



**State Suicide Prevention
Programs
FY 2020 Report**

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

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 8th leading cause of death in 2018. Every suicide death causes a ripple effect of immeasurable pain to individuals, families, and communities, increasing risk for those affected throughout the state. In 2018, Utah's age-adjusted suicide rate was 22.2 per 100,000 persons. This is an average of 640 suicide deaths per year. It is notable that, between 2017 and 2018, Utah experienced a decrease in suicide rates from 22.7 to 22.2. Preliminary data suggests this slight decrease continued into 2019 and early parts of 2020 however official data for 2019 has not been finalized.

In March of 2020 Utah experienced the first known case of COVID 19 caused by community spread. The potential mental health effects of COVID-19 are profound—particularly as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. This pandemic is associated with uncertainty and unpredictability, social isolation, economic vulnerability, and other stressors that are *also* risk factors for suicide. According to a 2020 survey conducted by CDC, nearly half of adults in the U.S. report worse mental health since the pandemic began.

As previously mentioned, Utah has made significant progress in preventing suicide deaths. While suicide rates have continued to rise across the country, early indicators tell us Utah's rates are plateauing. Now is the time to protect these gains. COVID-19 will cause distress and leave many people vulnerable to mental health problems and suicidal behavior. Mental health consequences are likely to be present for longer and peak later than the actual first-wave of the pandemic. However, the mid- to long-term impacts of COVID-19 are not yet well-understood. Efforts to plan and act now are underway in order to mitigate and offset some of the negative impacts and prevent unnecessary suffering and death. These efforts can help us be prepared to strengthen our prevention efforts and expand access to physical health care, addiction services, and mental health care services.

Many more people attempt suicide than die by suicide. The most recent data show that 3,280 Utahns were seen in emergency departments and 1,294 Utahns were hospitalized for self-inflicted injuries including suicide attempts (UDOH Indicator-based Information System for Public Health, 2014). 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.

State Suicide Prevention Infrastructure

The Division of Substance Abuse and Mental Health (DSAMH)

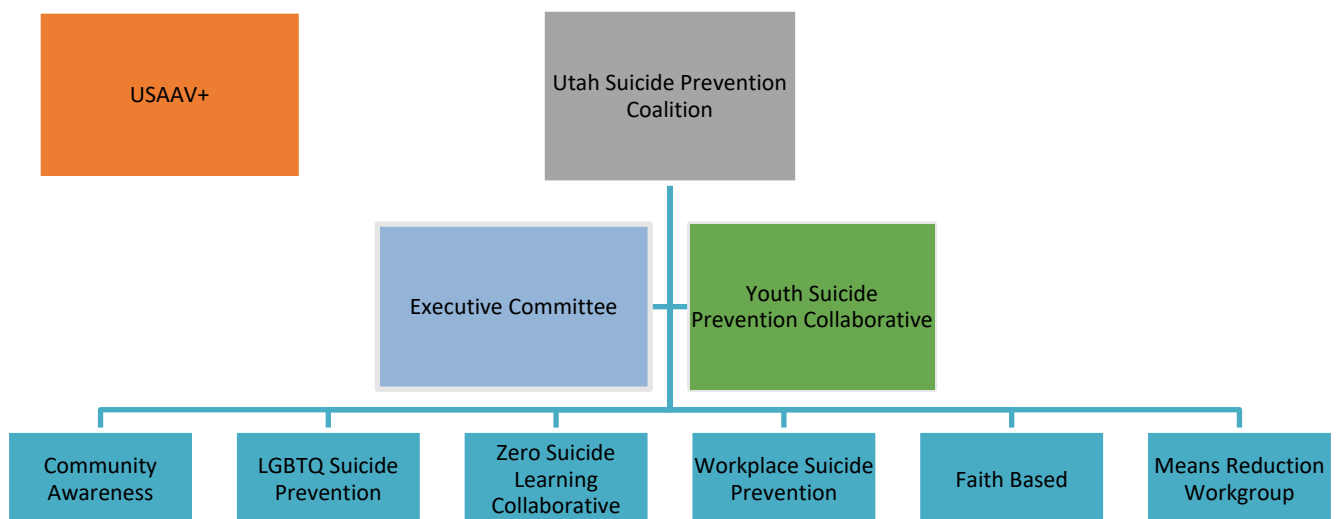
The Utah Division of Substance Abuse and Mental Health (DSAMH) was created as Utah's substance use disorder and mental health authority by Utah statute §62A-15-103. DSAMH is charged with ensuring a comprehensive continuum of mental health and substance use disorder services are available throughout the state. DSAMH 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 these requirements DSAMH coordinates the Utah Suicide Prevention Coalition, oversees the Utah Suicide Prevention Plan, and collaborates and contracts with partners to implement suicide 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 bi-monthly since 2012 and has accomplished a great deal, including the revision and ongoing implementation of the [Utah Suicide Prevention Plan](#).

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 (USAAV+). DSAMH provides leadership and coordination to all of the committees. The coalition structure is described in the image below.



Executive Committee of the Utah Suicide Prevention Coalition

The Executive Committee is a collaborative of leaders in suicide prevention from community, business, and government entities, dedicated to the promotion of quality of life and the reduction of suicide towards the aspirational goal of zero suicides, for individuals of all ages, ethnicities, cultures, creed, socio-economic status, and backgrounds.

To this end, members gather, monitor, and analyze trends, data, research, and systems to identify prevention, intervention and postvention needs. These findings translate into a statewide plan with practical actions to drive suicide down and promote quality of life.

The committee includes representation from the Division of Substance Abuse and Mental Health (DSAMH), Department of Health (DOH), Utah State Board of Education (USBE), Office of the Medical Examiner, University of Utah School of Medicine, Division of 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 Behavioral Health), Hope4Utah, and ESI Management Group.

Utah Suicide Prevention Coalition Work Groups

- **Community awareness:**
 - Inactive for a few months and restarted in February 2020.
 - Working on creating and disseminating a Safe Messaging Toolkit, which will include new resources for Planning Safe and Effective Youth and Family Events and Responding to Social Media Comments & Messages in combination with existing local and national resources
 - Creating social media resources for dissemination including a September Suicide Prevention Month social media calendar for 2020
 - Contributed to the PTA Suicide Prevention Toolkit
 - Assisted with updating and editing the new Utah Suicide Prevention Coalition Website
 - Created a process to review programs and resources that ask to be listed on the coalition website or highlighted in coalition meetings, and a process for handling tabling event requests.
- **Faith:** hosted statewide Suicide Prevention Summit for Faith Leaders and developed a Faith Leaders' suicide prevention resource list.
- **Firearm:** In FY20, DSAMH distributed 26,650 gun locks to community partners, 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 reaching 162,300 people; 1,388 rebates totaling approximately \$121, 694 for firearm safes, were provided through the Utah Firearm Safe Rebate program. The workgroup has participated in several research efforts to better understand and target firearm suicide prevention efforts.
- **LGBTQ+:** drafted an LGBTQ+ strategic plan to guide statewide and local efforts to address suicide risk within this community and began creating informational sheets for

professionals working with the community as well.

