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Building State Suicide Prevention Infrastructure in Your State

October 30, 2019

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What We’ll Cover

• Why state suicide prevention infrastructure is important
• What the State Suicide Prevention Infrastructure Recommendations are
• What infrastructure looks like in practice
• What you can do to build suicide prevention infrastructure in your state
The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.
Suicide Prevention Resource Center

The national Suicide Prevention Resource Center (SPRC) is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer

• Best practice models
• Toolkits
• Online trainings
• Research summaries and more!

Who we serve

• Organizations
• Communities
• Agencies
• Systems

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www.sprc.org
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@SPRCTweets
SPRC’s Recommendations for State Suicide Prevention Infrastructure

Julie Ebin, EdM
Manager, Special Initiatives
Suicide Prevention Resource Center
Definition

State Suicide Prevention Infrastructure:

A state’s **concrete, practical foundation or framework** that supports suicide prevention-related systems, organizations, and efforts including the fundamental parts and organization of parts that are **necessary for planning, implementation, evaluation, and sustainability**.
What I’ll Cover

Why Were the Recommendations Developed?
Who Developed Them & How?
What Are They?
What Can You Do?
We remember those who we’ve lost; we recognize friends, neighbors, colleagues who’ve lost a loved one; and we honor those who have survived and who continue to survive.
Why Develop Infrastructure Recommendations?

- Infrastructure is needed for sustainability
- Current infrastructure in many states has significant limitations
- Lacking a consolidated resource that suicide prevention leaders, policy makers, and advocates can point to

"The absence of [a strong state] infrastructure almost certainly compromises suicide reduction efforts to a significant degree."

  SAMHSA
The “Who and How” of the Recommendations

• Who are they for? Decision-makers and key influencers – including you!
• How were they created? Robust process
• But we already have guidance! The Recommendations provide a practical backbone for existing guidance
To access State Infrastructure Recommendations:

http://www.sprc.org/state-infrastructure
What Do the Recommendations Include?

6 “Essential Elements”
Maintain a state suicide prevention plan that is updated every 3-5 years

As originally called for in the National Strategy for Suicide Prevention, each state should maintain a regularly updated and comprehensive plan that guides and coordinates suicide prevention activities, including measurable outcomes. As described in Build, the plan should use a multifaceted, lifespan approach across the state. Development of the plan should be guided by input from a broad range of stakeholders, including partner groups (see Partner).

The plan should help focus and coordinate suicide prevention efforts in the state and guide the implementation of activities in collaboration with national and local partners. To promote continuity, the plan should be integrated with the state crisis plan. To ensure that the plan continues to meet the needs of the state’s population and also reflects national priorities, it should be reviewed and revised every three to five years.

Real-life Examples:
Recommendation Examples

Real-life Examples:

Maintain a state suicide prevention plan that is updated every 3-5 years.
### Essential Element #1: Authorize

1. Designate a lead division or organization

2. Identify and secure resources required to carry out all six essential elements

3. Maintain a state suicide prevention plan that is updated every 3-5 years

4. Authorize the designated suicide prevention agency to develop, carry out, and evaluate the suicide prevention plan

5. Require an annual report to the legislature or governor on the state of suicide and prevention efforts, the extent and effectiveness of any statute or rule related to suicide, and emerging needs
## Essential Element #2: Lead

1. Maintain a dedicated leadership position

2. Identify and fund core staff positions, training, and technology needed to carry out all six essential functions

3. Develop capacity to respond to information requests from officials, communities, the media, and the general public

4. Where interests intersect, establish a formal connection between the relevant government divisions or offices

5. Build staff capacity to effectively communicate across multiple audiences and formats

6. Develop division/agency commitment to spur cross-discipline collaboration and integrate programs across funding sources
Essential Element #3: Partner

1. Form a statewide coalition with representation from broad public and private sectors

2. Adopt a shared vision and language across partners

3. Build partner capacity to integrate suicide prevention efforts into their structures, policies, and activities

4. Develop written agreements with partners detailing each party’s commitment
## Essential Element #4: Examine

1. Ensure that sufficient funding and personnel are allocated to support high quality, consistent, privacy-protected suicide morbidity and mortality data collection and analysis

2. Identify, connect with, and strengthen existing data sources

3. Ensure that high-risk and underserved populations are represented in data collection

4. Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels

5. Link data from different systems while protecting privacy
## Essential Element #5: Build

1. Build a multi-faceted, lifespan approach to suicide prevention across the state, in concert with the state plan:

   - Understand, develop, and enforce expert-informed policies and regulations that support suicide prevention

   - Strengthen the crisis system and policies, including mobile response and hotlines

   - Establish policies & model practices in preparation for post-suicide response, including in the event of a suicide cluster

   - Promote “upstream” strategies that proactively prevent suicide risk and enhance protective factors

2. Designate sufficient funding to carry out or support a multi-faceted approach

3. Cultivate the ability to evaluate and share results

4. Embed expectations for suicide prevention within relevant state-funded contracts
Essential Element #6: Guide

1. Ensure the ability to plan, provide, and evaluate consultation and capacity-building training for state, county, and local efforts

2. Identify and allocate resources needed to support consultation and capacity-building training for state, county, and local efforts

3. Identify and maintain an updated list of available trainings that meet relevant state requirements or recommendations
What Can You Do?

