New Hampshire

Program Name: New Hampshire Nexus Project 2.0 (NHNP2)
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Leveraging the innovative Integrated Delivery Networks (IDNs) created through New Hampshire’s 1115 Waiver Project and the corresponding Regional Public Health Networks (RPHNs), NAMI New Hampshire and its project partners have designed New Hampshire Nexus Project 2.0 (NHNP2), a cross-systems, collaborative approach to reduce suicide incidents among youth by improving pathways to care and offering comprehensive training to provide youth-serving organizations with the resources to identify, screen, refer, and treat at-risk youth. Population to be served: Based upon the most recent NH youth suicide data, NHNP2 will focus on youth/young adults ages 10-24 in IDN 2 (Capital) and IDN 7 (North Country/Carroll County). IDN 2 reported 14.5 youth suicides per 100,000, while IDN 7 reported 12.3 per 100,000. Both regions are higher than the US rate of 10.57 per 100,000. These 2017 rates indicate a 67% increase in Region 2, and a 50% increase in Region 7 since 2016. Strategies: 1. Leverage the infrastructure of NH’s IDNs to enhance functional inter-agency care systems and improve care coordination, continuity of care, and provider communication. 2. Enhance the ability of child and youth-serving organizations to recognize and engage youth at risk of suicide; establish referral pathways and cohesive procedures that connect high risk youth with appropriate services; and increase the capacity of communities to respond to suicide risk in a timely manner. 3. Build upon existing public/private partnerships to enhance the statewide capacity to recognize and respond rapidly and appropriately to suicide risk among youth/young adults. Goal: Reduce suicide incidents among youth/young adults by strengthening cross-systems collaboration, improving pathways to care, and offering comprehensive training opportunities that provide youth-serving organizations with the resources to identify, assess, refer, and treat at-risk youth. Measurable objectives: 1. Develop a Care Liaison role in each region to facilitate pathways to care for high-risk youth/young adults. 2. Leverage technology to advance screening and assessment and improve care coordination and cross-systems communication. 3. Convene and train regional implementation teams comprised of providers serving high-risk youth in suicide prevention/intervention/postvention. 4. Engage regional teams in planning to build infrastructure around best practices for suicide prevention/postvention. 5. Develop youth/young adult leadership in regional youth suicide prevention efforts. 6. Engage statewide organizations that interface with at-risk youth/young adults in suicide prevention/postvention training and planning. 7. Promote safe messaging in accordance with the NAASP framework. 8. Enhance and expand NSPL Lifeline follow up calls. Number to be served: The project will train an estimated 10,456 stakeholders and providers working in child and youth-serving organizations in suicide prevention, intervention, and postvention. The Care Liaison will work with approximately 60 high-risk youth/young adults annually. Approximately 10,756 individuals will be served over 5 years (Yr. 1 = 2,106; Yr. 2 = 2,302; Yr. 3 = 2,159; Yr. 4 = 2,038; Yr. 5 = 2,151).

Links within this resource
[1] https://www.naminh.org/

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