- **Workplace:** in the process of developing a toolkit for workplaces to implement mental health strategies and policies within their own organizations to reach the working middle age population, our highest risk age group.
- **Youth:** in progress Youth workgroup strategic plan; supported Primary Children’s “Hold on to Dear Life: Mental Wellness Campaign”
- **Zero Suicide:** 21 agencies participating in the Zero Suicide Learning Collaborative; facilitating clinical in-person and online trainings including CAMS (Collaborative Assessment and Management of Suicidality) and CRP (Crisis Response Planning); hosted the 2019 Zero Suicide Summit in which 313 clinicians, providers, administrators, and other health professionals attended.

Inter-agency/organization Surveillance of Suicide Prevention during COVID-19

Early in the emergence of COVID-19 in Utah, several partners across the state formed a surveillance group to monitor factors related to suicide and substance use, in an effort to identify trends, monitor the impact of COVID and develop strategies to respond and to mitigate the impact. Partners include the Division of Substance Abuse and Mental Health, the Utah Department of Health, Violence and Injury Prevention Program and the Office of the Medical Examiner, the Intermountain Health Care and the University of Utah Health System. Initially meeting weekly, the group reviewed the following data:

- Suicide ideation;
- Suicide attempt;
- Suspected suicide deaths;
- Nonfatal overdoses, including opioid, heroin and stimulant;
- Suspected fatal overdoses;
- Crisis Evaluations at both Intermountain Healthcare and the University of Utah Health, including emergency departments; and
- Crisis line contacts, including state Crisis Line, Warm Line and SafeUT app.

This data has been reviewed in comparison to pre-COVID times as well as within the period of COVID to ascertain any trends or emerging concerns. The data continues to be reviewed for gender, age, race and ethnicity to determine any difference from pre-COVID times.

Utah Community of Practice- State Infrastructure Development

The Suicide Prevention Research Center has developed a set of [recommendations](#) for states that reflect current research and practice on the development of a state-level infrastructure for suicide prevention and related areas, including public health and mental health. These recommendations are organized into six areas that represent the essential elements of a state infrastructure for suicide prevention.

Utah has developed a team of state-level experts to review these recommendations and assess the status of Utah’s current suicide prevention infrastructure to identify gaps and needed resources to improve the foundation for suicide prevention in their state. During this process, the recommendations will also be used to identify and engage important partners,

support the development of action plans, and build a strong infrastructure to support and sustain suicide prevention efforts.

These recommendations provide a framework for a public health approach to suicide prevention, and this state team will regularly examine the current extent of suicidal behavior, evidence-based prevention efforts, funding, and personnel in order to identify and address needs.

Goals

- Gain a deeper understanding of SPRC's Recommendations for State Suicide Prevention Infrastructure
- Identify Utah’s infrastructure strengths and needs
- Engage in activities to advance specific elements of Utah’s suicide prevention infrastructure
- Evaluate gaps in infrastructure & make recommendations to leadership
- Update Utah Suicide Prevention State Plan and set goals for coming years

Utah Health Improvement Plan (UHIP)

The Utah Suicide Prevention Coalition coordinates 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>Goal: Increase availability and access to quality physical and behavioral health care.</p> <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>Goal: Increase social norms supportive of help-seeking and recovery.</p> <p>Objective: Train 10% of the Utah population in an evidence based gatekeeper training.</p>	<p>Measure: Number of health systems/organizations formally adopting the Zero Suicide framework.</p> <p>Baseline: Zero organizations have adopted the Zero Suicide framework.</p> <p>Target: Ten health systems/organizations in Utah have formally adopted the Zero Suicide Framework.</p> <p>Time frame: 2017-2021</p> <p>Responsible: UHIP/Suicide Prevention Admin</p> <p>Current: 21 agencies from different systems of care participate in the Zero Suicide Learning Collaborative and are working on adopting the Zero Suicide framework; a total of 28 agencies/systems of care are adopting the Zero Suicide framework</p> <p>Measure: Number of people trained in an evidence-based gatekeeper training.</p> <p>Baseline: 25,000 (estimated)</p>
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<p>Goal: Reduce access to lethal means of suicide death.</p> <p>Objective: 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>Target: A minimum of 299,592 Utahns are trained in an evidence-based gatekeeper training.</p> <p>Time frame: 2017-2021</p> <p>Responsible: UHIP/Suicide Prevention Coordinator</p> <p>Current: In December 2019, DSAMH rolled out a statewide online QPR data collection system. Since that roll out, approximately 4,314 people have been trained. Note that in March 2020 all training went virtual due to COVID-19.</p> <p>Indicator: Number of formal partnerships established/engaging in research guided means reduction activities.</p> <p>Baseline: Zero partnerships established</p> <p>Target: Ten firearm retailers, instructors, enthusiasts in Utah have incorporated suicide education, prevention, and awareness efforts into their businesses.</p> <p>Time frame: 2017-2021</p> <p>Responsible: UHIP/Suicide Prevention Coordinator</p> <p>OUTCOMES:</p> <p>FY 20-Eight communities were awarded mini grants to implement and carry out lethal mean reduction activities.</p> <p>FY20- Twenty-seven organizations with formal partnerships.</p> <p>FY20- 55 firearm suicide prevention gatekeeper training fo 1,512 individuals</p> <p>In FY20, DSAMH distributed 26,650 gun locks to community partners.</p>
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Suicide Prevention, Intervention, and Postvention in Utah

Utah Prevention by Design

The NAMI Utah Prevention by Design project (sometimes referred to as “Prevention by Design” or “PbD”), initiated by contract with Utah’s Division of Substance Abuse and Mental Health (DSAMH), is a plan for enhancing and coordinating local community networks in systematic and evidence-based approaches to the prevention of mental illness and suicide death and promotion of mental health. This process is based on the Strategic Prevention Framework and is generally implemented using the Communities That Care Prevention Model. 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.

In 2019, NAMI Utah and DSAMH determined that the impact of this project would be greater if the contracts were extended to 4-year contracts rather than 1-year contracts. This would allow communities to plan more effectively, and move further upstream for suicide prevention efforts.

