

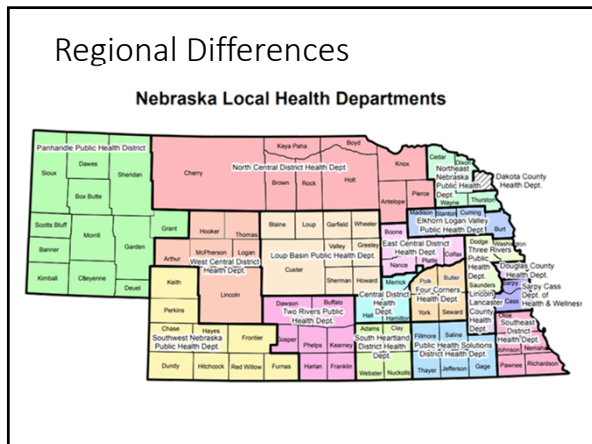
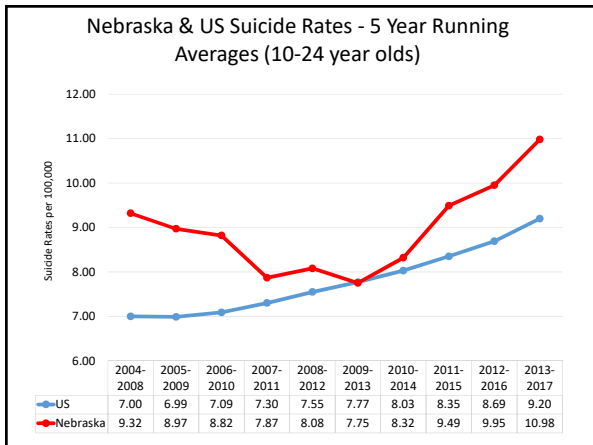
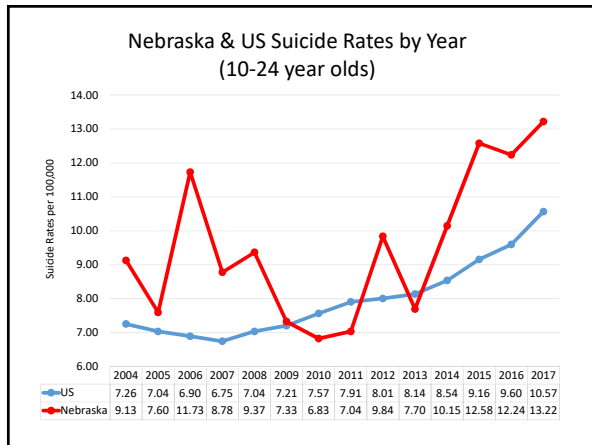
**Looking Back, Looking Forward:  
Nebraska Youth Suicide Prevention**

UNIVERSITY OF  
**Nebraska**  
PUBLIC POLICY CENTER

January 30, 2020

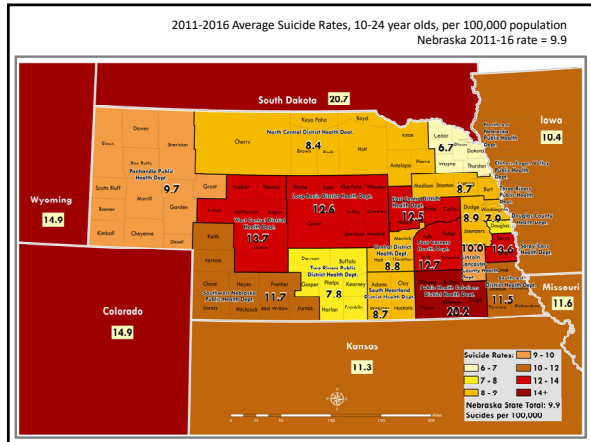
### Looking back...

