

MEMORANDUM

TO: Members, Utah State Board of Education

FROM: Marty Kelly
Alternative and Adult Education Coordinator

DATE: October 8-9, 2015

INFORMATION: Suicide Prevention Report

Background: H.B. 154 (2013) and H.B. 23 (2014) require an annual report from the USOE to the Education Interim Committee regarding the progress of school district and charter school suicide prevention programs and the Board's coordination efforts with the Department of Health and state suicide prevention coordinator.

Key Points: Through coordinated collaboration efforts between the USOE, the Department of Health and Human Services and the state suicide prevention coordinator, LEAs shall jointly implement a youth suicide prevention program in the secondary grades. Suicide prevention programs shall include three components: 1) Prevention of youth suicides; 2) youth suicide intervention; and 3) postvention for families, students and faculty.

Further, in collaboration, the agencies shall establish and provided the LEAs model youth program information, program training and resources supporting the three required components. Additionally, LEAs under certain circumstances are allowed to ask students questions regarding the student's suicidal thoughts, physical self-harming behavior or thoughts of harming others for purposes of referring the student to appropriate prevention services and informing the student's parents.

Finally, each LEA shall develop a policy related to school employee intervention measures. The report will outline progress underway in implementing the required components and the Board's coordinated efforts with the Department of Health and the State Suicide Coordinator.

Anticipated Action: The Standards and Assessment Committee will receive the 2015 updated legislative report on Suicide Prevention Programs.

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Suicide Prevention Amendments

H.B. 364 (2015)

Report of FY15



Prepared by the

Utah State Office of Education
Career and Technical Education

October 8-9, 2015

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Utah Suicide Prevention Program Report

Minimum School Program Title: Utah Suicide Prevention Program
USOE Section Reporting: Career and Technical Education
Authorization: 53A-15-1301

Introduction and Incidence

Youth suicide is a serious public health issue and it has increased in recent years. On average, 37 youth in Utah die by suicide and 942 youth are treated for a suicide attempt each year. Two youth, ages 10-17, are treated for suicide attempts every day in Utah. According to the 2015 Utah Youth Risk Behavior Survey, during the past 12 months before the survey, 22.7% of youth grades 6-12 reported feeling sad or hopeless for 2 weeks or more, 14.4% of youth grades 6-12 reported seriously considering suicide, 6.7% of youth grades 6-12 attempted suicide one or more times and 13.9% of youth surveyed report harming themselves without the intention of dying. The suicide rate for youth ages 10-17 was significantly higher than the national rate in 2012 and 2013. In 2013, Utah ranked 3rd in the nation for suicides ages 10-17. Suicide was the leading cause of death for Utah youth, ages 10-17, in 2013. Efforts are underway to reverse this alarming trend.

During the 2015 legislative session, H.B. 364, *Suicide Prevention* amended provisions related to suicide prevention. The Utah State Board of Education and Utah Division of Substance Abuse and Mental Health have been tasked to collaborate on suicide prevention efforts and report to the Education Interim Committee. Amendments are as follows:

Utah Code Section 53A-15-1301

“(7) (a) The board shall provide a written report, and shall orally report to the Legislature’s Education Interim Committee, by the October 2015 meeting, jointly with the State Office of Education suicide prevention coordinator and the state suicide prevention coordinator, on:

- (i) the progress of school district and charter school youth suicide prevention programs, including rates of participation by school districts, charter schools, and students;*
- (ii) the board’s coordination efforts with the Department of Health and the state suicide prevention coordinator[-];*
- (iii) the State Office of Education suicide prevention coordinator’s model program for training and resources related to youth suicide prevention, intervention, and postvention;*
- (iv) data measuring the effectiveness of youth suicide programs;*
- (v) funds appropriated to each school district and charter school for youth suicide prevention programs; and*
- (vi) five-year trends of youth suicides per school, school district, and charter school.”*

Risk and Protective Factors

- In one Utah school, higher rates of suicide ideation (thinking about suicide, having suicidal thoughts, or considering attempting suicide) were reported among students who were tenth graders, living with adults who had not graduated from high school, bullied more than once in the past year, and heavy electronics users.
- Students who have been bullied both at school and electronically were at especially high risk, being 5.8 times more likely to consider suicide.
- The leading cause (means) of suicide death among 10-17 year olds is suffocation (generally hanging), followed closely by firearms. In fact, firearm deaths exceeded the suffocation deaths in 2012 and 2013, but not by a statistically significant degree.
- Suicide ideation—thinking about suicide, having suicidal thoughts, or considering attempting suicide—is a risk factor for suicide. Compilation of the Utah Prevention Needs Assessment data for 2011, 2013, and 2015 reveals an increase in youth suicide ideation across all grades surveyed (6th, 8th, 10th, and 12th).
- Males are significantly more likely to die by suicide compared to females in this age group, and the rate is significantly higher among the 15-17 age group compared to 10-14 age group.
- A lower risk of suicide ideation was found among students who regularly ate meals with their family.
- Even among those who had experienced an episode of depressive symptoms in the previous year, students reporting regular family mealtimes were still less likely to have considered suicide in the past year.
- Students who had a positive family environment were less likely to report suicide ideation. Positive family factors include: feeling their parents considered their input in making family decisions, that they had opportunities to do fun things together as a family, and that they felt they could ask their parents for help when they had a personal problem.

Additional Data:

- In the calendar year 2014, 34 Utah youth ages 10-17 died by suicide.
- In FY15, (July 1, 2014-June 30, 2015), 50 youth ages 10-18 died by suicide.
- 14 LEAs and 4 Charter Schools were impacted by youth suicide in FY15.

Sources:

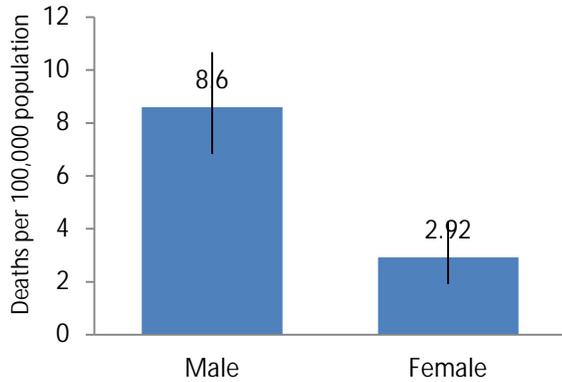
Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health. Query date: 4 September 2015.

CDC WISQARS: Web-based Injury Statistics Query and Reporting System

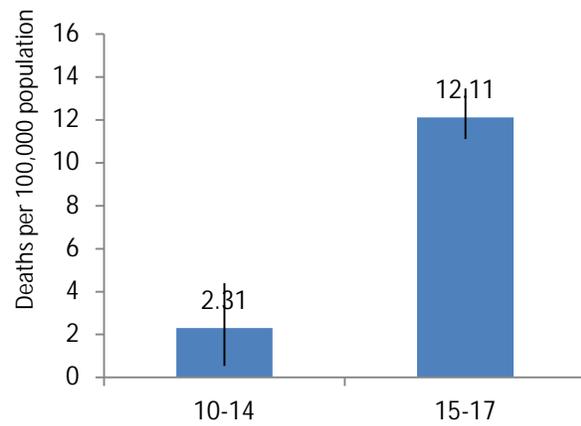
Utah Department of Health. Utah Health Status Update: Risk and Protective Factors for Youth Suicide. February 2015. Link: http://health.utah.gov/opa/publications/hsu/1502_Suicide.pdf

2015 Prevention Needs Assessment Survey Results. Link:
<http://dsamh.utah.gov/pdf/sharp/2015/2015%20State%20of%20Utah%20Profile%20Report.pdf>

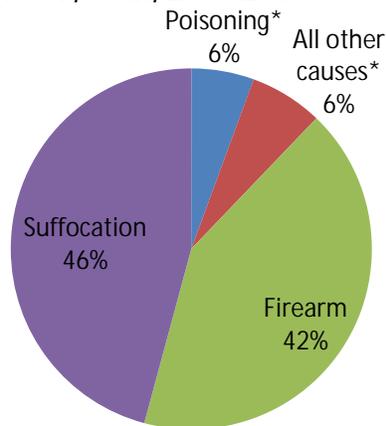
Rate of youth suicide deaths in Utah by sex, ages 10-17, 2009-2013