The FY2020-23 sub-contractors (and their associated coalitions) are:

1. Central Utah Counseling Center
2. Davis County Health Department/Davis HELPS
3. Hope 4 Utah Jordan School District
4. Hope 4 Utah, Utah County
5. Latino Behavioral Health
6. Northeastern Counseling
7. Promise South Salt Lake
8. Salt Lake County Health Department
9. Southwest Behavioral Health-Beaver County
10. Southwest Behavioral Health-Bryce Valley & Escalante Coalition
11. Southwest Behavioral Health-Garfield County
12. Southwest Behavioral Health-Iron County
13. Southwest Behavioral Health-Kane County
14. Southwest Behavioral Health-Washington County
15. Utah Navajo Health System
16. Valley Behavioral Health-Tooele
17. Wasatch County Health Department
18. Weber-Morgan Health Department

The following are process data for the strategies/activities implemented by Prevention by Design subcontractor in FY20 (note that COVID-19 was a barrier to any in-person trainings and events during the second half of this contract year):

Total Number of Events: 36

Total Number of Event Participants: 10,528

Number of Individuals Participating in Different Training Types:

Gatekeepers Trained

Firearm Safety Module	7,721
Utah Means Safety Module	657

Instructors Certified

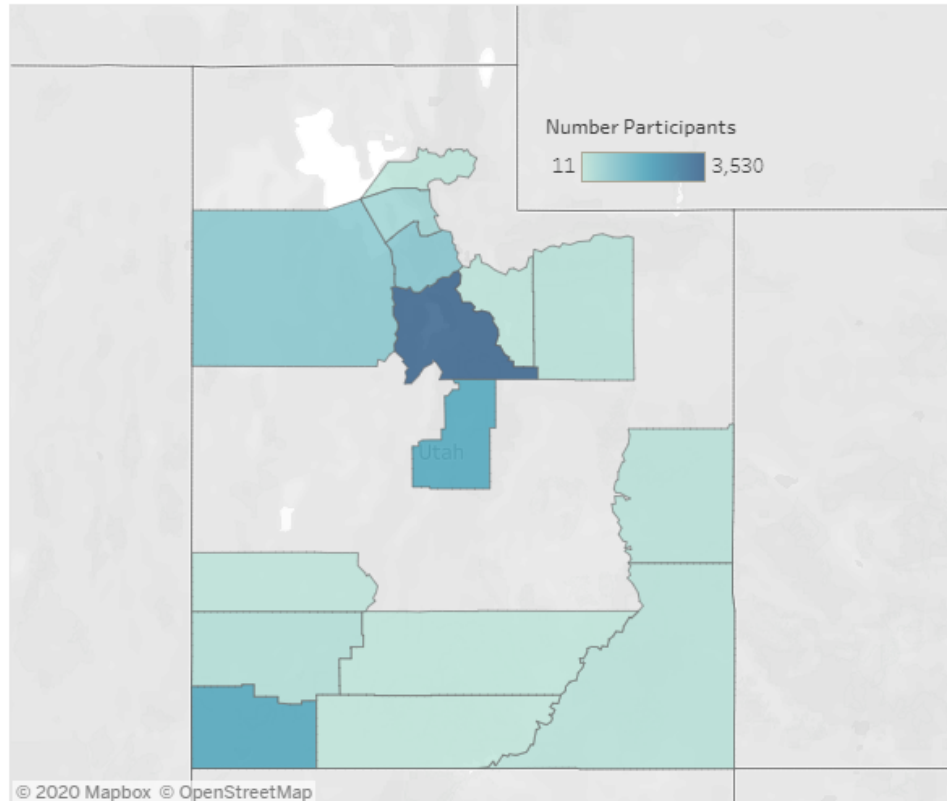
Creating Safety	4
QPR	108
MHFA or YMHFA	26
Safe Talk	14
ASIST	17

Suicide Trainings

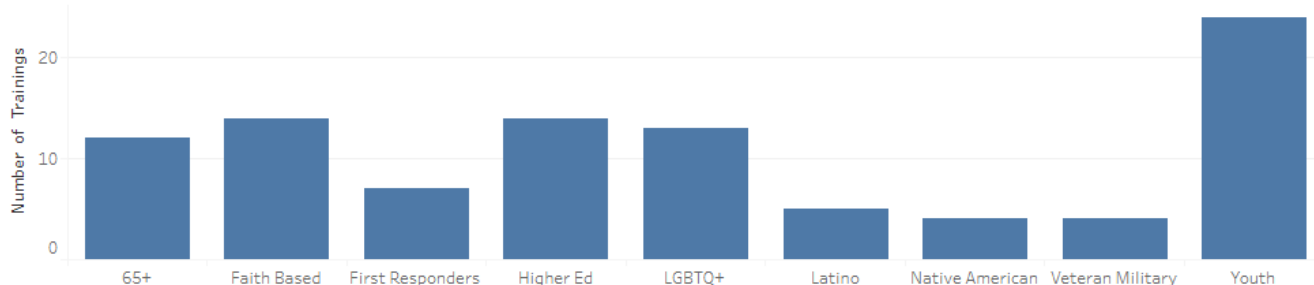
MHFA or YMHFA.	770
Talk Saves Lives.	52
Safe Talk.	265
QPR.	6,309
ASIST.	116
Creating Safety.	12

Number of Participants by Organization and County:

Beaver County Prevention Coalition	56
Bryce/Escalante Coalitions	0
Central Utah Counseling Center	1,784
City of South Salt Lake- Promise South Salt Lake	0
City of South Salt Lake-Promise South Salt Lake	0
Davis Behavioral Health	112
Davis Helps/Davis Behavioral Health	441
Hope4Utah	4,258
Iron County Prevention Coalition	107
Kane Community Coalition	11
Kane Community Coalition/Southwest Behavioral He..	0
Latino Behavioral Health Services	6
Latino Behavioral Health Services	6
Northeastern Counseling Center	154
Panguitch Prevention Coalition	0
Salt Lake County Health Department	246
SBHC- Bryce Valley/Escalante Coalitions	12
SBHC- Panguitch Coalition	15
Southwest Behavioral Health Care/REACH4HOPE	1,336
Southwest Behavioral Health Center (SBHC)	478
Southwest Behavioral Health Center/ Iron County Pr..	120
Utah Navajo Health System	150
Valley Behavioral Health	335
Valley Behavioral Health - Tooele	581
Wasatch County Health Dept and Wasatch Mental H..	81
Wasatch County Health Dept/Wasatch Mental Health	14
Weber-Morgan Health Department	225



Trainings for Special Populations:



***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.*

The following are additional successes identified during FY20 for the PbD contract:

- Firearm Safety Measures
 - Firearm safety measures have made huge gains compared to FY2019; from 519 to 5,727-gun locks, firearm safes, and other firearm safety material shared across the state. See Means Reduction Section later in the report for additional detail.
- Northeastern Counseling Center
 - Was recognized nationally for its outstanding efforts in distributing gun locks and gun sleeves during gun shows. They were featured during a national segment of [NPR news](#) in August of 2019.
 - Northeastern was also featured on the [local news](#) highlighting the need for suicide prevention efforts for farmers and ranchers within their community.
 - Created multiple social media ads for veterans, COVID-19 support, adult men, and youth.
 - <https://www.facebook.com/nccutah.org/videos/807641203027176/>
 - <https://youtu.be/A1YPClx0qWo>
 - <https://youtu.be/pJzfX7T6Hoc>
- Southwest Behavioral Health
 - Administered a training in Centennial Park, which is a small community near Hilldale that is said to practice polygamy. This community is very closed off and reluctant to allow outsiders in. There were over **300 people** in attendance.
- Salt Lake County Health Department
 - Partnering with two local senior centers to implement Men's Sheds. These will be the first of its kind here in Utah and will help to build connectedness and belonging within this high-risk elderly male population.
 - Created ads for dating apps. Looking at data in Salt Lake County, they have found single adults have higher rates of suicide deaths than married adults. For this reason, we are trying to reach this population in a place we know they frequent. This ad purchase will give us an incredible reach of 181,000 clicks.
- Central Utah Counseling
 - Teamed up with Local trucking companies to wrap 180 semi-trucks with the Suicide Prevention Lifeline and prevention messaging. These 180 trucks travel throughout Utah and surrounding states, enabling the Lifeline message to impact more people.
 - Conducted QPR with lethal means training for all the trucking companies' employees.
- Davis County Health Department
 - Piloted a men's only Mindfulness-Based Stress Reduction class. It was held this

past fall at the Davis Mindfulness Center and taught by a male instructor. The project engaged 13 working-age men in Davis County through a focus group to guide the county's suicide prevention work, provided Mindfulness-Based Stress Reduction training to 27 working-age men in the first year to improve their life skills/coping skills, and provided training for new Learning to Breathe (adolescent mindfulness) instructors that will provide mindfulness training to teen and young adult men (ages 12 –22).

- Based on their feedback in the course and the information they provided in the focus group, we started a virtual weekly men's group during Covid-19. Looking to expand it and move it to an in-person group as soon as possible.

Live On Campaign

Suicide, like any complex public health issue, requires population-level strategies to modify attitudes and social norms in ways that help reduce risk factors and enhance protective factors. In Utah, the moment is ripe for one such strategy: a statewide media and education campaign to prevent suicide. This public-private endeavor represents the first time Utah has taken on a comprehensive, large-scale, multi-platform effort of this type around the issue of suicide—one that goes beyond individual marketing efforts or one-off messaging initiatives. Together, we can shift beliefs and behaviors in order to demonstrably reduce suffering and save lives.

Under HB 393 (2019), the Utah Legislature generously agreed to match up to \$1 million in private funds to the Governors Suicide Prevention Fund. These funds were raised for creation of a statewide suicide prevention campaign. Private donors rallied to support this effort. Private sector donations came from Intermountain Healthcare, Greg and Julie Cook (the co-founders of DoTerra), The Church of Jesus Christ of Latter-day Saints, the University of Utah, Rocky Mountain Power, Utah Shooting Sports Council, and approximately \$25,000 from individuals making the donation through their tax returns.

Brand Development

While suicide prevention must be a collective effort, it is also deeply personal. The handwritten nature of the logo represents the role each individual has in suicide prevention. This logo can speak to attempt survivors, loss survivors, those contemplating, and prevention professionals. Live On messages will promote protective behaviors and beliefs such as help-seeking, recognizing warning signs, resiliency, and safe firearm storage. This campaign will amplify voices of healing and recovery. Visit liveonutah.org for more information.



Campaign Goals:

1. Establish Suicide Prevention as a Priority for all Utahans
2. Promote Protective Behaviors and Beliefs – increase knowledge and acceptance around help-seeking, safe firearm storage, and stigma reduction
3. Provide Hope and Encourage Social Connection – amplify voices of healing and resiliency, especially from those with lived experience around loss and recovery, and encourage supportive relationships

Campaign oversight:

Effective prevention efforts of this magnitude demand intentional coordination and alignment with local stakeholders and their respective activities. Accordingly, this campaign is led by a steering committee of faith, healthcare, advocacy, and government leaders. The steering committee reports to the Executive Committee of the State Suicide Prevention Coalition—the leading body for suicide prevention activities, expertise, and guidance, coordinated by the Utah Department of Human Services’ Division of Substance Abuse and Mental Health—while collaborating and aligning with key leaders and advisory groups convened by the Governor’s Office and Legislature.

Campaign Partners:

- Governor’s Suicide Prevention Task Force
- Utah Suicide Prevention Coalition & Executive Committee
- Legislators, policymakers, and budget leaders
- Faith groups
- Healthcare systems
- Utah government agencies
- Gun owners and advocates
- Academic institutions
- Nonprofit Organizations
- Businesses
- Local prevention coalitions
- Family settings (libraries, pediatricians’ offices, restaurants, schools, etc.)

Evaluation and Outcomes:

- BRFSS and SHARP data to monitor progress and improve the campaign’s efforts and targets
- Household survey and focus groups conducted by the Kem Gardner Policy Institute to measure changes in attitudes and beliefs related to help seeking, firearm storage, knowledge of resources, and other social norms related to suicide in Utah.
- Other relevant indicators from local healthcare institutions and community partners

Timeline:

- Year 1: Contract, stakeholder interviews, brand development, baseline data collection, campaign launch and implementation
- Year 2: Creative development, mini grants for Local Mental Health Authorities across the state, creative development for culturally diverse populations

- Year 3: Continued implementation and evaluation, additional mini grants for Local Mental Health Authorities across the state, creative development for culturally diverse populations

NOTE: The LiveOn Utah website has now replaced the Utah Suicide Prevention Coalition website so there is one source for all credible suicide prevention information in Utah.

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 was sponsored by DSAMH however due to COVID19 the conference was cancelled and will roll over funds for next year.

In addition, DSAMH has contracted with Bach-Harrison LLC to serve as the project evaluator for the Utah Courts Family Engagement Evaluation project. Project includes: 1) Providing consultation for and development for the Juvenile Court Participant Exit Survey, 2) focus group facilitation, and 3) data analysis and reporting.

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.

- In FY20, DSAMH and Project AWARE partnered to host QPR training to 798 school

staff and parents.

- In FY20, 7,790 people were trained in QPR through the PbD contract, and an additional 1,512 individuals through Firearm Safety mini-grants.
- In December 2019, DSAMH rolled out a statewide online QPR data collection system. Since that roll out, approximately **4,314** people have been trained. This data will be summarized annually. Note that in March 2020 all training went virtual due to COVID-19.

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.

Youth Mental Health First Aid (YMHFA) is a variation of this course that is intended for adults supporting young people.

- In FY20, DSAMH and Project AWARE partnered to host YMHFA training to 157 school staff and parents.

Gatekeeper Tracking

DSAMH has created a process for managing, tracking and reporting on gatekeepers in an organized and consistent manner. This includes a master list of all QPR gatekeeper instructors in the state to be able to provide them with updated data, resources, and training information. This also allows DSAMH to make referrals to classes in different areas in the state. There are over 400 instructors in this database as of January 2020.