- Neb GLS Youth Suicide Prevention funding:
  - 2009 – 2012 Statewide
  - 2014 – 2019 Statewide
  - 2018 – 2021 UNL Campus
  - 2019 – 2024 Region 5 / NDE
- 2014 – 2019 Goals
  1. Prevent Youth Suicides in Nebraska
  2. Standardize Screening Protocols in Child Serving Systems
  3. Implement Culturally Appropriate Strategies throughout Neb
- Trend Data & Behavioral Health Region Activities



### NE Regional Rate Differences (10-24 Year Olds)

District	2011-2016
Public Health Solution	20.23
West Central	13.74
Sarpy Cass	13.63
Four Corners	12.73
Loup Basin	12.63
East Central	12.48
Southwest Nebraska	11.71
Southeast	11.45
Lancaster	9.97
State Rate	9.91
Panhandle Public	9.74
Three River Public	8.88
Central	8.75
South Heartland	8.74
Elkhorn Logan Valley	8.68
North Central District	8.42
Douglas County	7.90
Two River	7.82
Northeast Nebraska Public	6.70

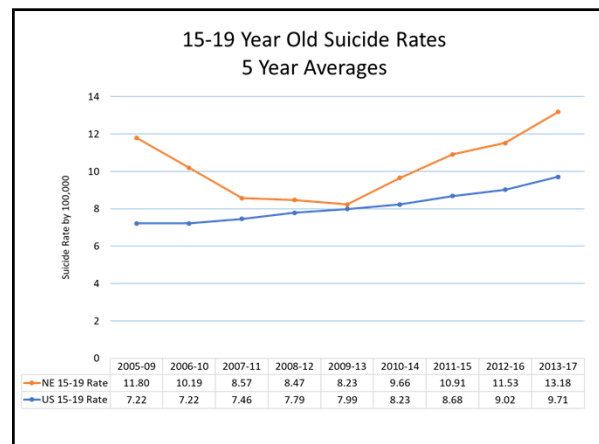
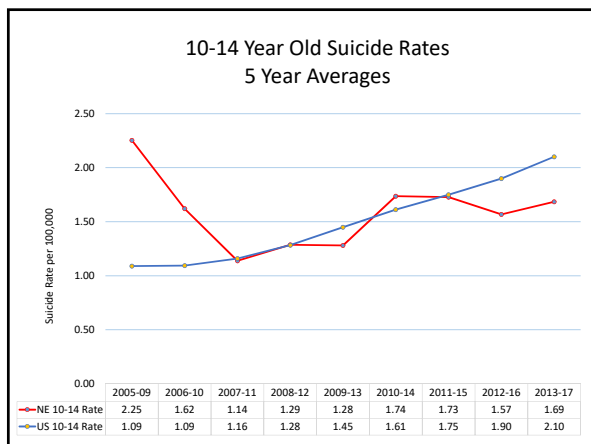


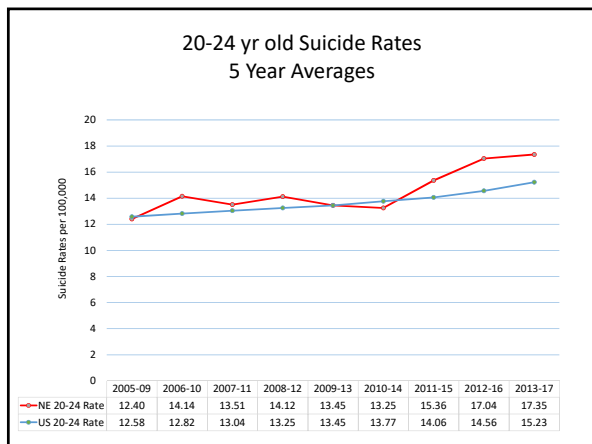
Prediction is not possible...  
We assess so we can engage in