If Your State Has *Little* Infrastructure

- **Partner** Element
  - Encourage formation of a state coalition or join existing one
  - Coalition: assess state’s current infrastructure

- **Examine** Element
  - Use your data to make the case to decision-makers

- **Authorize** Element
  - Encourage stakeholders to designate a lead organization

If Your State Has *Some* Infrastructure

- **Authorize** Element
  - Work with coalition, state coordinator, and data to update state plan

- **Lead** Element
  - Encourage decision-makers to designate enough staff

- **Build** Element
  - Use your data to ask decision-makers to fund state plan activities
Questions?
References


Ken Norton, LICSW
Executive Director
NAMI NH - The National Alliance On Mental Illness
New Hampshire’s Infrastructure for Suicide Prevention
Early Efforts

- 1992 Legislative Study Committee to address youth suicide
- Recommendation to establish a permanent committee (no funding)
- Youth Suicide Prevention Assembly (YSPA)
- Dartmouth Injury Prevention and DHHS Public Health key leaders
- Youth to age 18
- 2003 Expanded to age 24
Connect Suicide Prevention Program

- Initiative of Youth Suicide Prevention Assembly
- Small grant from NH Family Foundation
- Host organization became NAMI NH 2003
- Best practice protocols and trainings across disciplines in prevention, intervention and postvention
- Community based socio ecological model
- Training of Trainers – Adults and Youth
- Survivor Voices – Sharing the Story of Suicide Loss
NH Suicide Prevention Plan

• 2004 First State plan – driven by Injury Prevention, Public Health, others
  – Based largely on National Strategy for Suicide Prevention
  – Endorsed by Commissioner of Health and Human Services
• Subsequent plans every 3-4 years
• Current plan 2017
NH Suicide Prevention Council (SPC)

- NH Awarded GLS Grant 2005 (NAMI NH)
- SPC Formed in 2006 as deliverable in GLS grant
- Prevention focus across the lifespan
- Public & private (non governmental orgs)
- Sanctioned by DHHS Commissioner
- Memos of understanding (MOU’s) for participating organizations
Memorandum of Understanding

• Work collaboratively toward the implementation of the goals and objectives of the State Suicide Prevention Plan.
• Act as liaison between the Council and their organization/stakeholder group including informing organization leadership of work of the Council
• Be an active participant in the Suicide Prevention Council by:
  – Attending meetings
  – Serving on a Sub Committee
  – Advocating for resources for suicide prevention
  – Promoting State Plan activities, and
  – Collaborating with efforts related to implementation of the State Suicide Prevention Plan
Collaborating Organizations

**PUBLIC**
- NH Dept. of Health and Human Services
  - Public health/mental health/DCYF/Elder Svcs
- NH Dept of Corrections
- NH Dept of Justice
- NH Dept of Education
- NH Dept of Safety
- State Hospital
- County Corrections
- Legislators
- National Guard
- VA

**PRIVATE**
- Dartmouth Injury Prevention Center
- NAMI NH
- Community Mental Health Centers
- Federally Qualified Health Centers
- Coalition Against Domestic Violence
- AFSP
- New Futures
- Local hospitals
- Survivors of Suicide Loss
SPC Legislatively Established

• Legislation introduced and passed in 2008
• Decision to legislatively establish was controversial
• 24 stakeholders legislated as members
• No funding appropriated with the legislation
• https://www.gencourt.state.nh.us/rsa/html/x/126-r/126-r-mrg.htm
SPC Committees

• Public policy
• Communication and media
• Data committee
• Added Committees
  – Survivors of Suicide Loss
  – Veterans and Military
  – Law Enforcement and First Responders
  – Suicide Fatality Review Committee
  – Conference Committee (Ad hoc)
• Inactive
  – Professional practice
  – GLS advisory committee
  – Education and Training
Data Collection

• Annual Report
  – Collaborative effort led by SPC Data Committee
• NVDRS 2016 (?)
  – Participate in suicide prevention council
  – SPC Data Committee
Annual Suicide Prevention Conf

- 16th Annual
- November 7th 2019  
  - Sold out!
- Collaborative effort  
  - Advocates  
  - Providers  
  - SOSL  
  - Attempt Survivors
- Diverse audience
Military and Veteran

- Early Engagement with NH National Guard
  – Model for DoD and National Guard Bureau
- National Guard and VA actively participate in SP Council
- Collaborative Training Initiatives with Suicide Prevention Council
- 2018 Mayor’s Challenge (Manchester)
- 2018 Governor’s Challenge
Suicide Fatality Review Comm.