DSAMH has also created an online gatekeeper training database to track the number of people in Utah receiving QPR training and to measure improvements in knowledge and comfort around having a conversation about suicide and other prevention strategies. Data is collected via QR code embedded in all Utah QPR powerpoints for QPR Gatekeeper training.

Governor's Suicide Prevention Grants

A new fund entitled "Governor's Suicide Prevention Fund" was created in the 2018 General Session by House Bill 370 and codified in UCA 62A-15-1103. The Utah Division of Substance Abuse and Mental Health (DSAMH) worked with the Governor's office to establish a grant application and review process to expand the ability of communities to implement primary suicide prevention efforts by addressing risk and protective factors and/or to improve mental health crisis response efforts related to suicide reduction.

This project was implemented from Spring 2019-Summer 2020. Funded organizations and a summary of their project outcomes are included below:

Davis County (\$30,000)

- Gatekeeper training: 348 individuals received QPR training, 210 received Mental Health

First Aid training, and 10 received Working Minds training, and 232 individuals received Learning to Breathe Mindfulness classes.

- Beginning Spring 2020, Davis Behavioral Health will be partnering with The Sharing Place to be able to provide grief support services through the Main Campus of Davis Behavioral Health (in Kaysville/Layton).

Encircle (\$30,000)

- Encircle provided outreach to GSAs (and Hope Squads) in the local schools, presenting to them about what Encircle is and how they can access resources. In Salt Lake City, Encircle serves 66 high schools, junior high schools, and middle schools in Salt Lake County (not including charter schools), as well as 24 high schools and junior high schools in Davis County. In Provo, Encircle serves 29 high schools, junior high schools, and middle schools in Utah County, not including charter schools. Encircle continues to connect with local schools and universities by way of GSA's and college programs.
- Encircle trained counselors, teachers, and peers on how to connect interested students to our youth friendship circles and other resources; to going into schools to present to GSA's, and inviting GSA field trips into the home. Through these efforts, and Encircle's art programs and community projects, they have served around 100+ students in Utah and Davis County in 2019. Through field trips, Friendship Circles, evening arts programs, and service projects Encircle served over 150+ additional students in the Utah County area in 2019
- Encircle provided suicide prevention training to 450 individuals.

Hope4Utah (\$30,000)

- Gatekeeper training: 5,119 individuals received QPR training and 63 individuals were certified as QPR instructors.
- Two individuals were trained in Crisis Response.
- Two conferences were provided for Hope Squad students in elementary squads (Provo and Davis County) and a conference for secondary Hope Squads was held in St. George. 52 elementary schools participated in the elementary conferences with nearly 1,400 students and advisors attending, and in St. George 15 schools participated with 400 Hope Squad students and advisors attending.
- A campaign of Spreading Hope from Home was initiated with Hope Squads throughout Utah. Photos and stories of hope were collected through Hope Squad's social media sites on Twitter, Facebook and Instagram. Everyday uplifting posts with quotes of self-care ideas could be found. Self-care tips were also added to the monthly newsletter which was sent to Hope Squad advisors.

PRIDE Center (\$30,000)

- Offered Cultural Competency Training focused around current research, language, and best practices related to the LGBTQ+ community; and how to understand the experiences of and issues faced by LGBTQ+ people, and how to provide best services to this population. Approximately xx individuals received this training.
- Gatekeeper training: 259 individuals in the LGBTQ+ community received QPR training

and 6 individuals were certified as QPR instructors.

- Provided services such as peer support groups, youth activity nights, mental health counseling. Approximately 1,050 individuals were provided these services. Family support and grief support services were also provided.

The Family Place (\$30,000)

- Approximately 23 individuals received postvention suicide-related therapy
- Gatekeeper training: 128 individuals received Mental Health First Aid (MHFA) training and 1 individual was certified as a MHFA instructor. Approximately 447 individuals received other suicide prevention training.

Utah Navajo Health System (\$30,000)

- Gatekeeper training: 85 individuals received SafeTalk training and 30 individuals received ASIST training.
- Approximately 15 individuals received telepsychiatry or crisis counseling services through cell phone distribution programs.

Washington County (\$30,000)

- Implementation of the evidence-based Strengthening Families program. This program is designed to engage families and communities in building five key Protective Factors, including: Parental resilience, Social connections, Knowledge of parenting and child development, Concrete support in times of need, and Social and emotional competence of children. Approximately 26 families received this program.
- Implementation of Life Skills Training (LST) for middle school and high school students. This program is focused on teaching students' skills that help them enhance self-esteem, develop problem-solving abilities, reduce stress and anxiety, manage anger, build communication and relationship skills, and avoid harmful behaviors such as violence and drug use. This program was utilized in the Paiute tribal community where 15 youth received lifeskills training.
- Gatekeeper training: 1,759 individuals received QPR training and 2 individuals were certified as QPR instructors, Mental Health First Aid (MHFA) was provided to 55 individuals, and additional 100 individuals received some form of suicide prevention training.

Continue Mission (\$7,500)

- Hosted events to motivate Veterans to remove themselves from isolation and discover their path to healing by providing recreational activities that allow them to enjoy health and wellness programs in nature and much needed camaraderie with other Veterans and family members. Events included: 9 pickleball tournaments, 7 bowling events, 1 swim party, and 1 ski event. With these funds, approximately 334 Veterans were served.

Conference Sponsorships

- Utah Fall Substance Abuse Conference
- Utah Suicide Prevention Summit for Faith Leaders
- UVU Conference on Suicide Prevention
- Hope For Utah Suicide Prevention Conference
- Utah Farm Bureau Federation Conference

Evidence Based Clinical Training

- Contracted with NCVS (National Center for Veteran’s Studies) to provide 12 Crisis Response Planning workshops (CRP) and 2 Brief Cognitive Behavioral Therapy (BCBT-SP) Training as well as ongoing case consultation phone calls. As a result of COVID-19, we were only able to provide 9 CRP workshops and 1 BCBT training in fiscal year 2020. Since the onset of COVID-19 we have adjusted training to allow for ongoing virtual training opportunities and have resumed training.
 - Nine CRP workshops were provided to Juvenile Justice Services Staff, AUCH (Association for Utah Community Health), 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.
 - One Brief Cognitive Behavioral Therapy for Suicide Prevention Training was provided to behavioral health care providers statewide. 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 (Collaborative Assessment and Management of Suicidality): Online licenses for CAMS online training were disseminated to 130 clinicians and 30 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.

Zero Suicide in Utah

- 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 2020, DSAMH hosted eleven monthly learning collaborative meetings that discussed the seven Zero Suicide Elements. These meetings had attendance from approximately 21 agencies from different systems of care. These 21 agencies are currently working on adopting the Zero Suicide framework. A statewide assessment, a total of 28 agencies/systems of care are adopting the Zero Suicide framework. In addition, the DSAMH held the 2019 Zero Suicide Summit on July 19, in which 313 clinicians, providers, administrators, and other health professionals attended.

