



**State Suicide Prevention
Programs
FY 2019 Report**

Prepared by the Utah Department of Human Services
Division of Substance Abuse and Mental Health
October 2019

Doug Thomas, Director, Division of Substance Abuse and Mental Health
dothomas@utah.gov

Jeremy Christensen, Assistant Director
jeremy@utah.gov

Kimberly Myers, Suicide Prevention & Crisis Services Administrator
kmyers@utah.gov

Utah Suicide Prevention Program Report

Living in Utah has many advantages including the best snow on Earth and many beautiful national and state parks in which the opportunity for outdoor adventure is almost unlimited. Utah also ranks high in a number of health and happiness related outcomes. Paradoxically, Utah continually ranks in the top ten for high suicide rates among the United States. People in Utah also experience higher rates of associated mood disorders. The Utah Suicide Prevention Coalition is dedicated to better understanding this paradox and implementing prevention, intervention and postvention strategies to decrease suicide and the associated suffering it brings to individuals, families and communities.

Suicide is a major preventable public health problem in Utah and the 7th leading cause of death (2017). Every suicide death causes a ripple effect of immeasurable pain to individuals, families, and communities throughout the state. From 2014 to 2019, Utah's age-adjusted suicide rate was 21.79 per 100,000 persons. This is an average of 620 suicide deaths per year. It is notable that 2018 saw a decrease in suicide rates from 22.7 to 22.2. The decrease is not statistically significant nor does it represent a trend change, however, it is worth noting given the increase for many years. While stabilization of suicide rates at very high rates is not the success story we need, we do recognize the opportunity to now double down on efforts in order to continue trending in the right direction.

Many more people attempt suicide than die by suicide. The most recent data show that 6,039 Utahns were seen in emergency departments (2014) and 2,314 Utahns were hospitalized for self-inflicted injuries including suicide attempts (UDOH Indicator-based Information System for Public Health, 2014). One in fifteen Utah adults report having had serious thoughts of suicide in the past year (SAMHSA National Survey on Drug Use and Health, 2008-2009). According to the 2019 Student Health and Risk Prevention Survey, 16.4% of youth grades 6-12 report seriously considering suicide and 6.9% of Utah youth grades 6-12 students attempted suicide one or more times in the past 12 months. Again, while other risk factors for suicide have increased, it is notable that self-reported suicide attempts decreased from 7.1% to 6.9% from 2017 to 2019 after multiple years with increases.

While suicide is a leading cause of death and many people report thoughts of suicide, the topic is still largely met with silence and shame. It is critical for all of us to challenge this silence using both research and personal stories of resilience and recovery. Everyone plays a role in suicide prevention and it is up to each one of us to help create communities in which people are able to feel safe and supported in disclosing suicide risk, including mental illness and substance use problems. We need to break down the barriers that keep people from accessing care and support for prevention, early intervention and crisis services. This plan is both a report and a call to action; we encourage you to identify how you can support or implement any of the strategies and help create suicide safer communities in Utah.

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 6 6 §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 is responsible to appoint a state suicide prevention coordinator to administer a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts as outlined in 62A-15-1101.

In order to carry out the requirements DSMAH coordinates the Utah Suicide Prevention Coalition, oversees the Utah Suicide Prevention Plan, and contracts with partners to implement prevention,

intervention and postvention strategies.

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 six years and has accomplished a great deal, including the revision and ongoing implementation of the Utah Suicide Prevention Plan (see main goals below and attached full plan). A website has been developed with abundant resources and information which can be found at <http://utahsuicideprevention.org/>

The Suicide Prevention Resource Center has highlighted the following as major risk and protective factors for suicide. These factors are addressed throughout the Utah Suicide Prevention Plan:

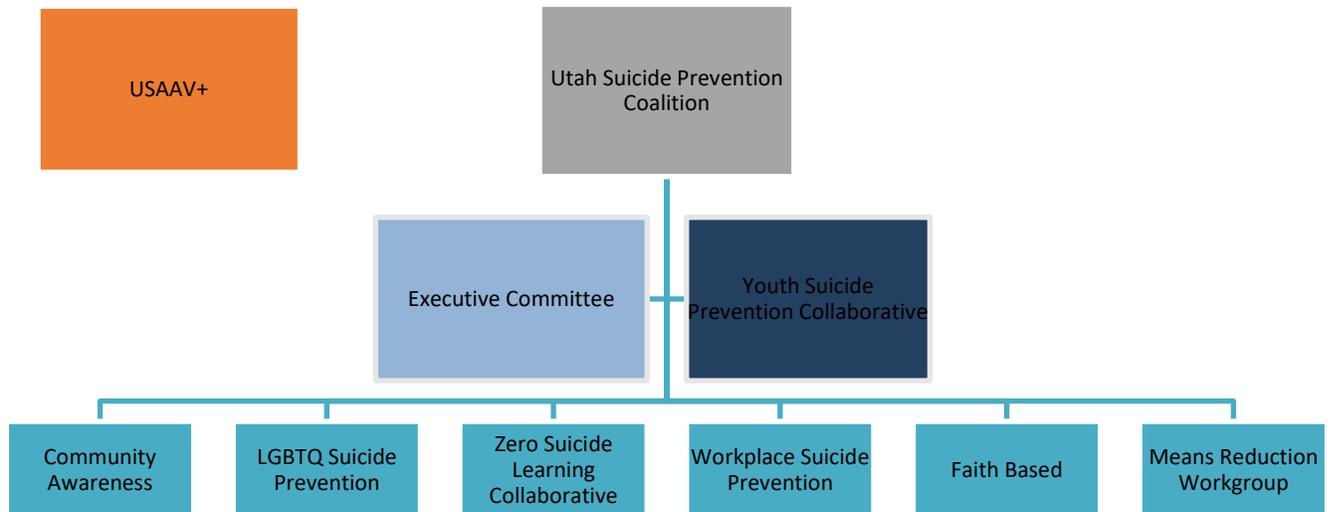
Protective Factors	Risk Factors
Connectedness	Prior Suicide Attempt(s)
Effective Behavioral Health Care	Mood Disorder
Contact with Caregivers	Substance Abuse
Problem Solving Skills	Access to Lethal Means

As discussed above, risk and protective factors interact in many contexts to influence an individual’s level of risk for suicide. Unfortunately, there is limited data available concerning suicide deaths and individuals who experience suicidal behaviors and thoughts, which can make it difficult to identify subgroups in the population with an increased risk for suicide. This plan will address efforts to improve data collection in order to better understand the problem of suicide broadly and in subgroups. The National Action Alliance has provided guidance on groups who have been identified as higher risk for suicide behaviors than the general population. In each of the goals and strategies outlined in the Plan, communities and subgroups are encouraged to examine their data, get input from local stakeholders and focus implementation on applicable high risk populations. High-risk populations identified include:

- American Indians/Alaskan Natives
- Individuals bereaved by suicide, also known as survivors of suicide loss
- Individuals in justice and welfare settings
- Individuals engaged in non-suicidal self-injury
- Individuals who have attempted suicide
- Individuals with chronic medical conditions
- Individuals with mental and or substance use disorders
- Lesbian, gay, bisexual and transgender (LGBT+) population
- Members of the Armed Forces and Veterans
- Men in midlife and older men
- Individuals with a history of more than four Adverse Childhood Experiences (ACES)



The Utah Suicide Prevention Coalition hosts additional committees who are dedicated to implementation of the State Suicide Prevention Plan. It also has representation on the Utah Substance Abuse and Mental Health Advisory Council (USAHV+). DSAMH provides leadership and coordination to all of the committees. The coalition structure is described in the image below.



Executive Committee

Includes representation from the Division of Substance Abuse and Mental Health (DSAMH), Department of Health (DOH), State Office of Education (USOE), Office of the Medical Examiner, University of Utah School of Medicine, Juvenile Justice Services, Department of Public Safety, University of Utah Healthcare, Intermountain Healthcare, National Alliance on Mental Illness-Utah, Utah Chapter of the American Foundation of Suicide Prevention, Local Mental Health Authority (Wasatch Mental Health), Hope4Utah, 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 in is among males age 45-55.

