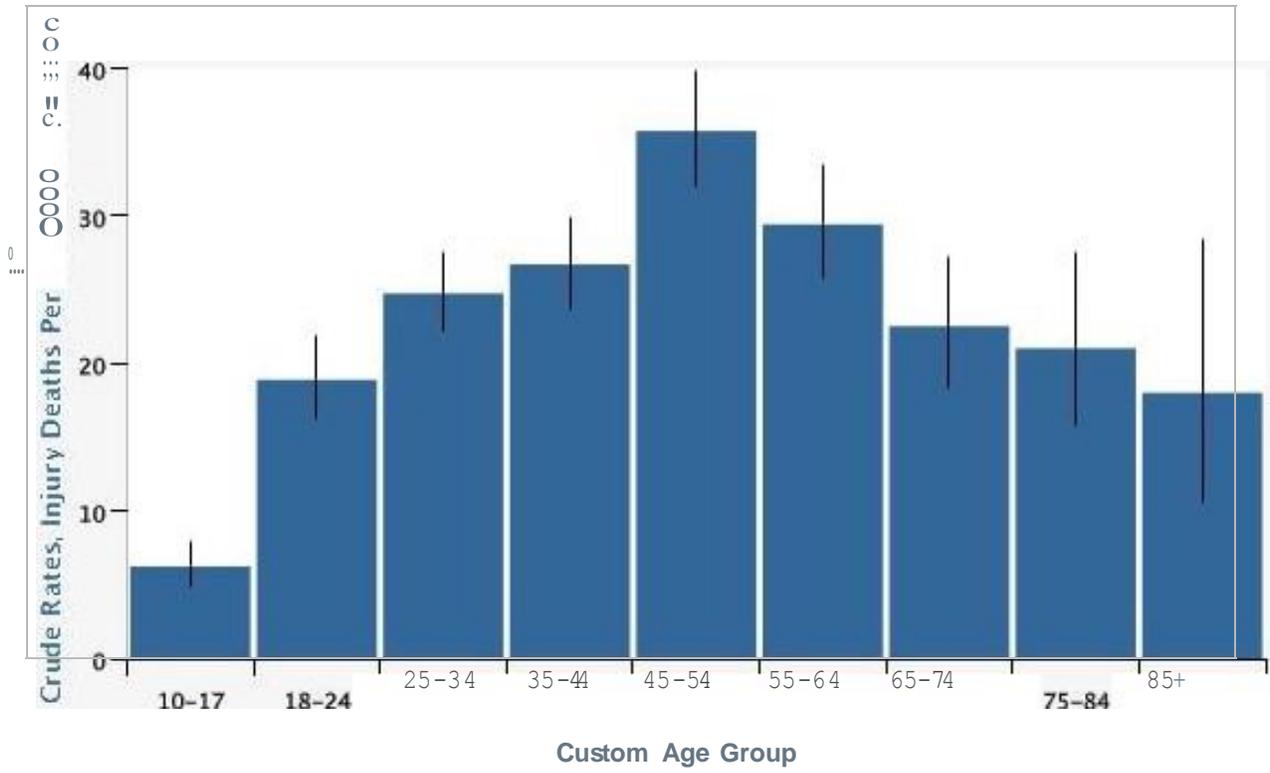
## Total Number of Suicides 2010-2014