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.
- Since 2015, a total amount of 132,046 cable style gun locks have been distributed to partners looking to engage in suicide prevention efforts and firearm safety strategies. In 2019, DSAMH became the main distributor for gun locks related to suicide prevention efforts in the Utah. During FY20 DSAMH distributed 26,650 gun locks to

community partners for suicide prevention efforts.

- 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 2020, provided funds to eight local communities including City of Spanish Fork, Four Corners Behavioral Health, Northeastern Counseling Center, Salt Lake County, Southwest Behavioral Health, Utah Navajo Health System, Weber-Morgan Health Department, and Central Utah Counseling Center. In fiscal year 2020, NSSP funds: provided 55 gatekeeper trainings - with supplemental firearm safety materials - to 1,512 individuals; local communities were able to partner with 27 community partners; 384,334 Utahans were reached with the "Is Your Safety On" media campaign through billboards, events, online advertisements, print media, radio, and/or social media; 4,628 gun locks were distributed; 27 gun safes were distributed; and 165 safe medication storage/disposal aids were distributed.
- Development of the Utah Firearm Safe Rebate program. Program requirements included Utah resident; applied for, renewed, or currently holds a CFP; completed online application; and has a valid email. The rebate consisted of 50% of the pre-tax sales amount, not to exceed \$100.00. A total of 1,958 applications were completed, of which 25 were disqualified due to unmet requirements and 79 were incomplete. Of the 1,854 approved applications, 1,388 individuals submitted proof of purchase and received a rebate check via USPS mail.
- Intermountain Healthcare created an online 15-minute suicide prevention [training](#) available for anyone in the state of Utah. This has been promoted to community partners and individuals on an ongoing basis, and will be tied to gun lock distribution in the next fiscal year.

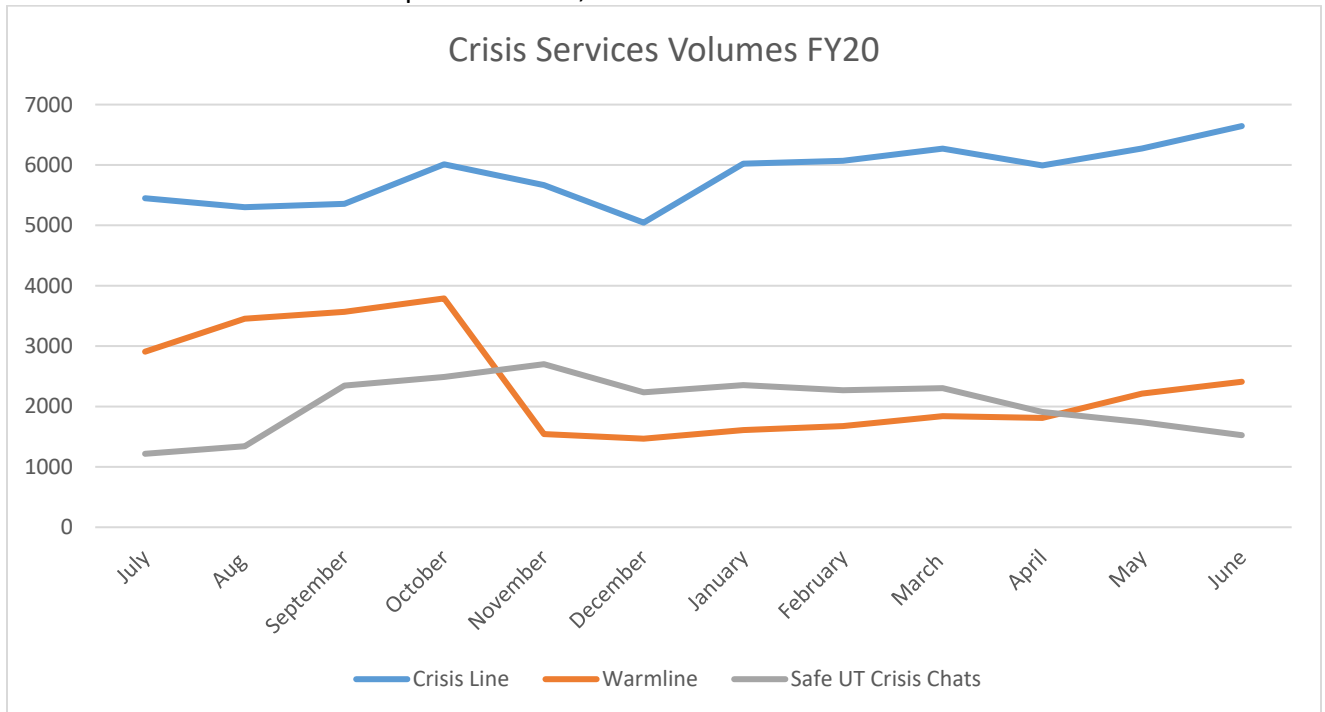
Crisis Response Services

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, statewide warmline, expansion of MCOT statewide, into 11 of our 13 Local Mental Health Authorities (LMHA). Stabilization and mobile response teams (SMR) for children youth in

families in Salt Lake County, and the Northern and Southern regions of Utah. Statewide Safe UT text line, and funding for three 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.
- The Utah Crisis Line responded to 47,029 calls in FY 20.



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. New funding from FY20 will result in the expansion of MCOT services to rural areas of the state.
- In FY20 there were approximately 6,138 MCOT outreaches in Salt Lake, Utah, Davis, Weber, and Washington Counties with an average of 69% of individuals remaining at home post intervention. Legislation passed in FY20 will allow for additional MCOT teams in the following Local Authority catchment areas: San Juan, Four Corners, Northeastern, Summit/Wasatch joint team, and Bear River.

- Legislation passed in FY20 will also allow a continued build out of the crisis continuum with Crisis Receiving Centers being added in Washington, Utah, and Salt Lake counties. Davis Behavioral Health has piloted a receiving center and will also expand services starting in FY21.

Warmline

- In FY20 the Utah Legislature funded DSAMH to contract for a statewide warmline. Prior to this UNI administered a 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. Starting in FY21 the Utah warmline launched as a statewide service.

Postvention

Increased attention has been paid to postvention in recent years, with many new initiatives. This attention has also illuminated where we need to develop more support for postvention, especially in communicating across agencies. Effective postvention requires coordination among relevant agencies, including Departments of Human Service and Health, the Utah State Board of Education and local government agencies in impacted areas.