Work group updates from FY 2019;

- LGBTQ+: in process of developing a state plan for suicide prevention specific to LGBTQ
- Workplace: in the process of developing a toolkit for workplaces to implement mental health policies
- Faith: hosted first ever statewide Suicide Prevention Summit for Faith Leaders
- Community awareness: in process of redesigning the Utah Suicide Prevention Coalition Website
- Firearm: approximately 25,000 gun locks distributed in FY19, prepared a suicide prevention training video for hosting on the DPS website for people to review when applying for a renewal of their concealed carry permit
- Zero Suicide: 13 new agencies attending bi-monthly meetings; facilitating clinical in-person and online trainings; hosted the 2018 Zero Suicide Summit in which 300 clinicians, providers, administrators, and other health professionals attended

Utah Suicide Prevention Coalition (website)

The Utah Suicide Prevention Coalition Website is being re-designed to feature a more intuitive design that will be much more user-friendly, particularly on mobile devices. Promoting crisis resources, self-management of suicidal thoughts, supporting others at risk, and getting involved in community suicide prevention will be highlighted in the new website. The goal is to make our

resources easier to find and use by consumers, particularly those that have now prior suicide prevention knowledge or training. Evidence based strategies and resources are being incorporated into and will be promoted by the new website. The website is set to be launched by November 1, 2019.

The Utah Suicide Prevention Coalition has also been coordinating with the Utah Department of Health to plan and implement the Utah Health Improvement Plan which lists mental health promotion and suicide prevention as a top health priority for Utahns. The following are key priorities and outcomes from this combined effort:

<p>Objective 2.1.1 - Increase availability and access to quality physical and behavioral health care- Goal: Promote the adoption of the 'Zero Suicide' framework by health and behavioral health care providers statewide.</p>	<p>Indicator: Number of health systems/organizations formally adopting the Zero Suicide framework. Baseline: Zero organizations have adopted the Zero Suicide framework. Target: Ten health systems/organizations in Utah have formally adopted the Zero Suicide Framework.</p>
<p>Objective 2.1.2 - Increase social norms supportive of help-seeking and recovery- Goal: Train 10% of the Utah population in an evidence based gatekeeper training.</p>	<p>Time frame: 2017-2021 Responsible: UHIP/Suicide Prevention Admin OUTCOMES: July 2018 - Thirteen health systems/organizations adopting Zero Suicide. July 2019- 28 health systems/organizations adopting ZS.</p>
<p>Objective 2.1.3 - Reduce access to lethal means. Goal: Partner with firearm retailers and gun owners to incorporate suicide awareness and prevention as a basic tenet of firearm safety and responsible firearm ownership.</p>	<p>Indicator: Number of people trained in an evidence-based gatekeeper training. Baseline: 25,000 (estimated) Target: A minimum of 299,592 Utahns are trained in an evidence-based gatekeeper training. Time frame: 2017-2021 Responsible: UHIP/Suicide Prevention Coordinator OUTCOMES: July 2018- Trained an additional 9000 individuals for total 34,000. July 2019- Trained an additional 35,953 individuals for a total 69,953</p>
	<p>Indicator: Number of formal partnerships established/engaging in research guided means reduction activities. Baseline: Zero partnerships established Target: Ten firearm retailers, instructors, enthusiasts in Utah have incorporated suicide education, prevention, and awareness efforts into their businesses. Time frame: 2017-2021</p>

	<p>Responsible: UHIP/Suicide Prevention Coordinator</p> <p>OUTCOMES: 2018 - Seven mini grants awarded to communities to carry out activities.</p> <p>July 2019- Fourteen organizations with formal partnerships.</p>
--	--

Utah Prevention By Design

In 2012 DSAMH contracted with NAMI Utah and launched the Utah Prevention by Design Project (PbD) which partners with local community partners and coalitions for suicide prevention and mental health promotion efforts. In 2017, DSAMH re-issued a competitive RFP for the Prevention and Promotion contract. NAMI was awarded a new five year contract to continue mental health promotion, mental illness prevention, and suicide prevention activities. A portion of this funding is supported by state money for suicide prevention. A key component of the Prevention by Design contract is suicide prevention subcontracting and implementation through contracting with existing community service providers including local health departments, local mental health and substance abuse authorities, Federally Qualified Health Centers and other providers approved by the DSAMH Program Administrator.