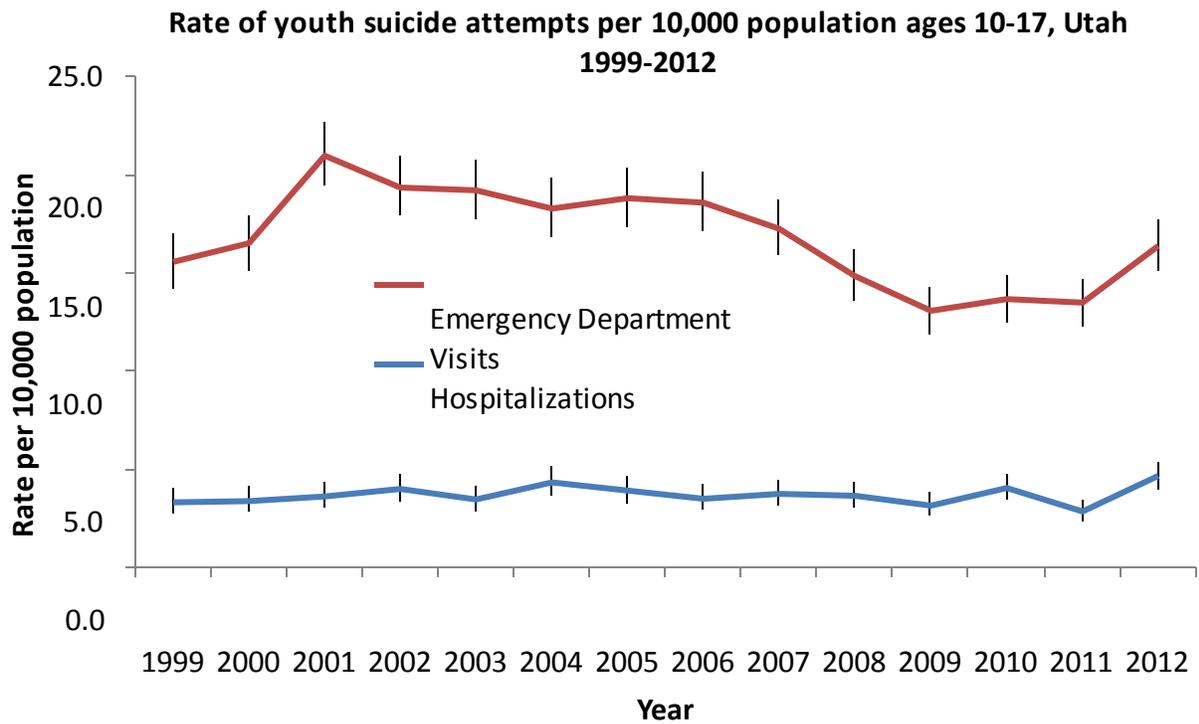
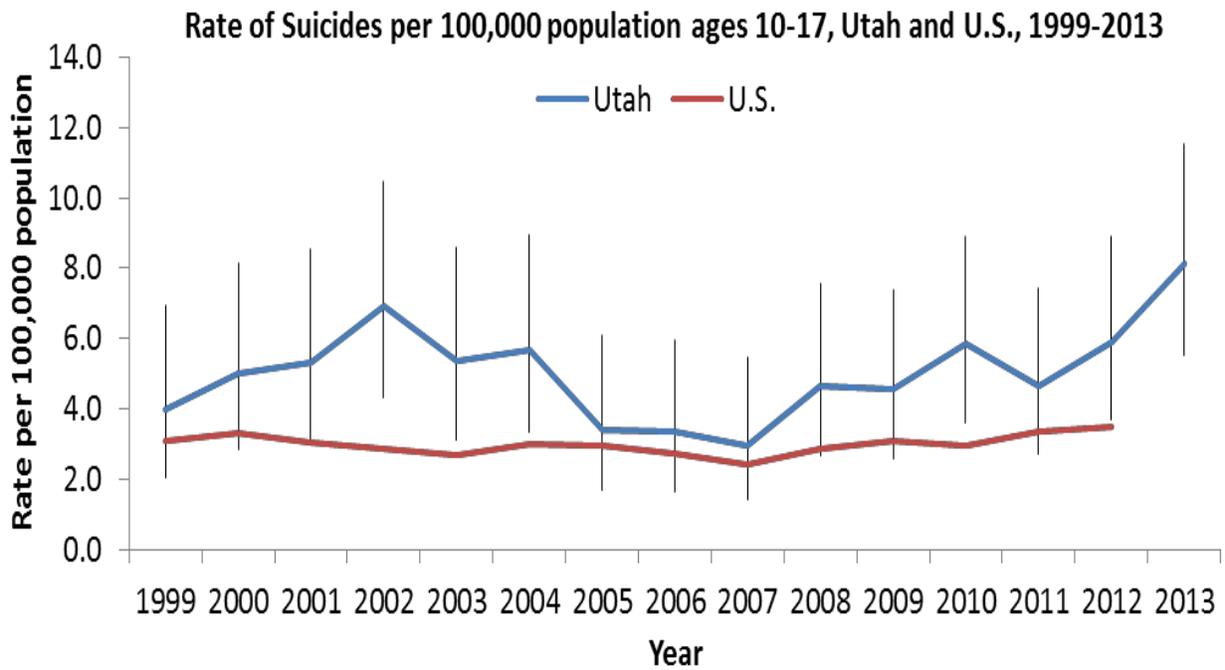