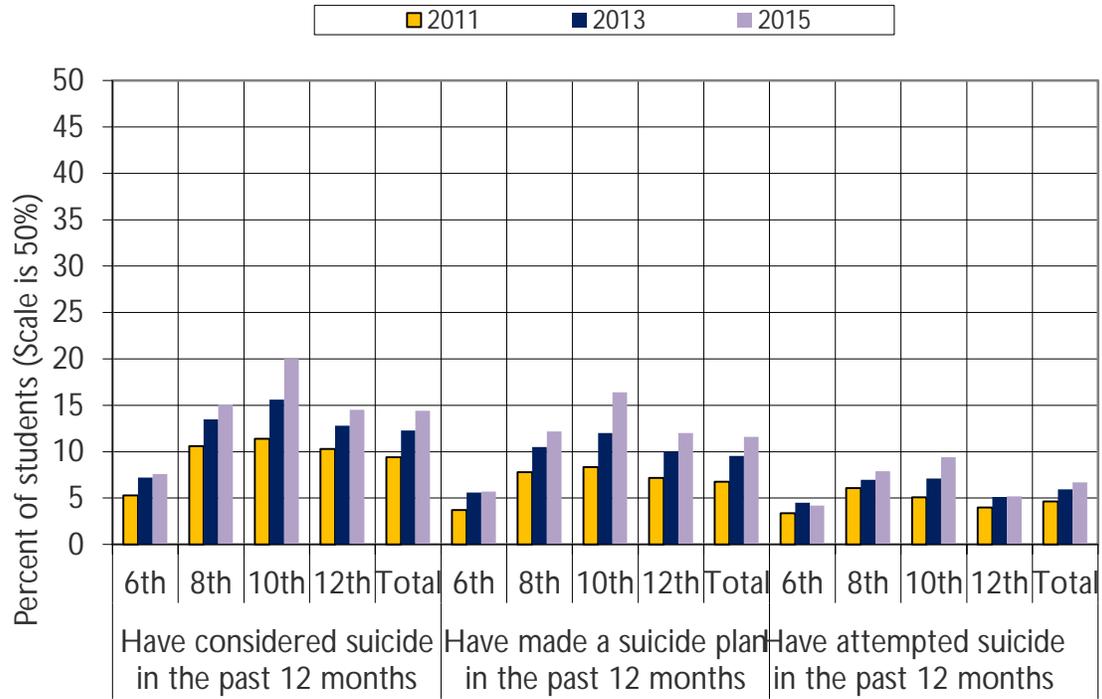
Rate of youth suicide deaths in Utah by age group, 2009-2013



Leading means involved in youth suicide deaths, Ages 10-17, Utah, 2009-2013



Utah Suicide Ideation by Grade (2011, 2013, 2015)



Utah State Office of Education Key Deliverables

FY15

- **Administered funding allocations** outlined in H.B. 329, Programs for Youth Protection. \$140,550 of the \$159,000 was awarded to 54 LEAs.
- **Established baseline data collection** for effectiveness of school based youth suicide prevention programs.
- **Provided technical support** to 54 grantees during the 2014-2015 school year.
- **Provided practical guidance** to LEAs through book study (purchased 500 books) on developing and implementing effective suicide prevention, intervention and postvention strategies. Books to be distributed to 41 LEAs and Charters during FY16.
- **Participated in statewide collaborative suicide prevention coalitions** including, the Utah Suicide Prevention Executive Committee, Utah Community Suicide Prevention Coalition, Utah Child Fatality Review Committee, Utah School Counselors Association, and Utah Prevention Advisory Committee.
- **Provided School Safety and Crisis Team Training** on PREPaRE; an evidenced based professional development model for school safety and crisis teams. Statewide trainings were provided during the course of the year for following personnel:
 - Statewide prevention specialists, student services directors, and counselors
 - Trainer of Trainers (16) to build capacity in ongoing model throughout state
 - School staff members from various schools trained in level 1 curriculum
 - Canyons School District counselors, school psychologists, and social workers trained in advanced program.
- **Provided ongoing and as-needed technical support** to 24 LEAs and 10 Charter Schools on site specific issues.
- **Provided on-site professional development** to 10 LEAs (Beaver, Box Elder, Canyons, Davis, Granite, North SanPete, Ogden, Salt Lake, South SanPete and Tooele) in suicide prevention practices.
- **Created Youth Suicide Prevention blog**, <http://my.uen.org/279614> to provide resources, legislative updates, calendar of events, and research in the field of youth suicide prevention, intervention and postvention.
- **Assisted in evaluating the Utah Parent Seminar Policy** with technical support provided by the (Centers for Disease Control and Prevention) CDC and the Safe States Alliance during FY15. (The Parent Seminar on Youth Protections Utah Evaluation Plan is included in this legislative report).

FY16

- **Co-facilitated *Preventing and Responding to Student Suicide: Promising Strategies for Schools Conference***, September 10, 2015, Red Lion Hotel. Collaborative effort between Regional Education Laboratories West (REL West)/West Ed. and the Utah State Office of Education. Participants included 246 Utah counselors, school-based mental health providers, administrators, and prevention specialists. The goals of the conference were to increase awareness about youth suicide and self-injury, learn from experts about suicide prevention, intervention, and postvention best practices; and promote safety and well-being for all students.

- **Providing nine regional seminars for student supports** throughout the year to provide training to mental health agencies, special education teachers, school counselors, student services directors, adult education, youth in custody leaders, administrators, and substance abuse coordinators.

Parent Seminars on Youth Protection

H.B. 298 Parent Seminar on Youth Protection (2013) requires the State Board of Education and school districts to implement a parent seminar on issues related to youth protection with the following stipulations:

- *Requires school districts to offer an annual seminar to parents with information on substance abuse, bullying, mental health, and Internet safety;*
- *Requires the State board of Education to:*
 - *Develop a curriculum and provide it to requesting school districts; and*
 - *Report on the program to the Education Interim Committee*
- *Requires a school district to notify charter schools located within the schools district's boundaries of the parent seminar; and*
- *Allows a school district to opt out of providing the parent seminar if the local school board determines the seminar is not needed in its district.*

An evaluation is being conducted to determine if the parent seminars are effective in increasing a parent's awareness and knowledge of youth protections in order to reduce suicide, bullying (including digital bullying), substance abuse, and internet safety habits.

Procedures are in place to track the number of parent seminars and attendees. In addition, there is a concerted effort to work on parent and community engagement to increase awareness and participation at seminars. Getting the community engaged in this issue and then assessing impact based on improvement in participant knowledge, attitudes, and beliefs surrounding mental health and suicide through are intended outcomes of this initiative.

Deliverables to date:

- Parent seminar curriculum and training to implement the parent seminars developed for school district personnel.
- August, 2013, a statewide training was held for representatives from each district and charter school on the Parent Seminar on Youth Protection.
- To date, no school districts have opted out of the provision to provide the parent seminars.
- Preliminary evaluation has been conducted to assess the effectiveness of the parent seminars.
- Co-facilitated a workforce pre-seminar survey to measure readiness of school personnel in responding to suicide or mental illness. This survey showed that school personnel were not comfortable providing prevention services or interventions to youth experiencing suicidal ideation or other mental health crises.

- Suicide prevention trainings, such as Question, Persuade, and Refer (QPR), were offered to school personnel throughout Utah to assist them in responding to suicide and mental health related crises.
- Survey data indicated a count of 57 parent seminars held by LEAs with a total of 6,200 parents attending. (According to the 2014-2015 USOE Comprehensive Prevention Program Survey).

Two surveys were administered during FY15 to make a recommendation of whether to continue the parent seminar program as mandated. The **2014-15 USOE Comprehensive Prevention Program Survey** was conducted Spring, 2015. The **Parent Seminars on Youth Protection Survey** was conducted June 11, 2015 at the Comprehensive Counseling and Guidance: K-12 Programs/Alternative Services/Adult Education CTAE Summer Conference.

2014-2015 USOE Comprehensive Prevention Program Survey

1. A Comprehensive Prevention Plan Survey was administered by the Utah State Office of Education to each school district or charter school in the state. The survey was designed to be completed by an individual in the district who knows the most about the district or charter school’s prevention programs and how they were implemented during the 2014-2015 school year. 31 out of 41 LEAs were represented by the survey.