The following are process data for the strategies/activities implemented by Prevention by Design subcontractor in FY19:

Gatekeeper Training

According to the Surgeon General’s National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide. We promote gatekeeper trainings for Question, Persuade and Refer (QPR) and Mental Health First Aid (MHFA) which are described below:

- Skills trainings (e.g. Mental Health First Aid, QPR, ASIST):
- Skills trainings (e.g. Mental Health First Aid, QPR, ASIST):
 - Number of trainings: 357
 - Number of persons certified: 9,585

Instructor Trainings:

- 80 QPR instructors certified
- Hosting a Train the Trainer on November 8th to certify 30 instructors in our state to teach the 2 hours curriculum called Working Minds. Working Minds trains organizations to proactively address the early warning signs of suicide in the workplace. This training will educate and equip businesses with tools to address mental health and suicide concerns within the workplace.
- Held a Mental Health First Aid Train the Trainers certifying 30 new instructors in Utah

Coalitions

- Coalition activity (directly working with Prevention by Design sub-contractors in FY19):
 - Number of coalitions: 15
 - Number of coalition meetings: 57
 - Number of persons in attendance: 212

Mental Health Promotion/ safety and prevention messaging

- Media and Events (e.g. interviews, articles, flyers etc.):
 - Articles: 14
 - Newsletters: 1400
 - Social Media: 39,462
- Community Events and other Suicide Prevention Strategies: 31
 - Number of persons in attendance: 27,060
 - Other Training and Events (i.e. movie theatre ads and parades): 40,061
 - Number of persons in attendance: 6,473
 - Flyers, campaign materials etc.: 4,650
 - Drug take back events: 155
 - Gun safety (i.e. gun locks and other resources): 519

School-Based Suicide Prevention

- School based activities (e.g. NAMI Hope for Tomorrow, Hope Squads):
 - ○ Number of schools: 46
 - ○ Total number of students served: 1,901

NAMI and DSAMH worked collaboratively to create a mechanism to measure and report outcome data from skills based trainings (e.g. SafeTALK, MHFA, QPR) offered by Prevention by Design sub-contractors. The average pre test scores and average post test scores are collected, and a knowledge increase (change score) is calculated.

The following are additional successes identified during FY2019:

1. Contracted with fifteen entities.
2. There were 57 coalition meetings with 212 people actively involved in coalition efforts.
3. 9,585 people trained in skills-based classes with over 84% reporting that the classes gave them the skills they needed for appropriate mental health and suicide related intervention.
4. Prevention and promotion services provided to 1,901 school-aged students.
5. Successful NAMI Utah Annual Conference on October 24 which communicated to professionals, consumers, family members and the general public messages that mental health treatment works, recovery is possible and there is hope even in the face of ongoing mental illness challenges. Approximately 200 attended the conference with an overall evaluation of 4.5 on a 5 point Likert scale. There was an extended breakout session for the Creating Safety suicide prevention training with an average evaluation of 4.8.
6. Qualitative and anecdotal information:
 - a. Southwest Behavioral Health – Beaver county reported that since training youth in Hope for Tomorrow and Hope Squads there have been four referrals of friends who have been suicidal within a month of student’s participation. “We are creating protective factors for these students on both ends, and decreasing the stigma that surrounds suicide and mental health”
 - b. Northeastern Counseling Center reported that the Ute Indian Tribe will now include YMHA as a training to all native youth that are participating in their employment.
 - c. The Kane Community Coalition worked with the adult coalition and finished the mental health awareness rock garden at the new Kanab reservoir. The coalitions collected painted hope rocks that were designed and painted at its mental health awareness day annual event. The location was donated to the coalition at the reservoir with a bench and wilderness area to do as they pleased. The coalitions plan to update and add to it regularly
 - d. The Kane Community Coalition designed Suicide Prevention Kits for rural health care provider’s and delivered them at a hospital board meeting. Each healthcare provider and department received a kit full of 2 different health care suicide prevention programs as well as