Recent postvention activities include:

- 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.
- 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. Virtual training options are currently being explored due to current social distancing requirements.
- HB 393 amendments included ongoing funding for disaster cleanup program for Survivors of Suicide Loss. In Fall 2019, DSAMH started an application process for reimbursement program for suicide cleanup services, working with the Office of the Medical Examiner to distribute information to families.
- DSAMH contracted with the Caring Connections program to develop, implement, and evaluate an evidence-based comprehensive model of grief support for those bereaved by death from suicide in Utah (“The Grief Support Model”). During FY 20 we were able to adapt the evidence-based grief group participant manual and facilitator manual to the unique needs of those bereaved by suicide. These Manuals must be tailored to both individual and group counseling models of care. In addition, ongoing grief support groups to individuals bereaved by suicide were provided in FY 20 with a switch to virtual support groups with the onset of COVID 19 in spring 2020. In addition, Caring Connections developed a two-tiered training system for staff or systems who may be impacted by suicide deaths (ie public safety, health care professionals, school staff etc...) and also for clinicians who experience suicide bereavement. The contract

also has a strong evaluation component in order to evaluate the effectiveness of services and adjust as necessary.

Federal Funding

Project Aware

Utah Project AWARE is a SAMHSA-funded project to Advance Wellness and Resilience in Education. This project focuses efforts in three Local Education Agencies (LEA) (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.

Utah Project AWARE (Advancing Wellness and Resilience in Education) is more critical than ever during the COVID-19 pandemic, which is increasing mental health risk factors such as social isolation, economic uncertainty, and stress. In the first year of the grant (October 2018- September 2019), approximately 15,540 students received evidence based social emotional learning curriculum in three school districts, including these programs: Second Step, Learning to Breathe, MindUp, and Good Behavior Game. Project AWARE is on track to double that number in the second year of implementation (October 2019- September 2020), giving tens of thousands of students the skills in emotion regulation, problem solving, and healthy relationships that will set them up for a lifetime of resilience and mental wellness.

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.

Through Project AWARE, schools have successfully connected over 1,500 students and their families to needed mental health services, and trained over 14,000 parents, educators, and mental health service providers to date in vital topics such as suicide prevention, Youth Mental Health First Aid, trauma informed classrooms, restorative discipline practices, mindfulness practices, and school crisis response. Overall, these efforts have made substantial gains in protecting and promoting the mental health of youth and families in Utah.

At the state level, Project AWARE has also advanced efforts towards wellness and resilience for all youth. Project AWARE DSAMH staff have provided training to more than 280 school staff and relevant community partners in FY20, in topics such as suicide prevention, safety planning, Youth Mental Health First Aid, crisis response, trauma sensitive schools, safe messaging in suicide prevention, and other topics. Project AWARE staff have also taken a leading role in creating resources such as:

- A tip sheet for suicide prevention best practices during the COVID 19 pandemic
- A tip sheet for youth mental health during the COVID-19 pandemic

- A guide for Planning Safe and Effective Youth Suicide Prevention Events
- Several social media resources targeted to increase mental health protective factors and coping skills
- A new training, “Crisis Response: Healing our Schools and Ourselves” with special attention given to suicide postvention, which is now being adapted for virtual dissemination
- A new training, “Suicide Prevention 101” targeting all stakeholders to provide a foundation for community/coalition-based suicide prevention efforts, which is now being adapted for virtual dissemination
- The Utah PTA Suicide Prevention Toolkit

Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Federal Grant (GLS)

The Garrett Lee Smith Grant is funded by SAMHSA to support states and tribal governments in implementing youth (ages 10-24) suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other youth-serving organizations. GLS activities in Utah include the following:

- Partnership with Salt Lake School District and Northeastern Counseling Center to address high-risk youth populations. This has included support for upstream prevention strategies such as mental health screening nights for students, additional mental health care for all students, and skills-based education such as Botvin’s Life Skills training.
- Development of a Suicide Prevention 101 training to train stakeholders across Utah to ensure a common foundation for suicide prevention work. This is being adapted into a virtual training that can also be used to orient new suicide prevention staff to Utah’s suicide prevention strategies.
- A Zero Suicide learning collaborative among Utah Department of Human Services’ youth-serving organizations in order to implement Zero Suicide principles across the department. DHS representatives have been identified and will begin meeting in FY21.
- Furthering a relationship with the Utah Crisis Line to provide follow up and care transition services for youth under 24 in Salt Lake County and Northeastern Utah. Screenings began in May 2021, and in FY20, 260 youth at risk for suicide were screened by UNI.
- Increasing state and local capacity to implement effective postvention programs and strategies through development of a statewide post suicide intervention toolkit and providing additional training and technical assistance to key stakeholders in all 13 local health authorities to develop community plans.
- Improve school postvention capability through implementation of the Kognito Postvention simulation training in targeted school districts. All counselors in Salt Lake School District were trained with this simulation in FY20, with plans to expand this year throughout SLSD and other areas in Utah.

- Tailoring suicide prevention media campaign content to localized populations. Six local areas and three community organizations were identified to be the first sites for this customized content.
- Provided youth suicide prevention grants to local suicide prevention coalitions to support strategies promoting positive mental health and connectedness amid social distancing requirements and interruptions in typical routines due to the pandemic.

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. This SAMHSA funded, three-year grant ends in FY21 on September 29, 2020. 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 2020, hosted eleven monthly learning collaborative meetings that discussed the seven Zero Suicide Elements. These meetings had attendance from approximately 21 agencies from different systems of care. In addition, held the 2019 Zero Suicide Summit on July 19, in which 313 clinicians, providers, administrators, and other health professionals attended.
- Crisis Services follow Up: In fiscal year 2020, 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. A total of 2,646 individuals received crisis follow-up services, with a total of 6,559 contacts made through phone calls, caring contacts, postcards, and/or voicemails and 1,294 mental health service referrals provided.
- Means Reduction: Provided funds to eight local communities including City of Spanish Fork, Four Corners Behavioral Health, Northeastern Counseling Center, Salt Lake County, Southwest Behavioral Health, Utah Navajo Health System, Weber-Morgan Health Department, and Central Utah Counseling Center. In fiscal year 2020, NSSP funds: provided 55 gatekeeper trainings - with supplemental firearm safety materials - to 1,512 individuals; local communities were able to partner with 27 community partners; 384,334 Utahans were reached with the "Is Your Safety On" media campaign through billboards, events, online advertisements, print media, radio, and/or social media; 4,628 gun locks were distributed; 27 gun safes were distributed; and 165 safe medication storage/disposal aids were distributed.