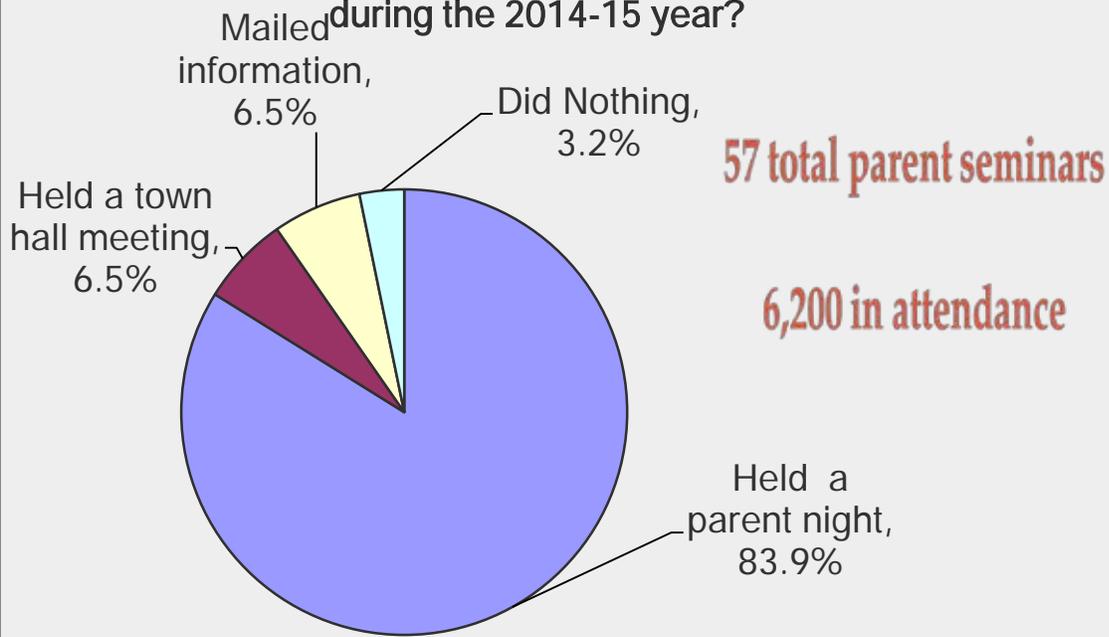
Survey Results

2014-15 USOE Comprehensive Prevention Program Survey

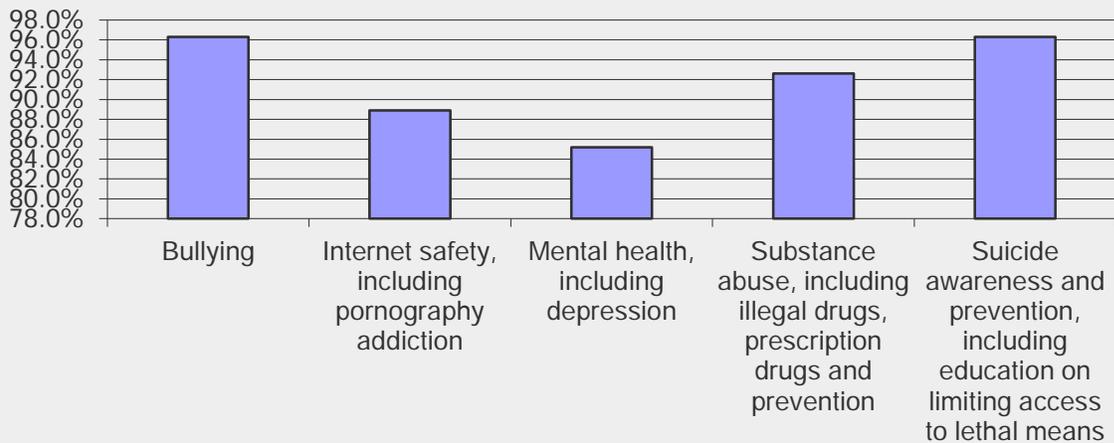
During the 2014 legislative session, H.B. 329, “Programs For Youth Protection” passed. This legislation requires that “a school district shall annually offer one parent seminar for each 11,000 students enrolled in the district that includes information on: substance abuse, including illegal drugs and prescription drugs and prevention; bullying; mental health, depression, suicide awareness and suicide prevention, including education on limiting access to fatal means and internet safety, including pornography addiction.” What did your LEA do to respond to this new requirement during the 2014-15 year?

Answer Options	Response Percent	Response Count
Did nothing	3.6%	1
Held a parent night	85.7%	24
Held a town hall meeting	3.6%	1
Mailed information to each student's home	7.1%	2
Opted out	0.0%	0
Other (please specify)		4
<i>answered question</i>		28
<i>skipped question</i>		17

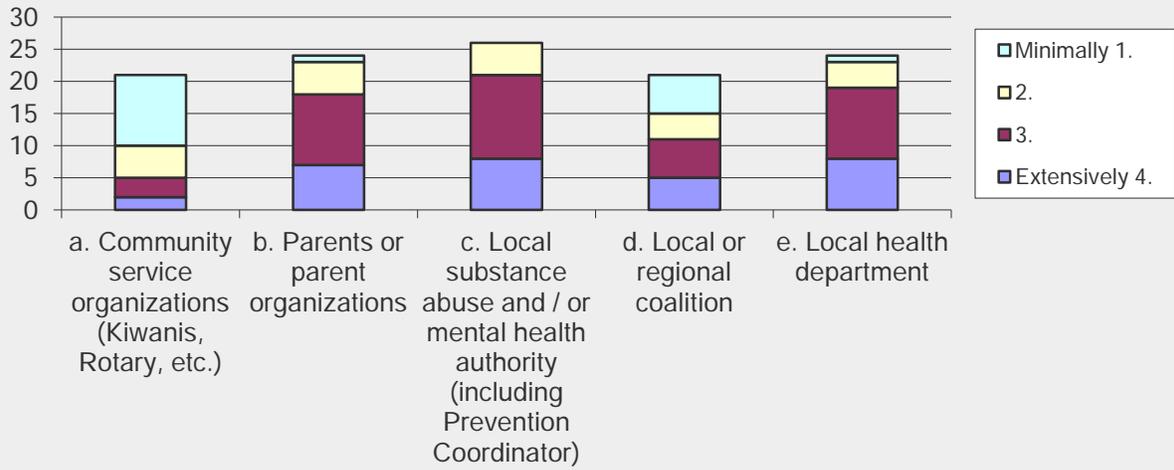
What did your LEA do to respond to the Parent Seminar on Youth Protections Policy requirement during the 2014-15 year?



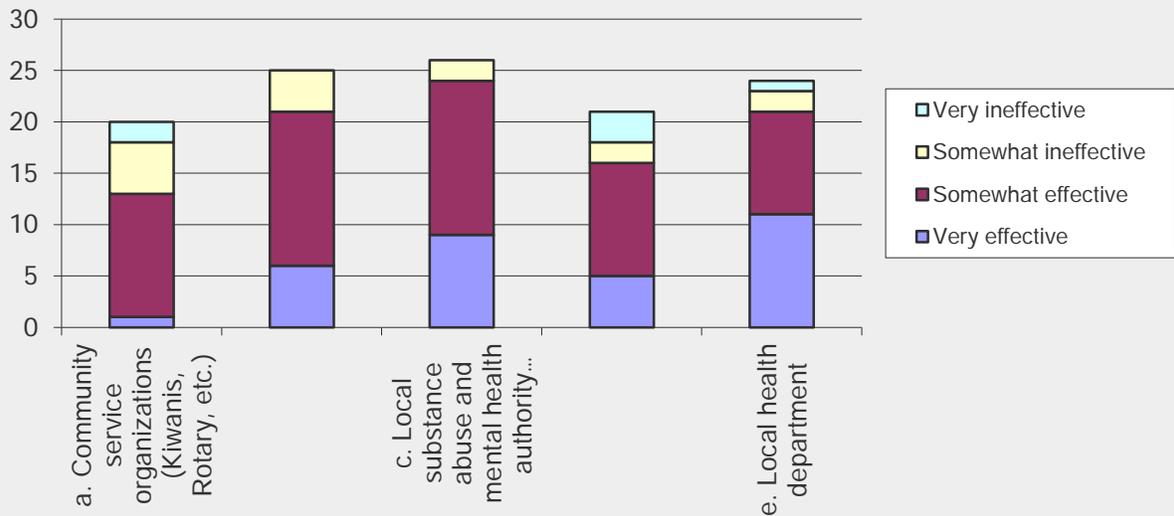
What subjects were included in presentations that were part of your LEA's Parent Seminar (s)?



During the 2014-15 year, to what extent did your school / district work collaboratively to improve or expand Parent Seminar efforts with the following organizations . . .



How effective do you think these collaborative efforts were during the 2014-15 year?