resources, scripts, parental handouts, patient questions, signs and symptoms, prevention information, etc. “KCC was hopeful that the doctors would use these kits but is also aware that in most cases the binders will end up collecting dust on a shelf. With great excitement it was brought to our attention that a few providers have actually been using the kits and we have been asked to provide them to other kinds of providers in our area.”

e. Utah Navajo Health System reports that during an ASIST training, “one participant who works with at-risk youth talked with a youth who was having suicidal thoughts. The participant did an intervention with the youth. This really that was a huge success.”

f. Multiple coalitions have been contacted by church groups requesting QPR be taught to their congregations.

g. Washington County’s success in partnering suicide prevention advocates with the gun owner’s community made national attention on NBCnews.com. The article dated September 17, 2018 is at: <https://www.nbcnews.com/news/us-news/more-20-000-people-die-gun-suicide-each-year-alarmed-n906796>

Justice Involved Youth

Contracted with National Center for Veteran’s Studies (NCVS) to provide 6-8 Crisis Response Planning trainings for staff interacting with justice involved youth within the Juvenile Courts and Juvenile Justice Services as well as to provide youth/justice specific supplements for ongoing training. Staff trained were also invited to attend ongoing case consultation for use of the intervention.

- Crisis Response Planning Trainings were provided to Juvenile Justice Services Staff. This full-day workshop is designed to enhance professionals’ knowledge about crisis response planning for managing acute suicide risk, and to increase their ability to confidently and competently administer this intervention with at-risk individuals. The first half of the workshop provides didactic knowledge about suicide, the development of the crisis response plan intervention, and its empirical support, all of which are designed to increase clinician knowledge. The second half of the workshop includes clinical demonstrations by the instructor and skills practice by attendees, which are designed for clinicians to acquire skill competency.
- Promising Youth Conference Sponsorship

Gatekeeper Training

According to the Surgeon General’s National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide. We promote gatekeeper trainings for QPR and MHFA which are described below:

QPR

QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in our Gatekeeper course in as little as one hour.

Mental Health First Aid

Mental Health First Aid (MHFA) is an 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of mental illnesses and substance use disorders.

- Mental Health First Aid and MHFA Train the Trainer
- QPR Training and Training of Trainers
- Materials

Youth Mental Health First Aid (YMHFA) is a variation of this course that is intended for adults supporting young people. In 2019, 10 YMHFA instructors were trained to be able to deliver this curriculum in their respective districts through Utah Project AWARE. Two YMHFA courses have been held since that training.

Project Aware

Youth Mental Health First Aid (YMHFA) is a variation of this course that is intended for adults supporting young people. YMHFA is an important component of Utah Project AWARE, a SAMHSA-funded project to Advance Wellness and Resilience in Education. This project focuses efforts in three school districts (Jordan, Alpine, and Cache) to increase social and emotion regulation skills associated with mental health and resiliency, increase family and community mental health literacy, and increase access to quality mental health services. Multiple school social workers and/or school counselors were hired through UT Project AWARE funds to increase access to mental health services.

To increase mental health literacy, 10 YMHFA instructors were trained in 2019 to be able to deliver this curriculum in their respective districts through Utah Project AWARE. Two YMHFA courses have been held since that training. Specific to suicide prevention, Utah Project AWARE has trained more than 2,686 school staff and community members in gatekeeper suicide prevention training during the FY19 fiscal year. Alpine LEA was able to train all staff in their school district in suicide prevention, which was equivalent to 2,200 individuals. All three LEAs are implementing extensive professional development for their staff on the topics of suicide prevention, crisis response, trauma sensitive schools, restorative practices, and/or mindfulness practices.