**PLANNING**

2014 – 2019 Prevention Activities	
Assessing and Managing Suicide Risk (AMSR)	633 clinicians
Collaborative Assessment & Management of Suicidality (CAMS)	215 clinicians
Question, Persuade, Respond (QPR)	29,889 individuals
Building a Suicide Safe School Community	24,090 educators
Kognito At-Risk Suicide Training	71,305 educators
Other Suicide Prevention Trainings (MEP, MHFA, etc)	7,989 individuals
Professional Partners Program, SBQ-R	Over 3,000 screenings
LOSS Teams, access available statewide	9 Nebraska Areas
Suicide Prevention Lifeline – Boys Town	Over 2,200 calls

Additional Suicide Prevention Activities	
Partnerships & Collaborations	Between BH Regions & 200+ Organizations
Outreach and Promotion of Mental Health Awareness and Suicide Prevention	Over 2 million messages Means restriction, Lifeline promotion, billboards, PSA's,
Speakers, Conferences, Events	Presentations, booths, walks, health fairs, workshops, documentary showings
Policies	25+ Policies Established Governor's proclamation of suicide awareness, mobile crisis response, post-crisis care, rating-scales





- ### Looking ahead...
- #### Neb GLS Youth Suicide Prevention, 2019 – 2024 Goals
1. Decrease youth suicide rate by 80% in Region 5
  2. Policies and protocols implemented in all Nebraska public school districts for suicide prevention, post intervention and transition back to school
  3. Zero Suicide approach implemented in 20 Nebraska healthcare systems/behavioral health organizations
  4. Evidence-based practices adopted by all Nebraska child-serving systems to follow-up with youth after a suicide attempt or hospitalization
    - Fidelity Assessment within the system to assure EBP are monitored
  5. Evidence-based practices adopted by all Nebraska crisis/violence risk assessment clinicians

### People At Risk For Suicide Are Falling Through the Cracks in Our Health Care System

output  
In the 60 days before their death by suicide:

- 10% were seen in an emergency department

### Suicide Care in Behavioral Health Care Settings

- Suicide prevention is a core responsibility for behavioral health care systems
- Many licensed clinicians report they do not have the resources to care for those at risk for suicide
  - 39% report they do not have the resources to care for those at risk for suicide
  - 44% report they do not have the resources to care for those at risk for suicide

**ZERO Suicide Is Feasible**  
Health and behavioral health care organizations have found:

It's feasible—without additional funding.  
It's working—lives are being saved.

### What is Zero Suicide?

- A *priority* of the National Action Alliance for Suicide Prevention
- A *goal* of the National Strategy for Suicide Prevention
- A *project* of the Suicide Prevention Resource Center
- A *framework* for systematic behavioral health and health care
- A *focus* on safety and error reduction
- A *set of best practices* and implementation strategies for providers

"It is critically important to design for zero even when it may not be theoretically possible...It's about purposefully aiming for a higher level of performance."

*Thomas Priselac  
President and CEO of Cedars-Sinai Medical Center*

### ZS – Systems Change Model

#### Transforming Systems for Safer Care

Suicide deaths for patients at risk of suicide in health and behavioral health systems are preventable. For systems dedicated to improving patient care and outcomes, the Zero Suicide framework presents both an aspirational challenge and a way forward.

**Elements of Zero Suicide**

- 1 **Lead** system-wide culture change committed to reducing suicides
- 2 **Train** a competent, confident, and caring workforce
- 3 **Identify** individuals with suicide risk via comprehensive screening and assessment
- 4 **Engage** all individuals at-risk of suicide using a suicide care management plan
- 5 **Treat** suicidal thoughts and behaviors using evidence-based treatments
- 6 **Transition** individuals through care with warm hand-offs and supportive contacts
- 7 **Improve** policies and procedures through continuous quality improvement

**ZEROSuicide**  
IN HEALTH AND BEHAVIORAL HEALTH CARE

**More Americans Are Killing Themselves at Work**

The importance of workplace suicide prevention is getting increased attention. According to federal data, the number of suicides in the workplace reached a 26-year high in 2018.