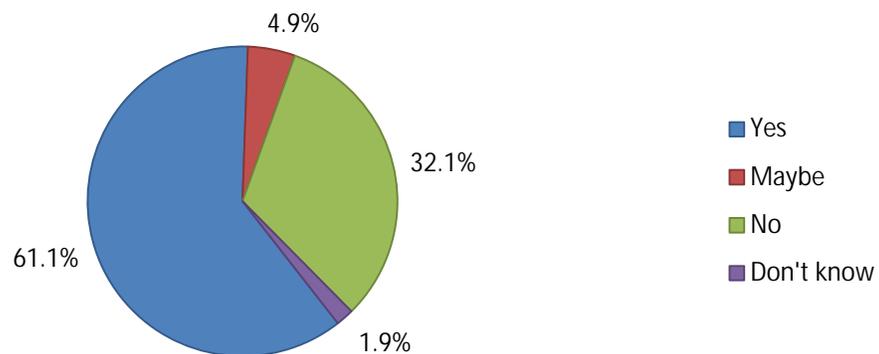
Parent Seminars on Youth Protection Survey
The Comprehensive Counseling and Guidance: K-12 Programs/Alternative Services/Adult Education CTAE Summer Conference June 10-11, 2015

2. The Comprehensive Counseling and Guidance: K-12 Programs/Alternative Services/Adult Education CTAE Summer Conference was held June 10-11, 2015 at Wasatch High School. Approximately 1000 surveys were distributed with 174 responses to assess the respondents' understanding of the Parent Seminars on Youth Protection policy and to identify recommendations for improvement.

Survey Results

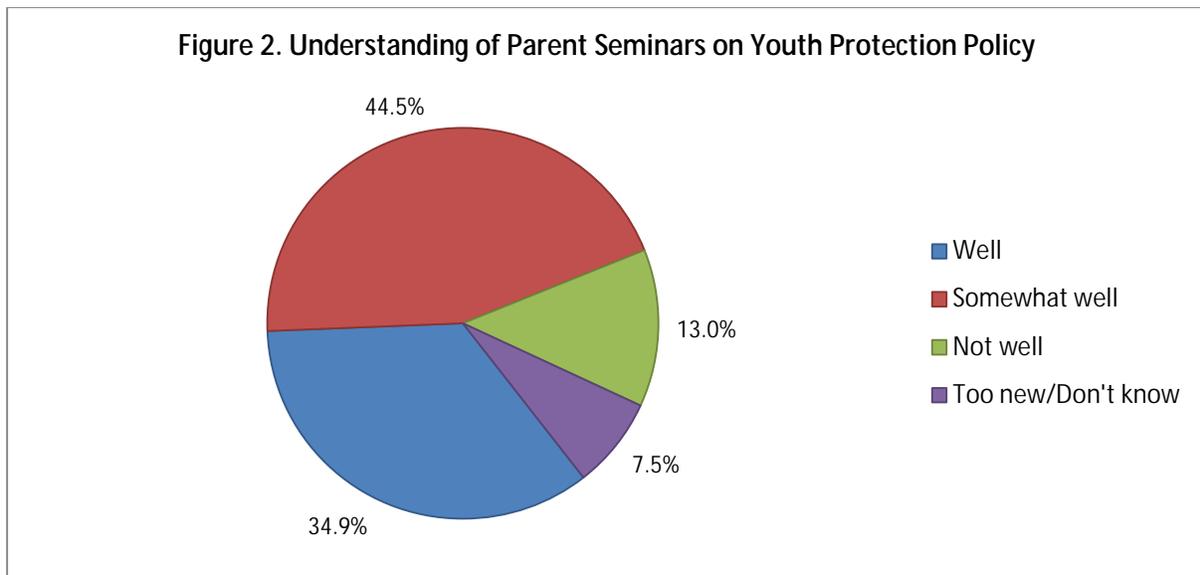
- A total of 174 surveys were completed, providing a response rate of 17.4%. The majority of respondents were counselors (67.9%). Others surveys reported their positions as administrators, adult educators, student services, teachers, etc.
- When asked if they felt that Parent Seminars on Youth Protection are effective, the majority said yes (61.1%), while nearly one-third said no (32.1%)

Figure 1. Effectiveness of Parent Seminars on Youth Protection Policy



- When asked how well respondents understood the Parent Seminars on Youth Protection Policy, the majority reported that they "knew it somewhat well" (44.5%), while more than one-third (34.9%) reported that they "knew it well."

Figure 2. Understanding of Parent Seminars on Youth Protection Policy



Respondents had the opportunity to explain their roles in parent seminars. The majority were:

- Communication – awareness, advertising, promotion of seminars;
- Administrative Support – planning and organizing, inviting presenters, scheduling,
- Lead – key players in implementation.
- While the majority (61.1%) of respondents believe Parent Seminars on Youth Protection are effective, their understanding of the policy mandating these seminars is lacking. Over 20% of respondents ranked their understanding at “not well” or “too new/don’t know”.

Qualitative Data

The following qualitative data was collected with the surveys:

- *“The information was great, but parents were not interested in coming. We offered attendance credit and kids came.”*
- *“Our parents are not supportive until sadly we have an issue. I love the ‘prevention vs. reaction’ approach, though.”*
- *“It would be great as an online module for some parents who cannot attend.”*
- *“Huge commitment required by district. No commitment from general public.”*

Recommendations for Improvement

- Increase and improve advertising – social media blasts, public awareness, public service announcements on radio and television;
- Increase training – among new counselors, teachers, students, and parents;
- New channels for delivery – online videos, podcasts, web-based modules, view recording after the fact;

- Provide incentives – provide attendance credits for students, refreshments during seminars, scholarships, attach to graduation, childcare for parents who attend;

FY16 Goals

- Draft Utah Youth Suicide Prevention Strategic Plan in alignment with Utah's Suicide Prevention Plan 2013 and the 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action.
- Conduct regional trainings for student supports.
- On-going development of resources and materials to support Parent Seminars for Youth Protection based on recommendations from the Parent Seminar policy review.
- Update teacher training curriculum for educator re-licensure suicide prevention training requirement.

Conclusion

Although the rate of youth suicides in Utah has increased among our student populations ages 10-17, efforts are underway to address this alarming issue. Schools have the ability to increase suicide awareness, increase protective factors and build resiliency in students to prevent youth suicide. The Utah State Office of Education in collaboration with The Utah Division of Substance Abuse and Mental Health and other community partners is committed to reducing Utah's rate of youth suicide through sustaining and increasing suicide prevention efforts in Utah schools.



State Suicide Prevention Programs

FY 2015 Report

Prepared by the

Utah Department of Human Services

Division of Substance Abuse and Mental Health

October, 2015

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Utah Suicide Prevention Program Report

Suicide is a major public health problem in Utah and a leading cause of preventable death. From 2009 to 2013, Utah's age-adjusted suicide rate was 19.4 per 100,000 persons. This is an average of 503 suicides per year. Utah has one of the highest age-adjusted suicide rates in the U.S. It was the second-leading cause of death for Utahans ages 10 to 39 years old in 2013 and the number one cause of death for youth ages 10-17. More people attempt suicide than are fatally injured. The most recent data show that 2,743 Utahans were seen in emergency departments (2012) and 1,605 Utahans were hospitalized for self-inflicted injuries (2012). One in fifteen Utah adults have had serious thoughts of suicide. According to the 2015 Student Health and Risk Prevention Survey, during the past 12 months before the survey, 14.4 % of youth grades 6-12 report seriously considering suicide, 6.7% of Utah youth grades 6-12 students attempted suicide one or more times and 13.9% of these students report harming themselves without the intention of dying.

HB 154 (2013)/HB 364 (2015) require the Utah Division of Substance Abuse and Mental Health to designate a state suicide prevention coordinator to organize suicide prevention programs and efforts statewide. It also provides \$210,000 in suicide prevention program funding for FY 2015 and \$191,000 in ongoing funding. The following is a brief summary of related activities.

DSAMH

The Utah Division of Substance Abuse and Mental Health (DSAMH) was created as Utah's substance abuse and mental health authority by Utah statute [§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 contracts with local county governments who are statutorily designated as local substance abuse authorities (LSAAs) and local mental health authorities (LMHAs) to provide prevention, treatment, and recovery services. DSAMH provides policy direction, monitoring, and oversight to local authorities and their contracted service providers. As a state we have identified five focused state strategies one of which is reducing the rate of suicide in Utah. We are committed to becoming a Zero Suicide system of care. The following division directive indicates the commitment of zero suicide within the public mental health and substance use treatment and prevention system as overseen by the state suicide prevention coordinator:

- During FY 2015 Local Mental Health Authorities statewide will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices related to suicide prevention, intervention, and postvention. Conduct an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. A model tool will be provided by DSAMH or another assessment tool selected by the Local Authority may be used. Complete the above and submit a written report to DSAMH by June 30, 2015.
- During FY 2016, based on assessment results, Local Authorities will develop a policy and implementation plan to establish, implement and monitor comprehensive suicide prevention

plan. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2016.

All of the Local Mental Health Authorities have undergone a suicide prevention behavioral healthcare assessment and submitted them to DSAMH and the state suicide prevention coordinator for review. DSAMH will provide ongoing technical assistance to help all LMHA's use the assessment to form a local strategic plan for care quality improvement.