Cache LEA was able to update their suicide prevention and crisis response policies at the district level to be more in line with current best practices. Their new policy incorporates the Columbia-Suicide Severity Rating Scale screener, safety planning, counseling on access to lethal means, “return to learn” transition planning after a mental health related absence, and suicide postvention best practices. School counselors and social workers were trained on the new policy in September 2019. Alpine also has a new suicide prevention policy in development that is not yet approved by their school board.

Due to Utah Project AWARE efforts, approximately 15,543 students will be receiving evidence based social emotional learning curriculum in the three target LEAs in the 2019-2020 school year. 13,500 of these students will be from Jordan School District. During FY19, the groundwork was laid for implementing Second Step, Learning to Breathe, MindUp, and Good Behavior Game in these schools to prepare for implementation this year; including program selection, school selection, and training.

All AWARE LEAs are also implementing mental health screening nights (at least one per school year) to increase identification of mental health needs and access to mental health services.

Approximately 20-40 students are screened and referred at each of these events, and follow up contacts are provided through the respective schools.

National Strategy for Suicide Prevention (NSSP) Federal Grant

National Strategy for Suicide Prevention (NSSP) is funded by SAMHSA to support states in implementing the 2012 National Strategy for Suicide Prevention on preventing suicide and suicide attempts among working-age adults 25-64 years old. Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, is a priority of National Action Alliance for Suicide Prevention (Action Alliance), a project of Education Development Center's Suicide Prevention Resource Center (SPRC), and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). Utah NSSP activities include the following:

- Zero Suicide Learning Collaborative: The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. In fiscal year 2019, hosted twelve monthly learning collaborative meetings that discuss the seven Zero Suicide Elements. These meetings had attendance from approximately 31 agencies from different systems of care. In addition, held the 2018 Zero Suicide Summit in July 2018, in which 300 clinicians, providers, administrators, and other health professionals attended.
- Crisis Services follow Up: In fiscal year 2019, contracted with UNI to provide follow up and care coordination services for individuals 25+ discharging from emergency departments and inpatient psychiatric units in Salt Lake County as well as contracted with Four Corners Behavioral Health to provide rapid follow up and care transition services for those 25+ in Carbon/Emery counties. In fiscal year 2019, approximately XX individuals received follow up services. A total of 2,838 individuals received crisis follow-up services, with a total of 5,643 contacts made through phone calls, caring contacts, postcards, and/or voicemails.
- Means Reduction: Provided funds to seven local communities including City of Spanish Fork, Four Corners Behavioral Health, Northeastern Counseling Center, Salt Lake County, Southwest Behavioral Health, Utah Navajo Health System, and Weber-Morgan Health Department. In fiscal year 2019, NSSP funds: provided 58 gate trainings to 1,212 individuals; local communities were able to partner with 32 community partners; 404, 565 Utahans were reached with the "Is Your Safety On" media campaign through billboards, events, online advertisements, print media, radio, and/or social media; 3,399 gun locks were distributed; 22 gun safes were distributed; and 210 safe medication storage/disposal aids were distributed.

Evidence Based Clinical Training

- NCVS contracted to provide 12 CRP and 1 BCBT Training as well as ongoing case consultation phone calls.
 - Crisis Response Planning Trainings were provided to Juvenile Justice Services Staff, Crisis Workers, and behavioral health care providers statewide. This full-day workshop is designed to enhance professionals' knowledge about crisis response planning for managing acute suicide risk, and to increase their ability to confidently and competently administer this intervention with at-risk individuals. The first half of the workshop provides didactic knowledge about suicide, the development of the crisis response plan intervention, and its empirical support, all of which are designed to increase clinician knowledge. The second half of the workshop includes clinical demonstrations by the instructor and skills practice by attendees, which are designed for clinicians to acquire skill competency.
 - Brief Cognitive Behavioral Therapy Trainings were provided. BCBT-SP is a 2 day intensive clinical training with ongoing case consultation. BCBT is theoretically grounded in principles of cognitive behavior therapy (CBT); dialectical behavioral

therapy (DBT); and targeted therapies for suicidal, depressed adolescents and adults. The training covers chain analysis of the suicidal event; safety plan development; skill building; psychoeducation; family intervention; and relapse prevention.

