**New Hampshire - NAMI New Hampshire**

Program Name: New Hampshire Nexus Project  
Grantee Website: [NAMI New Hampshire](#)  
Program Website: [The Connect Project](#)  
Grant Type: Garrett Lee Smith State  
Grant Status: Alumni  
Year Awarded: 2013  
State: New Hampshire

The National Alliance on Mental Illness New Hampshire (NAMI NH) served as the recipient in Cohort VIII for the SAMSHA State and Tribal Youth Suicide Prevention Program grant to expand, develop and direct New Hampshire’s youth suicide prevention and early intervention strategy, targeting high risk young people between the ages of 10 and 24. High risk populations within this age group included LGBT, those with co-occurring disorders, youth and young adults in the criminal justice system, those with military experience, minority and refugee populations, young adults not enrolled in college, justice-involved young people, and youth and young adults who have had an inpatient psychiatric admission.

Interventions focused on four target areas:

1. NAMI NH partnered with NH Hospital (NHH), the state's only inpatient psychiatric facility, to provide youth/young adults and their families with enhanced discharge planning and follow-up care coordination and support in order to reduce the risk of suicide, improve engagement in recovery activities and avoid readmission.

2. NAMI NH worked with Headrest, certified crisis call center for all National Suicide Prevention Lifeline (NSPL) calls originating in NH, to provide follow-up to callers age 24 and under to reduce risk and encourage engagement with treatment resources.

3. NAMI NH collaborated with 3 Regional Public Health Networks (RPHNs) to create community-based interventions to specifically target high risk youth, especially those who are not enrolled in college, substance users and members of minority or refugee communities. The 3 regions selected have the largest number of resettled refugees in NH and demonstrate significant substance abuse rates among their youth, as well as high suicide and suicidal ideation rates when compared to national averages.

4. NAMI NH interfaced with the NH Suicide Prevention Council and other suicide prevention initiatives to strengthen statewide capacity for addressing state and national goals for suicide prevention and intervention.

Project Goal: to reduce suicide incidents by increasing access to essential care and supports through a systemic approach to identified high risk youth.

This grant concluded on September 30, 2016. The following activities and accomplishments were among the results achieved through this three year grant:

1. An Aftercare Liaison position was established at the state psychiatric hospital to work closely with youth through the age of 24 who were admitted for suicide risk. This liaison worked closely with these individuals and their support system to provide psycho education around mental illness and suicide risk, engage them in safety planning, link them with NAMI and other resources, and arrange for a smooth transition back into the community. Through a holistic, collaborative approach, the Aftercare Liaison could help to ensure a successful recovery after
hospitalization for up to 90 days post discharge. Evaluation and review of the project results indicate that there was a 20% reduction in readmissions for clients in this program and several adverse incidents were averted. This liaison position has been retained as a permanent position with the hospital since the grant has expired and has served as a model for other hospitals around the country.

During the period of the grant NH Hospital also established a suicide prevention task force to look at implementing best practices throughout the hospital through a Zero Suicide approach. Included in their strategies was to bring the Connect Suicide Prevention training into the orientation program for all new Mental Health Workers at the hospital, expand on the use of safety plans for patients admitted for suicide risk, and include suicide prevention information in all discharge packets. The NH Hospital suicide prevention task force continues to meet monthly in an effort to continue comprehensive implementation of best practices throughout the facility.

2. Based on the Caring Contacts studies that show a decrease in suicide risk and increase in engagement in treatment, NAMI NH worked with Headrest, the certified crisis call center for all National Suicide Prevention Lifeline (NSPL) calls originating in NH, to provide follow-up to callers age 24 and under to reduce risk and encourage engagement with treatment resources. Call backs were made to youth 24 years old and younger, and any special demographics have been noted wherever possible (i.e. callers who are LGBTQ, in the military, have co-occurring disorders, are over 18 and not in college, or other high risk minority populations). A computer program implemented during the grant period enabled Headrest and evaluators to get data that identified how many callers received a call back and track the location of calls and categories that callers identified with under the target areas of the grant. Headrest has made a commitment to continue to make callbacks as part of sustaining this effort beyond the grant.

3. NAMI NH partnered with 3 Regional Public Health Networks (RPHNs) to create community-based interventions to specifically target high risk youth, especially those who are not enrolled in college, substance users and members of minority or refugee communities. The 3 regions selected have the largest number of resettled refugees in NH and demonstrate significant substance abuse rates among their youth, as well as high suicide and suicidal ideation rates when compared to national averages. These regions conducted extensive training and planning using the Connect model to implement best practices across their regions, with notable changes in both prevention and postvention approaches, including numerous schools and communities that now have comprehensive crisis response plans, adult and youth leadership training and postvention preparedness including the development or expansion of survivor supports. Over 80 Connect trainers were trained in prevention and postvention during the grant period, providing training to hundreds of community members, police departments, colleges and schools, and several statewide CALM and AMSR trainings were also offered to dozens of providers throughout the state. Connect Youth Leaders were trained in schools in every region. Broad knowledge and use of best practices have been illustrated in a variety of ways, such as through educating and guiding the media around safe messaging and rapid mobilization of supports and resources in the aftermath of a tragic suicide.

4. NAMI NH continued to work with the NH Suicide Prevention Council (NH SPC) and other suicide prevention initiatives to strengthen statewide capacity for addressing state and national goals for suicide prevention and intervention. To this end, active work with the NH Suicide Prevention Council and the Youth Suicide Prevention Assembly (YSPA) provided oversight on the state plan and targeted work through SPC subcommittees around work with the media across the state with consistent results; support of the NH Gun Shop Project initiatives including the development of suicide prevention video created by the NH Firearm Safety Coalition and an online CALM training for Emergency Medical Services; extending loss survivor supports statewide through support groups with expansion of groups to fourteen by the end of the grant period and numerous advocacy networks, International Survivor Of Suicide (ISOS) teleconference events, and active involvement of loss survivors in the suicide prevention conference, the NAMI NH WALK and the presence of TEAM SOS (Survivors of Suicide Loss) throughout NH; efforts to reach out to specialized high risk populations by training Connect trainers in the Bhutanese Refugee Community to deliver the Connect Training in Nepalese and in the Deaf and Hard of Hearing Community to conduct the Connect Suicide Prevention Training in sign language.

The grant helped to support the annual suicide prevention conference which each year was filled to capacity with a diverse cross section of participants. Workshops and plenaries covered a wide variety of topics ranging from Zero
Suicide to safe messaging, postvention, substance misuse and suicide, ethics and suicide, and wellness.

Overall infrastructure has been strengthened as noted by the many communities and schools who now consult with each other to implement best practices with guidance from GLS staff (vs. relying on GLS staff), the strengthened network of loss survivors, trainers and regions who are prepared to take initiative around advocacy and education and/or respond at the time of a crisis in an appropriate and coordinated manner. Further evidence that a culture of best practices has been established has been noted by a fairly consistent way that media has been responsible in reporting on suicide and utilized some of the best practice approaches in their reporting styles as well as consultation with GLS staff and other suicide prevention experts in NH.

Specialized projects such as the NH Gun Shop Project have received national attention through articles in the US News and World Report and CNN: [http://www.cnn.com/interactive/2014/12/us/cnn-guns-project/gun-shop-owner.html](http://www.cnn.com/interactive/2014/12/us/cnn-guns-project/gun-shop-owner.html) [3]. Many states have joined in to replicate or otherwise utilize the project across the U.S.

Links within this resource