DSAMH and all Local Mental Health Authorities have partnered to implement a statewide Medicaid Performance Improvement Project for suicide safer care within the public behavioral health care system. 2015 is a baseline data collection year with a goal of learning where the system is at in terms of screening and assessing for suicide risk and providing comprehensive safety planning interventions when someone is at risk. In 2016 targeted interventions will be implemented in order to improve quality of care over the year.

Utah Suicide Prevention Coalition:

The Utah Suicide Prevention Coalition is a partnership of community members, suicide survivors, service providers, researchers, and others dedicated to saving lives and advancing suicide prevention efforts in Utah. DSAMH has provided ongoing leadership and coordination for the coalition. This group has met monthly over the past three years and has accomplished a great deal including the revision and ongoing implementation of the Utah Suicide Prevention Plan. (see attached plan)

The Utah Suicide Prevention Coalition hosts a handful of additional committees who are dedicated to implementation of the State Suicide Prevention Plan. DSAMH provides leadership and coordination to all of the committees. Committees include the Executive Committee, Community Awareness Committee, Training and Education Committee, Epidemiology/Data Committee, Policy Committee, and the First Responder Committee.

- Executive Committee
 - Includes representation from the Division of Substance Abuse and Mental Health (DSAMH), Department of Health (DOH), State Office of Education (USOE), Division of Child and Family Services, Juvenile Justice Services, Department of Public Safety, University of Utah Healthcare, Intermountain Healthcare, National Alliance on Mental Illness-Utah, Wasatch Mental Health, Hope4Utah, Utah Navajo Health Services, and ESI Management Group.

A representation of key DSAMH/Coalition Outcomes are listed below.

- Utah Suicide Prevention Plan - revision and implementation - monthly reviews ensuring compliance and progression towards full implementation (http://utahsuicideprevention.org/images/pdf/Suicide_State_Plan_goals_obj_2.pdf)
- Regular monthly meetings since 2012
- Launched Suicide Prevention Coalition website www.utahsuicideprevention.org
- Governor Herbert Declaration of Suicide Prevention Day in Utah, May 22, 2014
- Suicide Prevention Town Hall Tool Kit
- Workforce Survey on Suicide Prevention Preparedness
- Multiple and ongoing suicide prevention, intervention, and postvention training

- Adoption of universal screening tool for assessing suicide risk
- 2014 Legislative passing of the UT Fire Arms Safety bill
- Establishment of the Suicide Fatality Review Board
- Implemented the Workforce Needs Assessment Survey - the results of the survey helped drive strategic planning and a Public Health Approach to meeting workforce needs
- Assisted IHC to identify and implement the C-SSRS into their system of care as a public/private partnership. Working with other key health care providers on care quality improvement suicide
- 2015 support and education of 5 pieces of legislation related to suicide prevention.
- Ongoing meetings of key work groups including Community Awareness, Training and Education, Epidemiology/Data, and Policy.
- 2015 launch of a first responder initiative for suicide prevention including a kick off summit with first responder leadership and the launch of a suicide prevention coalition workgroup focused on first responder suicide prevention. Each year, more law enforcement officers and fire fighters die because of suicide than are killed in the line of duty. Individuals in public safety are also often the first on scene for suicide deaths, attempts, and ideation in the community. The coalition feels strongly about finding ways to provide ongoing support to these individuals and agencies in the community.

Utah Prevention By Design

In 2012 DSAMH contracted with NAMI Utah and launched the Utah Prevention by Design Project which partners with local community partners and coalitions for suicide prevention and mental health promotion efforts. Key 2012-2014 Prevention by Design outcomes have primarily been in engaging communities, capacity building, and process outcomes. Key outcomes include:

2014 Outcomes Summary; NAMI Utah Prevention by Design

January 1 through December 31, 2014

	QPR		MHFA			Guiding					Area Totals	
	QPR*	Instructors Trained	Instructors Trained	MHFA*	YMHFA*	ASIST*	Hope Squad	Good Choices	Town Hall*	Community Meetings**		School/Other***
Bear River	397	3	0	0	0	0	0	0	120	2,176	0	2696
Central	121	2	2	66	0	0	0	65	0	0	0	256
Davis	1,134	0	0	0	0	0	232	0	530	0	4,921	6,817
Four Corners	30	14	0	0	0	0	0	0	0	0	0	44
Northeastern	0	0	3	58	44	0	0	0	50	5,550	0	5705
SJCC	58	17	0	0	0	0	0	0	0	0	0	75
UNHS	0	0	0	0	0	209	0	0	0	0	0	209
South Salt Lake	19	2	3	19	0	0	0	0	250	391	159	843
Southwest	97	17	0	60	0	0	0	0	0	0	0	174
Summit	258	2	0	0	0	0	12	0	56	69	54	451
Tooele	1,100	14	0	0	0	0	56	0	0	100	0	1,270
Utah County	204	0	0	0	0	0	0	0	0	98	142	444
Wasatch	274	7	0	0	0	0	0	0	450	250	1,019	2000
Weber	516	5	0	32	0	0	340	0	724	0	3,321	4938
TOTALS	4208	83	8	235	44	209	640	65	2180	8,634	9616	25922

* Attendee numbers

** Events held in the community, separate from town hall meetings, in which suicide prevention was a topic and suicide prevention materials were distributed

*** Prevention education events/classes for parents and students held outside of school hours at which suicide prevention was a part

For 2015 the outcome focus will change from engagement and process driven to effectiveness of strategies. Pre/Post data collection will be a core priority and that data will be collected and reported out semi-annually.

The Prevention and Promotion contract was released for bid in 2014 and was again awarded to NAMI Utah. With support of the DSAMH, NAMI Utah completed a statewide Mental Health Needs Assessment and Community Action Plan to ensure a data-driven approach to mental health promotion, mental illness prevention and suicide prevention. This Needs Assessment and Action Plan will drive prevention and promotion efforts of NAMI Utah, DSAMH, and local stakeholders over the next several years. Over the past several years this project has provided sub-contracting opportunities for up to 13 coalitions statewide. This represents one sub-contract in each of the defined Local Health Authority regions. Through legislatively approved state funding awarded for FY15 in March of 2015 the number of sub-contractors has expanded to over 20 local groups who are receiving funding for suicide prevention efforts beginning June 30, 2015. This greatly expands the capacity of our state to engage in meaningful prevention strategies.

FUNDS

March 2015, via HB 364, the Utah State Legislature approved \$210,000 one-time funding for FY15 and \$191,000 funding for FY16 ongoing. The funding is to be used to support the administration of a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts include the following components: (a) delivery of resources, tools, and training to community-based coalitions; (b) evidence-based suicide risk assessment tools and training; (c) town hall meetings for building community-based suicide prevention strategies; (d) suicide prevention gatekeeper training; (e) training to identify warning signs and to manage an at-risk individual's crisis; (f) evidence-based intervention training; (g) intervention skills training; and (h) postvention training.

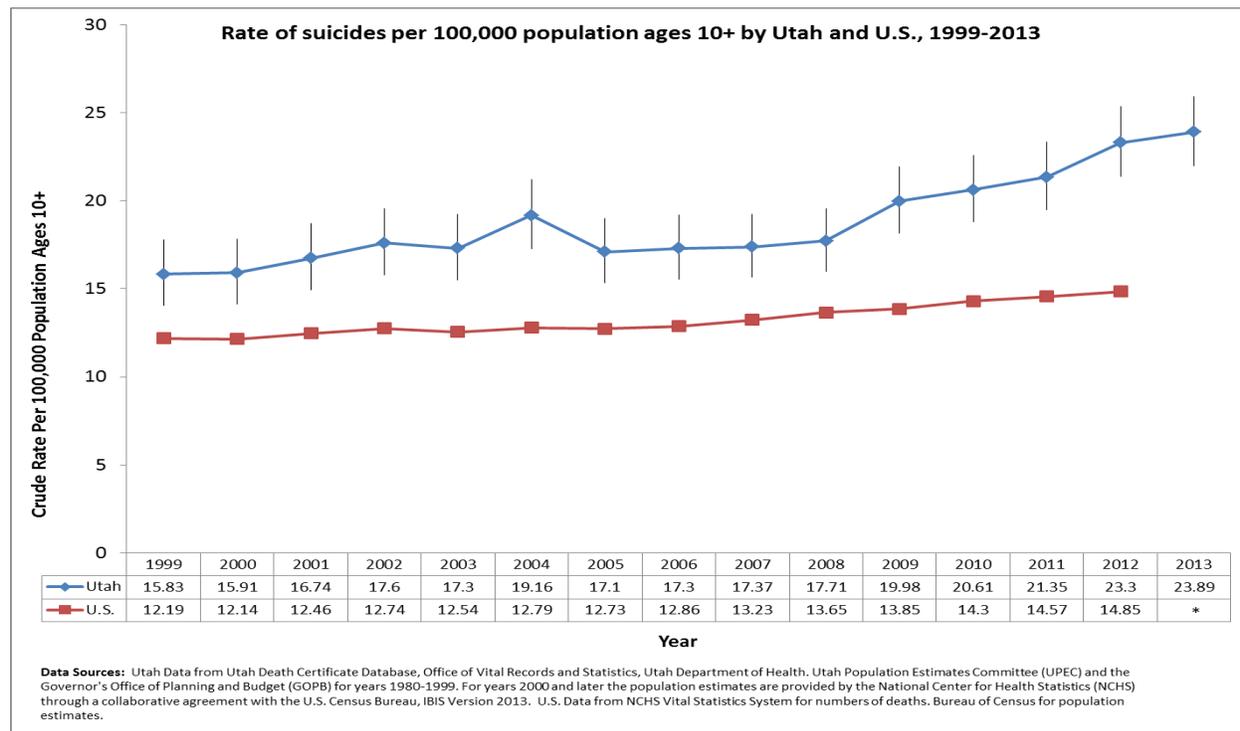
FY15 funding has been allotted as follows:

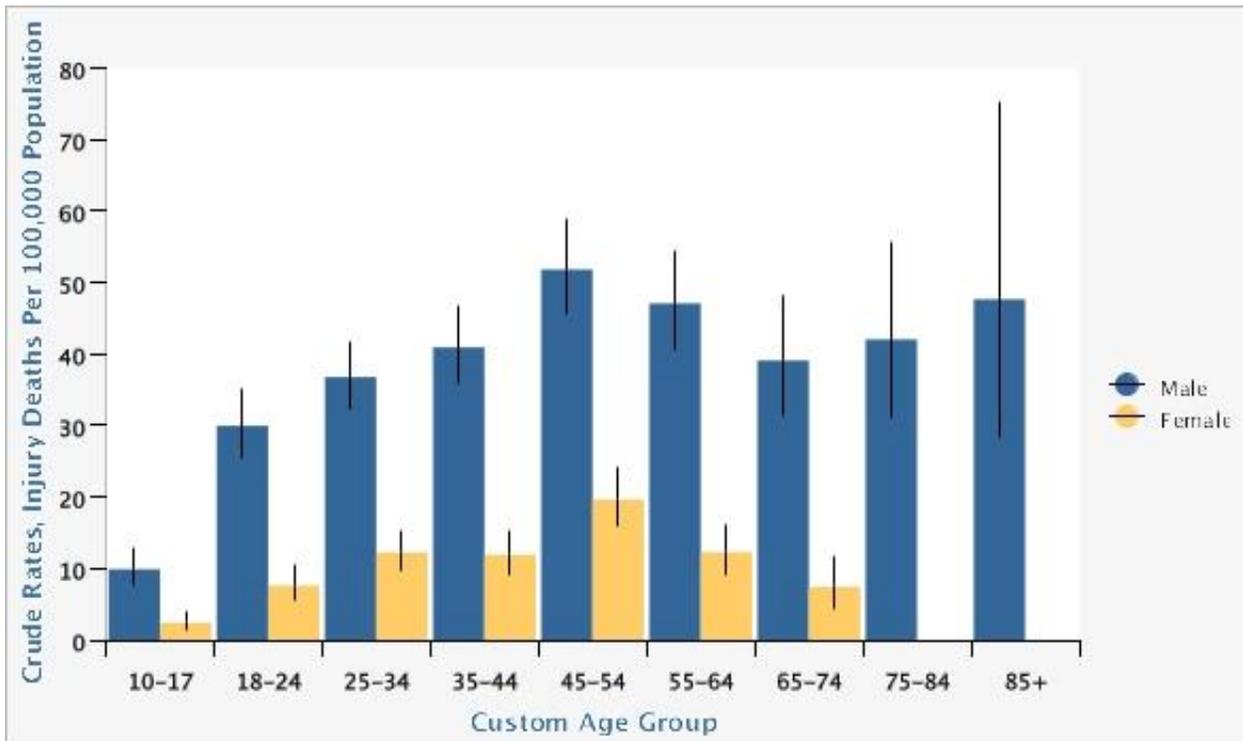
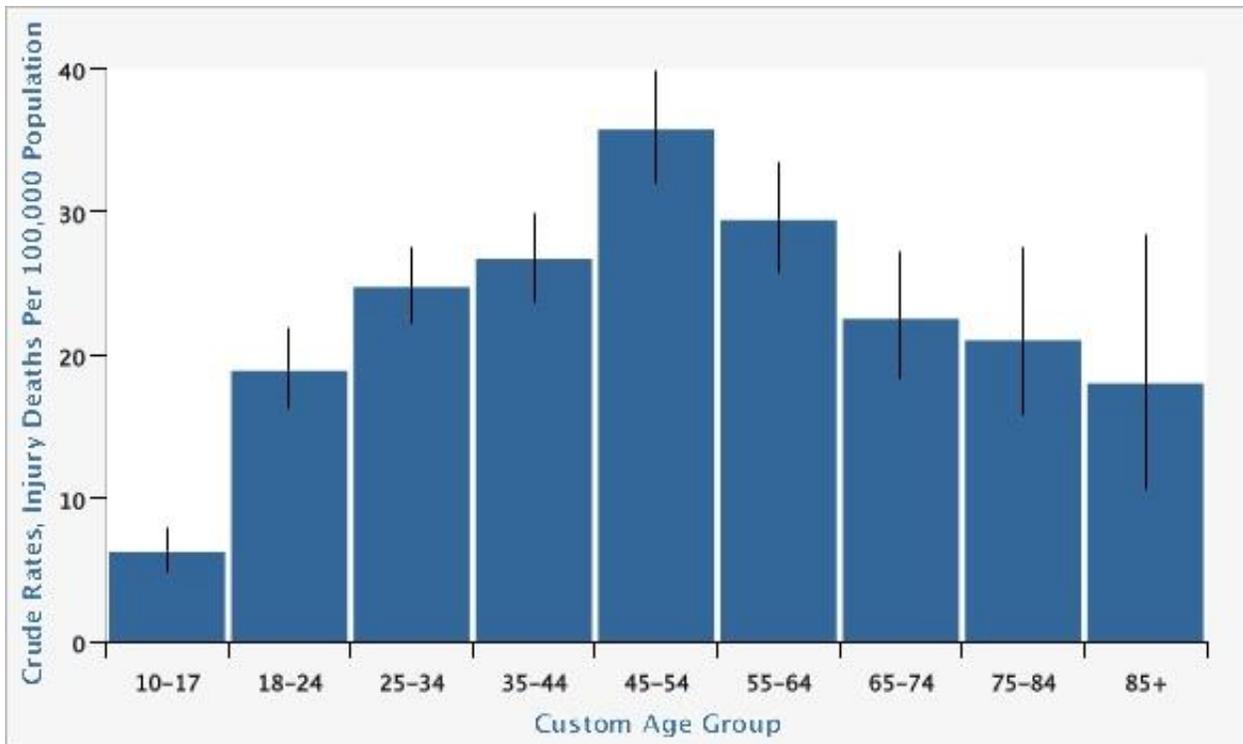
PREVENTION	Funding	Programming Component/ Statute Addressed
Prevention and Promotion Contract- Local Coalition Sub-Contracts & Community Awareness Campaign (NAMI Utah)	\$125,000	a) delivery of resources, tools, and training to community-based coalitions;
QPR T4T	\$4,157.00	(d) suicide prevention gatekeeper training
Harvard/Mean Matters	\$1,166.48	(a) delivery of resources, tools, and training to community-based coalitions
MHFA Training Manuals	\$3,949.80	(d) suicide prevention gatekeeper training
QPR Manuals	\$5,448.95	(d) suicide prevention gatekeeper training
INTERVENTION		
Empathos- CAMS	\$11,175	(f) evidence-based intervention training (g) intervention skills training

UNI- Lifeline	\$15,000	(e.) training to identify warning signs and to manage an at-risk individual's crisis (g) intervention skills training;
CIT	\$12,000	(e.) training to identify warning signs and to manage an at-risk individual's crisis (g) intervention skills training;
POSTVENTION		
Connect Postvention T4T	\$29,916	(h) postvention training
OTHER		
Coordinator Administration and Training	\$1,901.42	(a) delivery of resources, tools, and training to community-based coalitions (b) (f) evidence-based intervention training
TOTAL	\$209,714.65	

Five Year Suicide Trends

As previously discusses, suicide is a major public health problem in Utah. Utah is consistently ranks above the national average for suicide deaths. The following tables represent data collected by the Utah Department of Health to help us better understand and respond to the problem of suicide in Utah.