- Feedback: Participants were asked to provide feedback in four areas:
 - 1. What did you learn from the workshop?
Responses included primarily “crisis response planning” and “narrative assessment” with some participants listing increased knowledge surrounding suicide or improving skills in working with suicidal individuals.
 - 2. What most helped you to learn?
Responses included primarily role-playing, modeling, the booklet, the presenter, and watching the videos.
 - 3. What might have helped you learn more from the workshop?
The majority of suggestions included expanding content to include the use of the CRP or narrative assessment to other populations such as children or adolescents, more video clips, more role plays, and receiving copies of presentation materials. Depending on the training, some participants mentioned needing better audio/sound quality.
 - 4. How do you hope to change your practice as a result of this training?
The majority of responses included implementing the CRP, narrative assessment, and/or model. Participants also mentioned planning to use the index cards and improving approach in working with or talking suicidal individuals.
- CAMS CARE: Online Licenses for CAMS online training were disseminated and 67 clinicians received in person role play training to further their skills and expertise in delivering the treatment. The Collaborative Assessment and Management of Suicidality is a therapeutic framework for suicide-specific assessment and treatment of a patient’s suicidal risk. Multiple clinical trials in the U.S. and internationally have proven the effectiveness of CAMS. It is a flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and modalities.
- Kognito: At-Risk in Primary Care Online Licenses for online training were disseminated and utilized by 7 providers. Kognito: At-Risk in Primary Care is an interactive role-play simulation that prepares primary care professionals to screen patients for substance use and mental health conditions, conduct brief interventions using motivational interviewing techniques, and coordinate referrals or follow-up care.
- **Conference Sponsorships**
 - Hope For Utah Suicide Prevention Conference
 - Utah Faith Based Suicide Prevention Summit
 - UVU Conference on Suicide Prevention
 - Critical Issues Conference
- **Means Reduction Activities**
 - Development of firearm safety materials including a PSA for parents of teens, safety brochure, training materials, materials for tabling/education at events targeted to gun owners.
 - Distribution of cable style gun locks (over 175,000 through FY 19).