SAMHSA Emergency COVID-19 Grant (MH and SUD)

In April 2020, the Division of Substance Abuse and Mental Health applied for a SAMHSA grant to address emergency response to the COVID-19 pandemic. The grant includes both mental health and substance use disorder services in response to COVID-19. Awarded on April 20, 2020, this grant will continue until August 19, 2021. Key components of this grant include the following:

- Upgrade the Crisis line and integrate SAFEFAM within the crisis response system;
- Increased services to individuals leaving in-patient MAT services;
- Support to the Intermountain Healthcare free Emotional Relief Line;
- Support to two Receiving Centers;
- Support SUD treatment and services for uninsured/underinsured individuals;
- Bereavement brief interventions through the Office of the Medical Examiner; and
- Support to information and referral systems

GAPS in Programming

Over the past several years, there has been an increased investment in suicide prevention, intervention and postvention, both at the federal and state levels. This has resulted in increased training and skill development among professionals, educators and the community at large. Communication and coordination have increased. However, gaps remain. Utah's services remain insufficiently streamlined and unable to reach all those in need. These specific gaps emerge as the most critical within Utah:

- Zero Suicide is a nationally recognized framework to implement suicide prevention within health and behavioral health care systems. Since 2017, 58 Utah organizations have expressed interest in Zero Suicide, and to date, 28 have begun implementation. Implementation ranges from an initial self-assessment to incorporation of a few of the seven pillars of Zero Suicide. Evaluation of Zero Suicide implementation efforts statewide found a majority of systems of care struggle due to financial inability to implement aspects of the Zero Suicide Framework.

With the conclusion of the National Strategy for Suicide Prevention (NSSP) grant on September 29, 2020, this absence of funding will negatively impact the infrastructure built to support statewide Zero Suicide efforts, including technical assistance to systems of care for evaluation and implementation, evidence-based clinical training for providers and clinicians, and follow-up services after a suicide-related discharge.

- State and local capacity to implement effective postvention programs and strategies have been limited by the varied effort of differing agencies and organizations. The Utah State Board of Education, the Utah Department of Health, including the Office of the Medical Examiner, as well as schools all provide some degree of postvention services. However, these have not been effectively coordinated, resulting in less effective means

to support families and friends after a suicide.

- Local Infrastructure remains insufficient to address early prevention needs. Implementation of evidence-based primary prevention programs and strategies is critical to increase protective factors in youth and families, including: safe and supportive school and family environments; social, emotional, and problem-solving skills; and norms supportive of help seeking and recovery. Programs that seek to address these protective factors early on in a young person's life are proven to have a financial return on investment as well as improving the overall health and well-being of communities. Currently, staff positions to implement primary prevention are inconsistently funded and under-funded, and the reach of evidence-based programs is insufficient to reduce the population prevalence of mental health conditions and suicide ideation.
- Streamlining data. A recent report on suicide death in Utah showed that half of all people who died by suicide had visited a health care provider within a year of death. Health care remains a front line of suicide prevention, often detecting individuals who are experiencing a suicidal crisis or who are on a trajectory that would place them at high risk of suicide. Yet, we know very little about the course of care (or lack thereof) individuals who died by suicide received leading up to their death. Understanding this course of care could reveal a number of opportunities for additional suicide prevention interventions in health care settings. The Utah Department of Health maintains the All Payers' Claims Database (APCD) and the Health Facilities Database (HFD). Together, these databases document Utahns' interactions with healthcare providers in a comprehensive, analysis-ready way. There is currently no link between the APCD/HFD and the Office of the Medical Examiner (OME).
- Gaps include a lack of local infrastructure to provide in person follow up after a crisis response performed either by an MCOT or Law enforcement. Communities could benefit from a team consisting of a case manager and certified peer support specialist to provide follow-up care to individuals who need additional support connecting to community resources in order to stay stable in the community and prevent future crises and law enforcement response. These teams would coordinate with Law enforcement and MCOT, whereas law enforcement and MCOT would identify vulnerable individuals post crisis intervention and connect them with this stabilization team who could help link individuals to critical resources. In looking forward to 2022 and the option for implementing 988 as an easy to access number for engaging in crisis services there are some concerns in resources keeping up with demand. Currently the statewide crisis line is funded with a static crisis line allocation requiring stakeholders to request increases in funding and resources annually to keep up with the increase in call volume. Call volume has increased month over month for several years.

Potential Solutions

To fill these gaps and further streamline the diverse suicide prevention, intervention and postvention framework in Utah, the Division of Substance and Mental Health makes the following recommendations:

Zero Suicide

To continue and improve current Zero Suicide efforts, DSAMH would need funding for a Zero Suicide Program Manager position, as well as funding to support systems of care in the implementation of the Zero Suicide Framework. The Zero Suicide Program Manager position would be responsible for statewide technical assistance to support the implementation, oversight, and evaluation of Zero Suicide across the state, as well as facilitate evidence-based clinical suicide prevention training for providers and clinicians.

Postvention

To further develop Utah's prevention efforts across the state, DSAMH would need a postvention coordinator position. This would allow the many agencies that need to be involved in postvention efforts to be able to react more quickly and in a coordinated manner, and would reduce redundancies or oversights in providing appropriate services. Agencies such as the Utah Departments of Human Services and Health and the Utah State Board of Education should all be involved in postvention responses. Postvention efforts could then be coordinated with local agencies and community leaders for optimal community outcomes including but not limited to reduced future suicide risk.

Infrastructure/Foundation

Create shared funding models to increase the local infrastructure and staff to support primary prevention efforts needed to reduce the prevalence and onset of mental health conditions and suicide ideation. DSAMH could administer matching grants to local communities who put up funding or dedicate personnel to suicide prevention infrastructure. Supporting this infrastructure will allow communities to sustain comprehensive suicide prevention efforts. In addition, it is vital to increase the reach of evidence-based primary prevention programs that target safe and supportive school and family environments; social, emotional, and problem-solving skills; and norms supportive of help seeking and recovery.

Streamlining Data

Obtaining health care information through APCD and HFD is a sure-fire strategy to understanding courses of care. Linking the APCD/HFD and the Office of the Medical Examiner (OME) will allow broader analysis of courses of care data and the Utah Suicide Information Database. We recommend adding a supplemental database component to the Utah Suicide Information Database (USID) to warehouse comprehensive health care information for suicide victims. These data would then be readily available for query. Approximate cost of database setup is \$20,000 and maintenance costs are \$2,500 annually.

Crisis Services

Continue to work with statewide stakeholders and the Utah Crisis Commission to strengthen and expand the crisis continuum. Utilizing the [Crisis Now](#) model and [SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) as a guide for the continued build out of crisis services, especially sub-acute levels of care, will ensure Utah aligns with best practices and high quality services. Stakeholders have made recommendations for coming up with strategies for sustaining the services and keeping up with increasing demand for services both in funding and financial support. The recommendations will come from the Utah Crisis Commission.

In addition there are opportunities to pilot strategies to improve crisis services and diversion from police for people in behavioral health crises. One opportunity is emerging with the 988 behavioral health crisis and suicide prevention lifeline. This opportunity will require a process for coordination between 911 dispatch and the Utah Crisis Line to divert crisis calls without public safety concern to community-based crisis response. Another opportunity is to pilot Community Action Teams to provide follow up services for individuals who had crisis services provided by law enforcement and/or MCOT response. Individuals would be identified as needing additional support and connection to appropriate services to promote stabilization in the community and prevent additional crisis.

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, 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.