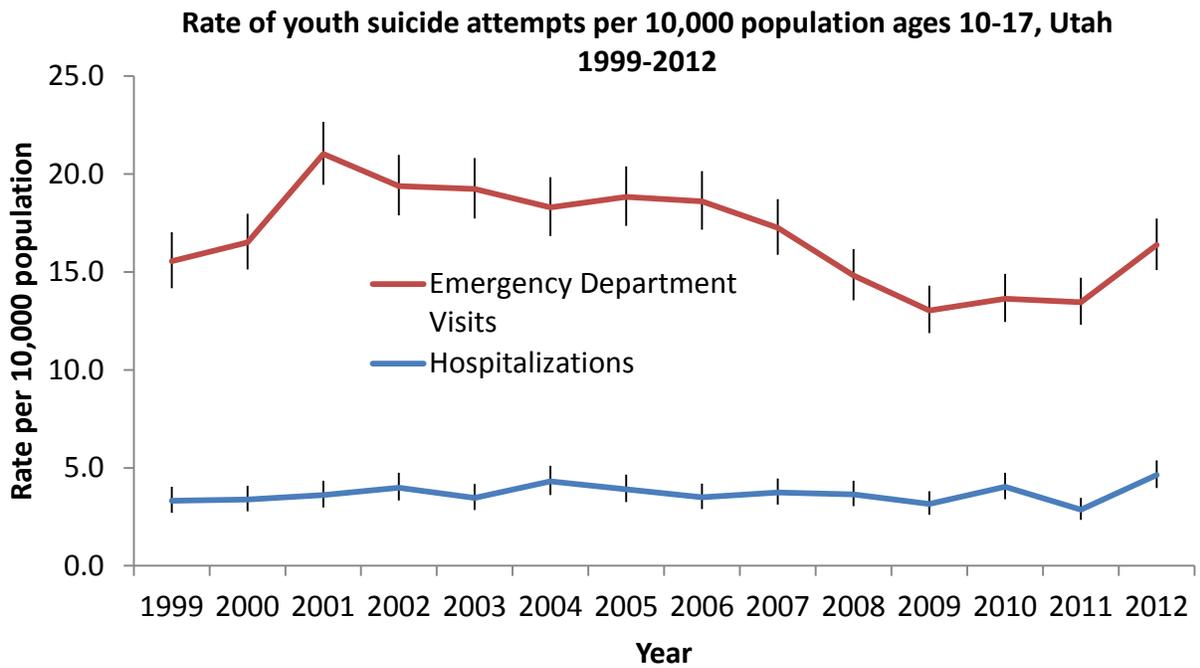
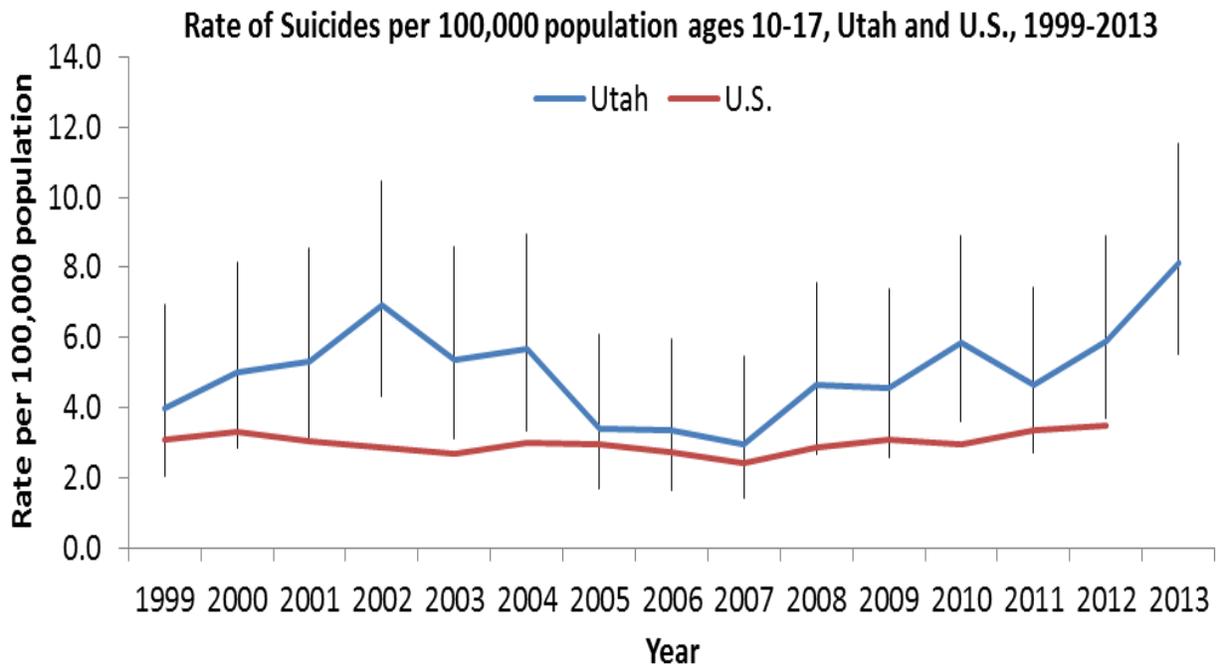


Figure 14.1: Number of Self-inflicted Injury Emergency Department Visits per 10,000 Population Ages 10+ by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)

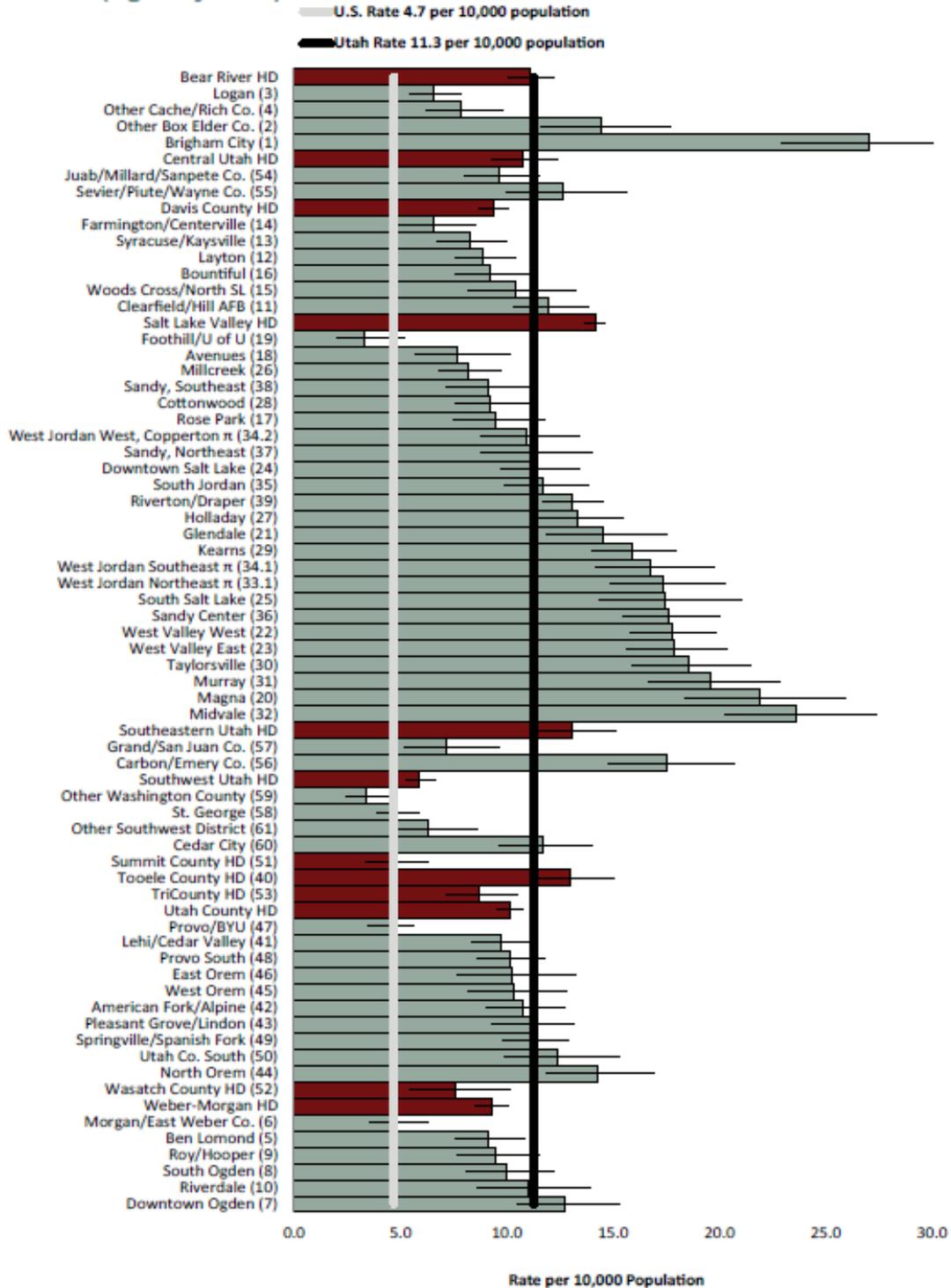


Figure 15.1: Number of Self-inflicted Injury Hospitalizations per 10,000 Population Ages 10 and Up by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)