## Rate of suicides per 100,000 population ages 10+ by Utah and U.S., 1999-2013

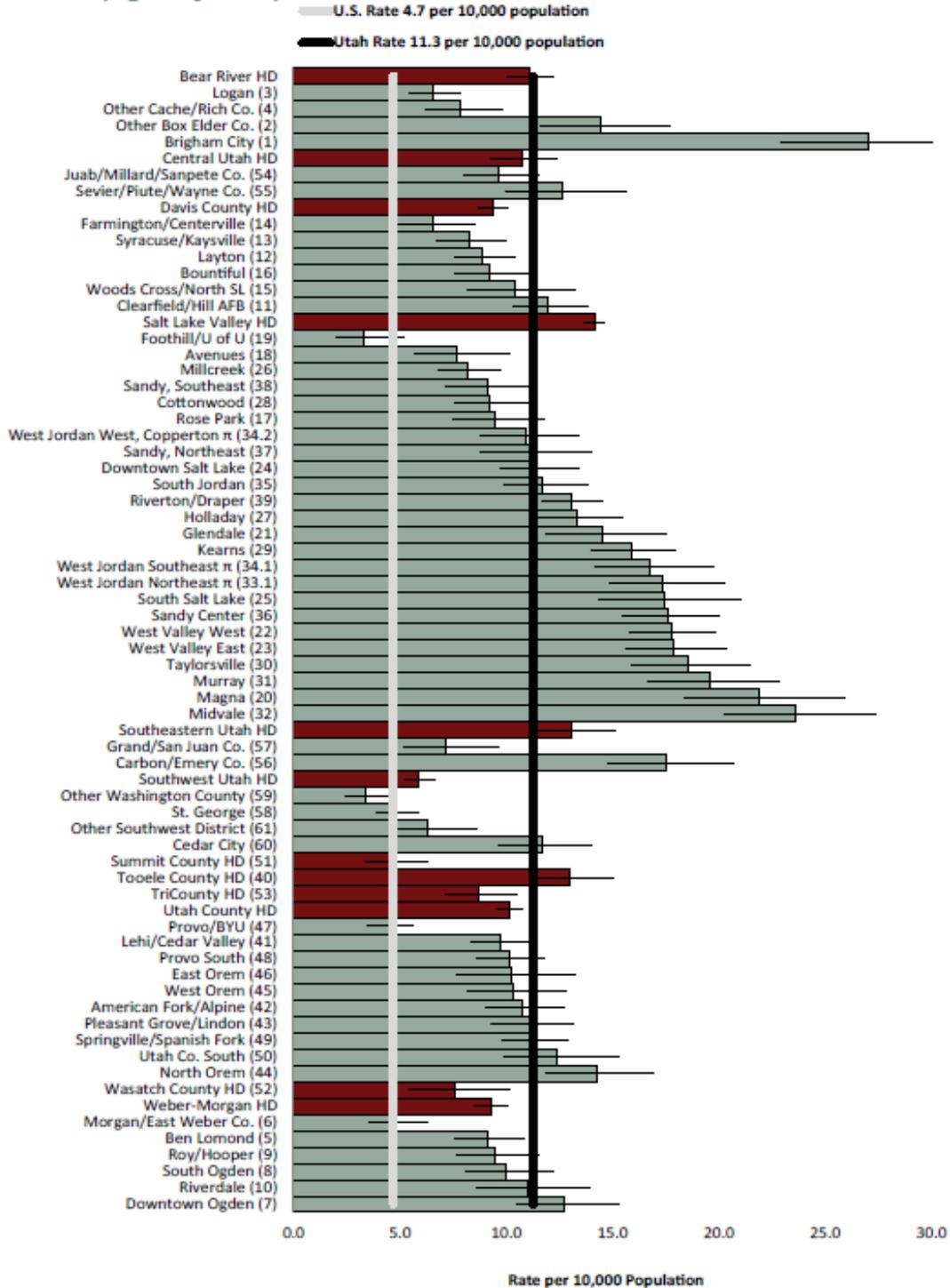


**Data Sources:** Utah Data from Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, Utah Population Estimates Committee (UPEC) and the Governor's Office of Planning and Budget (GOPB) for years 1980-1999. For years 2000 and later the population estimates are provided by the National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2013. U.S. Data from NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