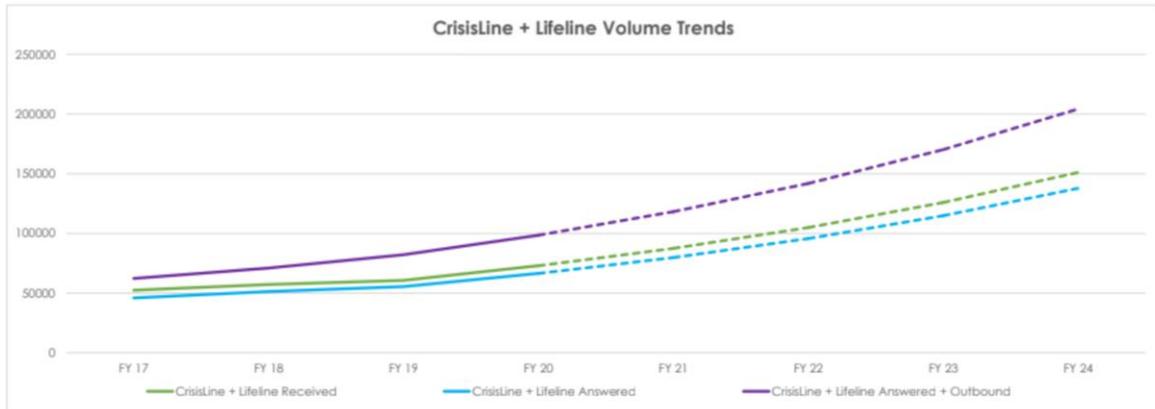
- Training current suicide prevention instructors on firearm safety and how to safely store and dispose of medications. Approximately 100 suicide prevention trainers have received this information thus far, with an additional training scheduled in southern Utah in October. Part of this project has also included distribution of Naloxone to local health departments so that they may be a resource to communities receiving this training. Approximately 720 kits have been distributed with plans in progress to distribute an additional 720 by October 2019. Dispose Rx safe medication disposal packets have also been distributed at these trainings.
- In fiscal year 2019, Nssp funds were designated to provide to seven local communities including City of Spanish Fork, Four Corners Behavioral Health, Northeastern Counseling Center, Salt Lake County, Southwest Behavioral Health, Utah Navajo Health System, and Weber-Morgan Health Department for means reduction activities for individuals 25 years and older. With these funds, these communities: provided 58 gate trainings to 1,212 individuals; local communities partnered with 32 community partners; reached 404, 565 Utahans with the "Is Your Safety On" media campaign through billboards, events, online advertisements, print media, radio, and/or social media; distributed 3,399 gun locks; distributed 22 gun safes; and distributed 210 safe medication storage/disposal aids.
- **Postvention**
- Survivor Boxes distributed to survivors of suicide loss
- Developing a postvention toolkit for communities that will serve as a guide to help them write communication protocols, develop policies, and promote healing. Toolkit and training is in process, set to roll out in January 2020.
- Developing a crisis and postvention training for school staff that will prepare them to develop and implement a plan for crisis response in the school setting and respond to school and student needs according to best practices after a suicide death. First draft of training should be completed in November 2019 and set to roll out and evaluate by January 2020.

Crisis Response Services

- Crisis response services are a gateway to the continuum of care to behavioral health services needed by individuals and families who are in the midst of a crisis. A comprehensive crisis response system is an effective strategy to suicide prevention, it provides rapid response and support services by mental health professionals, reduces law enforcement interaction, and the costs associated with unnecessary and costly hospitalizations. In FY18 the Legislature passed S.B. 31 and H.B 41 which enacted a Statewide Mental Health Crisis Line and the Mobile Crisis Outreach Team Act, (MCOT) with the goal of setting standards of care and practices for a statewide behavioral health crisis response system, and to expand and set standards for MCOT and crisis worker certification. Utah's comprehensive crisis services include a statewide crisis line, expansion of MCOT statewide, including Salt Lake, Utah, Davis, Weber, and Washington Counties. Stabilization and mobile response teams for children youth in families in the Northern and Southern regions of Utah. Statewide Safe UT text line, warmline, and 23 hour crisis receiving facilities in Salt Lake County, Davis, and Washington.

Statewide Crisis Line

- 24/7 support by licensed personal to provide prompt and compassionate crisis intervention, suicide prevention, emotional support, information and referrals, and follow up services.
- DSAMH contracted with the University NeuroPsychiatric Institute (UNI) to serve as the statewide crisis line in January 2019.



Mobile Crisis Outreach Team (MCOT)

- Triaged through Crisis Lines, Emergency Dispatch or other means, MCOT provides a prompt, face-to-face crisis response to any resident in Salt Lake, Utah, Weber, Davis, and Washington counties who is experiencing a behavioral health crisis. The team provides support, intervention and assessment based on strengths and recovery focused on alleviating the acute crisis and then on connection to formal and informal resources.
- MCOT services in 11 counties. In the first half year of implementation (Jan to June 2019) they performed 4990 outreaches with 80% being able to be stabilized and remain at home or in the community.

Warmline

- Phone line support line for Salt Lake County residents who are not in crisis but seeking support, connection, and encouragement and is staffed by peer support specialists from 8am to 11pm daily.

CONCLUSION

Suicide is a major public health problem that requires a comprehensive approach involving everyone. The Utah Division of Substance Abuse and Mental Health, Department of Health, Utah State Board of Education, the and other dedicated public and private partners remain dedicated and focused to sustain and grow suicide prevention, intervention and postvention efforts to reduce Utah’s rate of suicide.