

**Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities**

**2013 - 2018 STRATEGY FOR SUICIDE PREVENTION**

**Goals and Objectives**

***Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities***

**GOAL 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.**

- Integrate suicide prevention into the values, culture, leadership and work of BHDID, to include:
  - Departmental goals, all contracts and grants, regulations, plan and budget questions, expanded suicide prevention on state web pages.
  - Require department approved training for all BHDID professionals, contracted entities (such as peer support and KPFC) and volunteers.
  - Develop and implement suicide prevention training and T4T modules for peer support to be implemented in BHDID contracted entities.
  - Develop and implement suicide prevention training and T4T modules for consumer-operated programs to be implemented in BHDID contracted entities.
- Integrate suicide prevention into the values, culture, leadership and work of organizations and programs with a role to support suicide prevention activities to include:
  - Systems of care, The State Interagency Council for Services to Children with Emotional Disabilities (SIAC) and social services (foster programs, job assistance, domestic violence prevention, rape crisis centers, DJJ, AOC, Department of Education, community action organizations, etc.)
- Establish effective, sustainable, and collaborative suicide prevention programming at the state, regional, and local levels.
- Develop and sustain public-private partnerships to advance suicide prevention, including schools, workplaces and faith-based communities.
- Integrate suicide prevention into ALL relevant health care reform efforts.
- Align as appropriate with President’s “Now is the Time” plan for mental health training, services and funding to:
  - Provide “Mental Health First Aid” training for teachers;
  - Make sure students with signs of mental illness get referred to treatment;
  - Support individuals ages 16 to 25 at high risk for mental illness;
  - Help schools address pervasive violence;
  - Train more than 5,000 additional mental health professionals to serve students and young adults.

**GOAL 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.**

- Develop, implement, and evaluate communications efforts designed to reach defined segments of the population.
- Promote outreach to policymakers with dedicated communication efforts including education regarding high costs of emergency department and ambulance calls related to suicidal behavior.
- Increase communication efforts via all social media that promote positive messages and support safe intervention strategies.
- Increase knowledge of warning signs for suicide and of how to connect individuals in crisis with assistance and care.
  - This could include continued promotion of QPR gatekeeper trainings, mandated secondary school-based staff and student suicide prevention trainings, post-secondary staff and students, military/veterans and their families, and Mental Health First Aid training which includes two hours of suicide prevention training. Take advantage of conference opportunities.

**GOAL 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.**

- Promote effective programs and practices that increase protection from suicide risk, including resiliency training.
- Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders.
- Promote the understanding that recovery from mental and substance use disorders is possible for all. This includes promotion of recovery-oriented support systems.

**GOAL 4. Promote responsible media reporting of suicide.**

- Distribute media guidelines to press associations through training and information sheets. Shape messages to take into consideration their need for ratings.
- Utilize AP style book release to educate about mental health.
- Include and educate CHFS communications regarding responsible media reporting.
- Utilize post-secondary education to educate journalism majors about responsible reporting.
- Promote positive stories around “success stories” in suicide prevention (e.g. Kevin Hines and the Golden Gate Bridge).

***Strategic Direction 2: Clinical and Community Preventive Services***

**GOAL 5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.**

- Strengthen the coordination, implementation, and evaluation of comprehensive state, regional, and local suicide prevention programming.
- Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors. Possible settings include:

- Clinical service providers including primary care, hospitals, urgent care and emergency departments, emergency service providers, substance abuse prevention services, public health, and other health care providers.
- Schools and other youth-serving organizations, post-secondary institutions, workplaces, faith-based organizations, justice and law enforcement, organizations providing health care, military and veteran service organizations, community prevention coalitions and other community partners.
- Educate and equip Regional Prevention Center staff to integrate suicide prevention into the Strategic Prevention Framework.
- Pursue funding opportunities for creation of suicide prevention enhancement site.
- Create and distribute suicide prevention toolkit for grassroots community partners.
- Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk, to include persons with serious mental illness (SMI) or severe emotional disabilities (SED), males who are middle-aged, persons in military and veterans, youth and young adults, persons who are lesbian, gay, transgender, bisexual or questioning (LGBTQ), as well as others identified at higher risk.
- Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders from any entry point.

**GOAL 6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.**

- Integrate lethal means reduction education into all trainings to community and clinical service providers, including conference opportunities such as Kentucky School, Operation Headed Home and Operation Immersion.
- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
- Integrate into BHDID monitoring protocol questions about access to lethal means (e.g. Substance Abuse Services, Impact Plus, Prevention).
- Disseminate emergency department posters and material from Suicide Prevention Resource Center.
- Partner with firearm dealers, Kentucky chapters of National Rifle Association, hunter safety classes, and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

**GOAL 7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.**

- Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.
- Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk per state statutes and regulations, to include persons with SMI or SED,

males who are middle-aged, persons in military or veterans and their families, and persons who are LGBTQ, as well as others identified at higher risk.

- Integrate into BHDID monitoring protocol to look for state-mandated suicide prevention training in clinical service provider personnel record.
- Promote the adoption of core education and training guidelines developed at national level on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education. Utilize internal BHDID resources to connect with policy makers.
- Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies. Utilize internal BHDID resources to connect with policy makers.
- Implement protocols and programs developed at national level for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

### ***Strategic Direction 3: Treatment and Support Services***

#### **GOAL 8. Promote suicide prevention as a core component of health care services.**

- Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.
- Promote inclusion of suicide risk screening and assessment questions in electronic health records.
- Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
- Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
- Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.
- Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
- Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.
- Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
- Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.

#### **GOAL 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.**

- Adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.

- Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.
- Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
- Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.
- Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.
- Adopt and implement standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.
- Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.
- Require integration and monitoring of BHDID protocol to include suicide risk assessment questions in biopsychosocial and ALL screening and assessment instruments (to include electronic health records).
- Require CMHC crisis line staff to receive accreditation similar to the National Suicide Prevention Lifeline.
- Develop required accreditation criteria for CMHC crisis mobile unit and staff.

**GOAL 10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.**

- Adopt guideline, for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state, regional, and community levels.
- Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
- Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.
- Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.
- Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.

***Strategic Direction 4: Surveillance, Research, and Evaluation***

**GOAL 11. Increase the timeliness and usefulness of state surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.**

- Promote the improvement of the timeliness of reporting vital records data and continue to crosswalk these with CMHC and State Psych Hospital client data.
- Improve the usefulness and quality of suicide-related data.
- Improve and expand state, regional, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.
- Increase the number of statewide representative surveys and other data collection instruments that include questions on suicidal behaviors (e.g. KIP Survey), related risk factors, and exposure to suicide.

**GOAL 12. Promote and support research on suicide prevention.**

- As developed, adopt the national suicide prevention research agenda with comprehensive input from multiple stakeholders.
- Disseminate the national suicide prevention research agenda.
- Promote the timely dissemination of suicide prevention research findings.
- Utilize a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

**GOAL 13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.**

- Evaluate the effectiveness of suicide prevention interventions.
- Evaluate the impact of legislation on suicide prevention and interventions.
- Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions.
- Examine how suicide prevention efforts are implemented in different communities to identify the types of delivery structures that may be most efficient and effective.
- Evaluate the impact and effectiveness of the Kentucky Strategy for Suicide Prevention in reducing suicide morbidity and mortality.