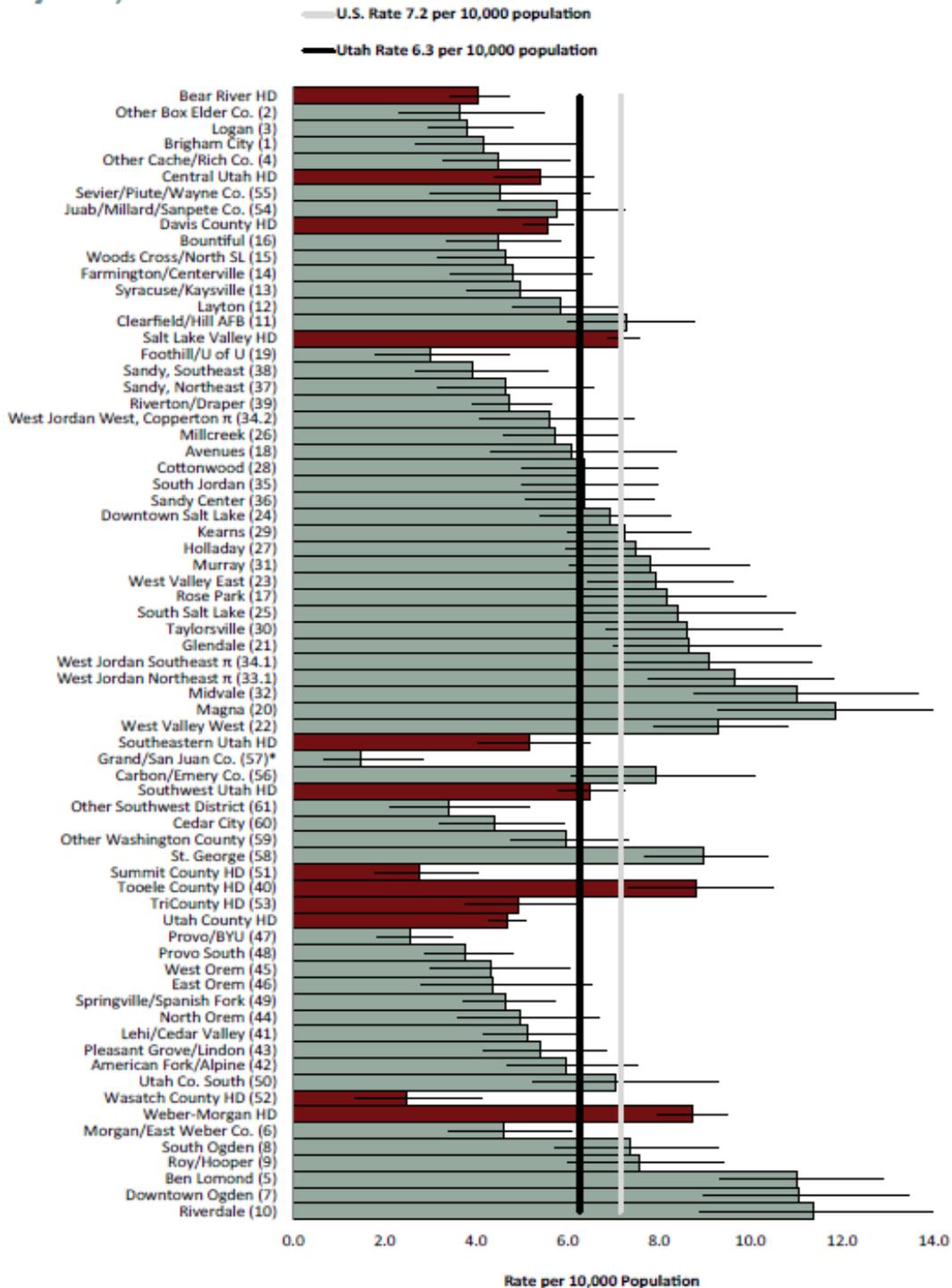




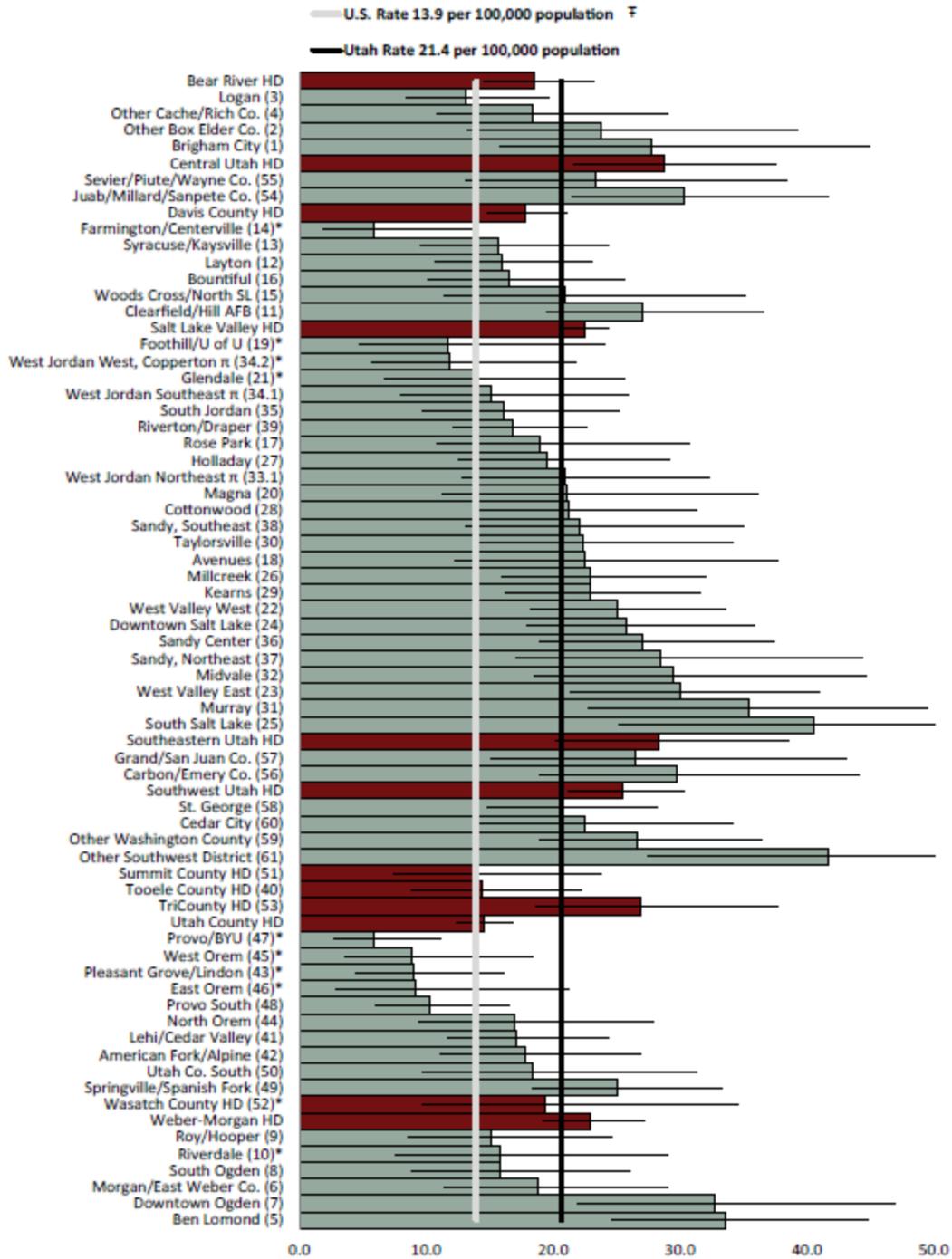
**Figure 14.1: Number of Self-inflicted Injury Emergency Department Visits per 10,000 Population Ages 10+ by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)**



**Figure 15.1: Number of Self-inflicted Injury Hospitalizations per 10,000 Population Ages 10 and Up by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)**



**Figure 16.1: Number of Suicide Fatalities per 100,000 Population Ages 10+ by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)**



**CONCLUSION**

In summary, suicide is a major public health problem that takes a comprehensive approach. The Utah Division of Substance Abuse and Mental Health, the Utah State Office of Education, the Department of Health and other dedicated public and private partners are dedicated to sustaining and growing suicide prevention efforts and reducing Utah’s rate of suicide.