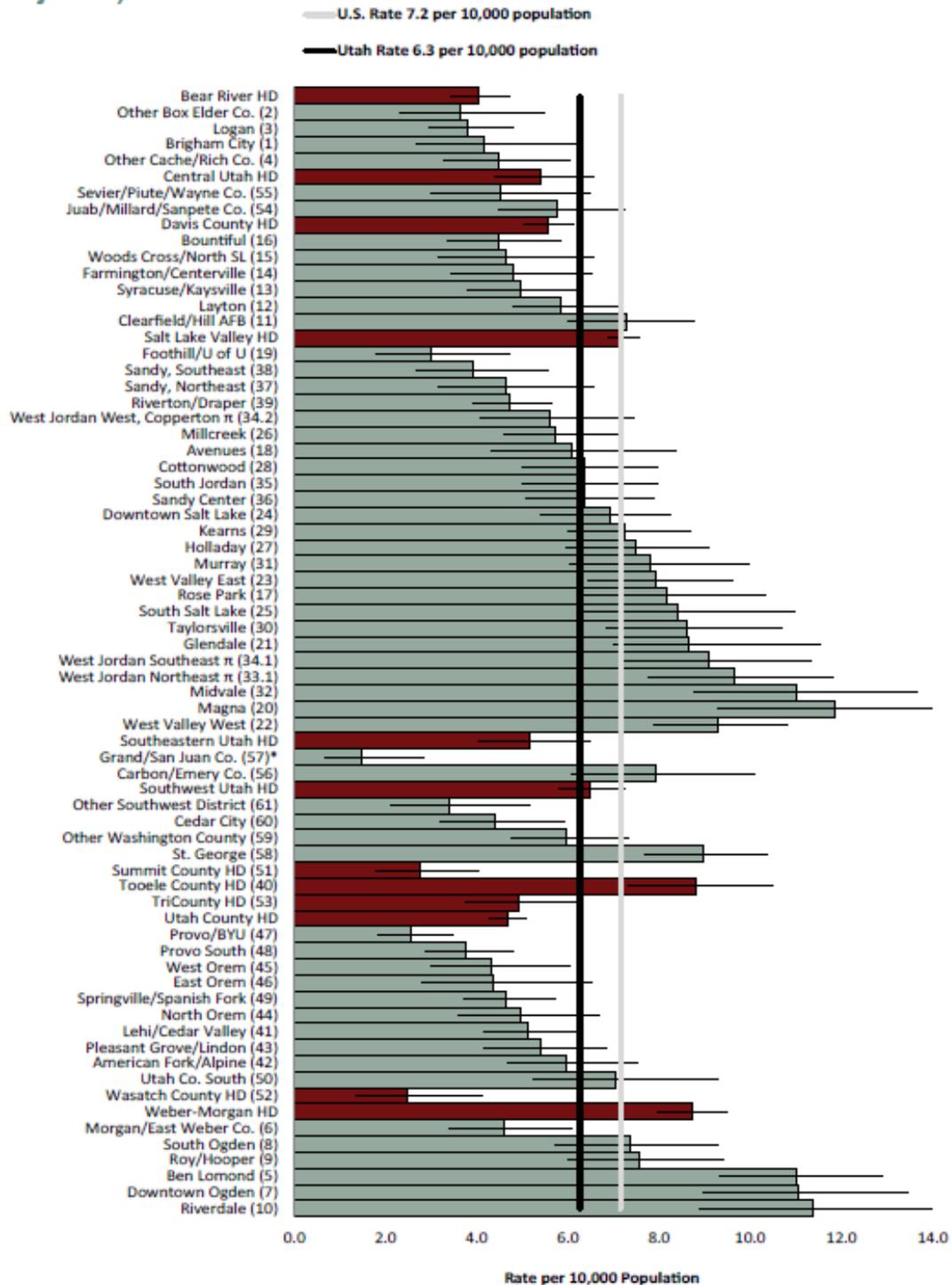
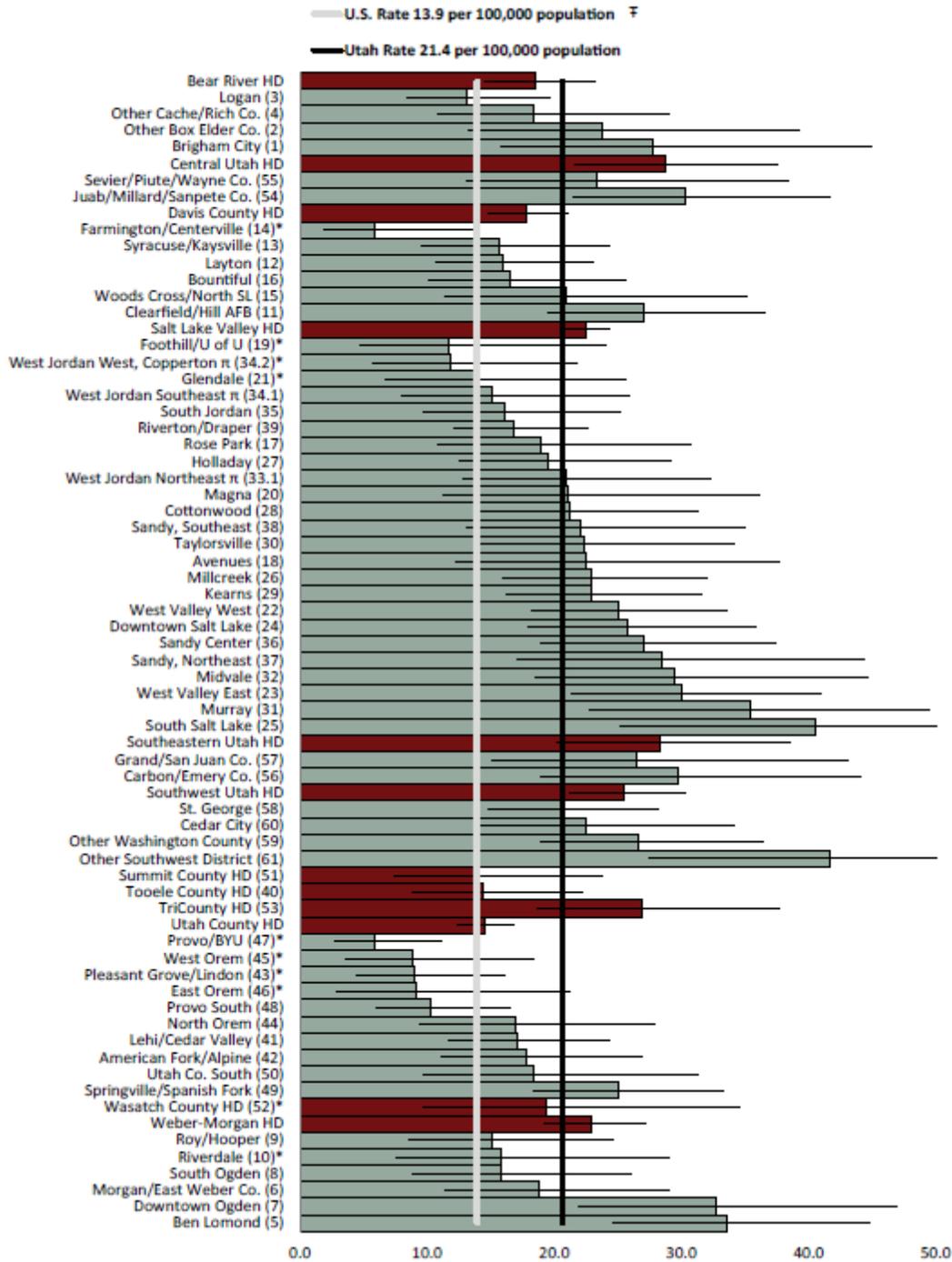


Figure 16.1: Number of Suicide Fatalities per 100,000 Population Ages 10+ by Health District, Utah Small Area, Utah, and U.S., 2009-2011 (Age-adjusted)



CONCLUSION

In summary, suicide is a major public health problem that takes a comprehensive approach. The Utah Division of Substance Abuse and Mental Health, the Utah State Office of Education, the Department of Health and other dedicated public and private partners are dedicated to sustaining and growing suicide prevention efforts and reducing Utah’s rate of suicide.