- Legislatively established 2010
- Meets quarterly
- Reviews suicide, accidental or undetermined deaths
- Multi disciplinary members
- Reports to Suicide Prevention Council
- [https://www.gencourt.state.nh.us/rsa/html/x/126-r/126-r-4.htm](https://www.gencourt.state.nh.us/rsa/html/x/126-r/126-r-4.htm)
Medical Examiner/DHHS Link

• Designated person from NH DHHS Bureau of Mental Health Services has daily contact re: suicides
• Alerts to anticipated high profile deaths
• Collects data
• Coordinates loss survivor packets
  – Sent to Next of Kin ~ 2 weeks after death
• Identify potential cases for review
Bill requires the completion of continuing education units on suicide prevention for the renewal of a license issued by the board of mental health practice.

3 credits required every 2 years – may be in suicide prevention, intervention, postvention

(Licensed) Social Workers, Marriage and Family Therapists, Clinical Mental Health Counselors, Pastoral Counselors

http://www.gencourt.state.nh.us/legislation/2015/SB0033.html
SP Education in Schools

• Multiple attempts to legislate over past 20 years
• Legislation passed in 2019 requiring schools to develop plans for training in suicide prevention (and postvention)
  – Teachers, Administrators, Staff, Students, Volunteers
• No funding $
Additional Infrastructure

- Gun Shop Project, Gun Shop Project II
- Media/Journalism Student Training
- Annual Suicide Prevention Week Press conferences
- Zero Suicide Academy 2017
- Headrest – NSPL
- 2019 Training for Suicide Attempt Survivors
  - Activating Hope and Growing Through
  - [https://www.humannovations.net/growingthrough](https://www.humannovations.net/growingthrough)
  - Eduardo Vega evegamentalwealth@gmail.com
Moving Forward 2019

- Increase in suicide prevention funding (state coordinator?)
- Funding for suicide prevention hotline
- Mobile Crisis Response expanded
- Crisis Treatment Unit
- Increased bed capacity to address ED Boarding
Contact info

• NH Suicide Prevention Council
• https://www.dhhs.nh.gov/dphs/bchs/spc/index.htm

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Questions?
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American Foundation for Suicide Prevention
Using the SPRC State Infrastructure Recommendations
About AFSP

• AFSP brings together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes

• Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do.
AFSP Chapters

• 75 volunteer-run chapters in all 50 states + DC
• Bring AFSP’s mission – *to save lives and bring hope to those affected by suicide* – to local communities across the U.S. through:
  - Research
  - Education
  - Support
  - Advocacy
Our Bold Goal:

Reduce the annual U.S. suicide rate

20% by 2025

in total saving 36,000 lives
Today I will cover...

• How AFSP Chapter volunteers and other stakeholders can use the SPRC Recommendations

• What resources are available to help you “make your case” for robust implementation of the SPRC Recommendations
How you can help

• Bring Recommendations to the attention of state lawmakers and other public officials
  – Schedule meeting(s) before end of year

• Help decision-makers assess which of the 6 essential elements are being carried out in your state and where more advanced implementation is needed
New AFSP resource

- Releasing a NEW document to help guide you in:
  - What prep-work to complete prior to requesting your meeting(s)
  - What talking points to use
  - What follow-up might be needed
Prepping for your meeting(s)

• Might find it helpful to work with 1-2 other people
• Example “homework” activities:
  – Read & print state suicide prevention plan (sprc.org/states)
  – Read & print state fact sheet (afsp.org/statefacts)
  – Connect with your AFSP Chapter
  – Connect with your State Suicide Prevention Coordinator
Prepping for your meeting(s)

• Once you’ve done your “homework” you can take what you’ve learned and apply it to the SPRC Recommendations
  – What is your state doing well?
  – What could your state be doing more of?
During your meeting(s)

• Use the AFSP Talking Points as a guide [LINK]
• Print and bring with you:
  – SPRC State Infrastructure Recommendations summary and full report
  – AFSP State Fact Sheet
  – State suicide prevention plan
  – Your contact information and information about your local AFSP Chapter
After your meeting(s)

- Do your best to find answers to any outstanding questions
- Connect with your AFSP Chapter & AFSP public policy team as needed (advocacy@afsp.org)
- Schedule a follow-up meeting within 4-6 weeks to discuss next steps
AFSP Resources

• NEW resource [LINK]

• Local AFSP Chapters (afsp.org/chapters)

• State & national fact sheets (afsp.org/statefacts)

• State policy issue briefs & action center

• Speaking Out About Suicide (vimeo.com/132452113)

• Sign up to be a Field Advocate (afsp.org/advocate)
Questions, comments?

We look forward to our work together!
Questions?
State Infrastructure Tools

» **State Infrastructure Mailing List**
  
  Sign up to receive periodic email updates when new State Suicide Prevention Infrastructure content and tools are released.

» **Summary Recommendations for State Suicide Prevention Infrastructure**
  
  The summary recommendations provide an overview of the essential elements for state infrastructure. This document also contains an editable section to provide your audience with information relevant to your state.

» **State Infrastructure Summary Checklist**

  This checklist is an interactive version of the summary recommendations and provides users with an editable section to add notes.

» **Suicide State Fact Sheets** (from the American Foundation for Suicide Prevention)

  These fact sheets contain state-specific information about existing suicide prevention leadership structure and legislation. They also include data to help you make the case for improving infrastructure in your state.
Thank you!

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