To address that trend, national stakeholders have collaborated on tools to help employers implement prevention efforts. They include a blueprint for developing workplace prevention programs, a managers guide to postvention, and guidelines for all industries. "The hope is someday, mental health will be a routine part of wellness programs at companies, as routine as getting your flu shot or blood pressure taken," said Colleen L. Cary, director of the National Action Alliance for Suicide Prevention.

2019 – 2024 Planned Prevention Activities	
<b>Workforce Development</b> <ul style="list-style-type: none"> <li>Zero Suicide Academy</li> <li>Youth Nominated Support Teams</li> <li>Assessing &amp; Managing Suicide Risk (AMSR)</li> </ul>	<b>Goal</b> <ul style="list-style-type: none"> <li>5 Child-serving systems</li> <li>2 Hospitals/healthcare systems</li> <li>30 Behavioral Health organizations</li> <li>100 Clinicians</li> </ul>
<b>Trainings</b> <ul style="list-style-type: none"> <li>QPR Trainings (Gatekeeper Training)</li> <li>Hope Squads (Peer to Peer Training)</li> </ul>	<b>Goal</b> <ul style="list-style-type: none"> <li>2,400 individuals trained/year</li> </ul>
<b>Screenings, Referrals, Access</b> <ul style="list-style-type: none"> <li>Prof Partners Program – Region 5</li> <li>School Psychologists - Statewide</li> </ul>	<b>Goal</b> <ul style="list-style-type: none"> <li>Prof Partners Program</li> <li>200 Screenings/year</li> <li>20 Referrals/year</li> <li>12 Access/year</li> <li>Screenings in Schools</li> </ul>

2019 – 2024 Planned Prevention Activities	
<b>School Health Plans will include:</b> <ul style="list-style-type: none"> <li>Suicide Prevention</li> <li>Post-Suicide Interventions</li> </ul>	<b>Goal</b> <ul style="list-style-type: none"> <li>244 School Districts</li> <li>Whole School, Whole Community, Whole Child model (ASCD, CDC)</li> </ul>
<b>Safety Planning</b>	<b>Goal</b> <ul style="list-style-type: none"> <li>12 Behavioral Health Orgs</li> </ul>
<b>Means Restriction</b>	<b>Goal</b> <ul style="list-style-type: none"> <li>1,000 gunlock distributed/year</li> </ul>
<b>Outreach &amp; Awareness</b>	<b>Goal</b> <ul style="list-style-type: none"> <li>14,000 youth/year</li> </ul>
<b>Partnerships &amp; Collaborations</b>	<ul style="list-style-type: none"> <li>Boys Town Lifeline</li> <li>University of Nebraska-Lincoln</li> <li>Nebraska Military Department</li> <li>Veteran's Health Administration</li> <li>Other organizations serving under-represented populations</li> </ul>

### Nebraska Suicide Prevention Initiative

- Using Lessons Learned to Continue Making Progress**
  - A mix of centralized and decentralized strategies lead to system change
- Data**
  - Disseminate to and collaborate with partners and stakeholders
  - Target efforts, decision-making
  - Set goals, track outcomes
- Partnerships and collaborations**
  - Nebraska Department of Education
  - Region 5
  - Statewide – Behavioral Health Regions
  - Behavioral Health Orgs, Hospitals, Healthcare Systems
  - Child-serving systems, Juvenile Justice
  - Post-Secondary institutions, Veterans Administration



### Nebraska Suicide Prevention Initiative

- Using Lessons Learned to Continue Making Progress
- CONTINUE:**
  - search for models that will enhance efforts
  - dissemination of success efforts statewide
  - support of partnerships including local and state public health, health, and behavioral health organizations
  - working with post secondary institutions to reduce suicide
  - encouragement of assessing the impact of prevention efforts
  - distribution of materials developed from past media campaign efforts
  - supporting youth crisis teams to use EBP
  - supporting the Nebraska Suicide Prevention Coalition

