

State/Tribal Youth Suicide Prevention, funded by SAMHSA

Total Award \$3,646,939

Project Director Renee Faber, DHHS-DBH

Summary

- SAMHSA funded for 5 years.
- Year 1 was October 2014 - September 2015.
- Year 5 will end September 2019.
- The purpose of the Nebraska Youth Suicide Prevention Project is to prevent suicides and reduce the number of suicide attempts for youth ages 10-24, with 2 target populations:
 - Youth in K-12 Schools (ages 10-21) and
 - Youth at high risk for behavioral health disorders (ages 10-24)
- Each of the Regional Behavioral Health Authorities in Nebraska receives \$63,000 annually toward this initiative.

Evidence-Based Practices

There are 7 evidence-based best practices in this initiative.

Kognito

On-line training, no cost, approx. 1-1.5 hours

Kognito training for high school personnel is listed in NREPP and on the SPRC/AFSP Best Practices Registry Section I. The middle school program is an adaptation of the model and is independently listed on the SPRC/AFSP Best Practices Registry Section III. Kognito is appropriate to reach the K-12 population due to its focus on training adult gatekeepers within school systems.

QPR (Question, Persuade, Refer)

Face to Face training, cost is booklets given to attendees [\$2 each], approx. 1-1.5 hours

The QPR gatekeeper training program was chosen in 2009 by the state suicide prevention coalition as the preferred in-person gatekeeper training package for the state (NREPP listed). QPR has provided a common language across the state for community members to talk about suicide risk.

SBQ-R Screening tool

Nebraska adopted the SBQ-R (Suicide Behaviors Questionnaire-Revised) as the preferred brief screening tool in the 2009-2012 GLS grant. This screening tool was chosen after an extensive literature review and discussions with Nebraska's regional behavioral health authorities. The questions from the SBQ-R have been incorporated in data collection tools required by NDHHS and protocols developed for use when referrals are triggered. It is appropriate for use with youth who have behavioral health disorders and is supported by literature for use with this population. Fidelity to implementation of the screening tool will be monitored by our evaluation team through periodic review of data and presentation of webinars to users related to its use.

AMSR clinician training

In person training, registration \$115 each, 6.5 APA CE credit. Each of the Regional Behavioral Health Authorities schedules a minimum of 1 training annually in their service area.

This curriculum is an evidence informed/based practice with the goal of preventing suicide by building competencies in licensed personnel taking referrals of youth and young adults at risk for

suicide. AMSR promotes competencies rather than dictating the type of therapy or approach clinicians should use in treatment which makes it appropriate for a variety of disciplines. AMSR is appropriate for use by clinicians serving clients of all ages.

CAMS clinician training

Cost is \$179 per single-user non-transferrable six-month license, register on line via PayPal. 6 hour on-line training with units that may be completed at one time or one at a time.

<http://www.empathosresources.com/now-available/overview/>

CAMS is collaborative assessment and management of suicidality [David Jobes]. The CAMS model reinforces AMSR and, in addition, addresses practical clinical practices such as charting, treatment planning and assessing risk systematically. This is particularly useful with clinicians who serve older adolescents and young adults. It builds competencies in licensed personnel taking referrals of youth and young adults at risk for suicide. According to the National Action Alliance for suicide prevention CAMS is supported by six correlational studies and one randomized clinical trial. 2nd edition manual will be released in summer 2016.

LOSS postvention model

The postvention model chosen by Nebraska is the LOSS team (Local Outreach to Suicide Survivors – Frank Campbell) approach. Implementation of the LOSS model at the local level will help us achieve our goal to have Nebraska communities implement culturally appropriate suicide prevention strategies. Teams are developed in conjunction with local law enforcement and are deployed immediately after a suicide to provide information and support to survivors. Team members then follow up with the family/survivors to offer resources, support and hope. The team consists of trained survivors and mental health professionals acting as volunteers in an organized response sanctioned and recognized by local first responders. Nebraska has several professionals and survivors prepared to train and mentor development of new teams. At present, 3 LOSS Teams are in place, able to respond to 49% of Nebraskans [Metro Omaha, Central Nebraska, Lincoln/Lancaster].

Means Restriction

A brochure was developed in Year 1 about restricting lethal means of suicide. The brochure is appropriate for general audiences, including communities and hospitals. The Harvard School of Public Health and the NDHHS Injury Prevention Program were consulted to ensure the materials developed reflected best practices were informed by evidence.

For more information, contact Tiffany Mullison, Youth Suicide Outreach Specialist, tiffany.mullison@nebraska.gov or 402.471.7857.

Opportunities

1. PLANNING GRANT: Pilot Studies to Detect and Prevent Suicide Behavior, Ideation and Self-Harm in Youth in Contact with the Juvenile Justice System (R34)

<http://grants.nih.gov/grants/guide/pa-files/PAR-16-298.html>

This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.

The purpose is to provide resources for evaluating the feasibility, tolerability, acceptability and safety of novel approaches to improving outcomes, modifying health risk behavior, and for obtaining the preliminary data needed as a pre-requisite to a larger-scale (efficacy or effectiveness) services study. This FOA is published in parallel to a companion FOA also targeting detection and intervention to reduce suicidality in youth in contact with the juvenile justice system.

Applications focused on developmental work that would enhance the probability of success in a subsequent larger scale project are encouraged. Developmental work might include: working out the details of the assessment and intervention protocols, as well as the protocol for the comparison group and randomization procedures (if appropriate); examining the feasibility of recruiting and retaining participants into the study condition(s); and developing supportive materials such as training manuals for the interventionists.

The specific goal is to support pilot work that might support the design and implementation of a subsequent larger scale project to: 1) develop a service system intervention that coordinates risk identification, evaluation, and linkage to needed treatment and services for justice-involved youth; 2) test the feasibility and effectiveness of the intervention in detecting and responding to vulnerable youth at and across various points within juvenile justice and relevant community settings; and 3) demonstrate the intervention's implementation and potential for future uptake in diverse settings across the U.S. The ultimate goal of this and the companion FOA is to develop and test the effectiveness of empirically based, integrated, and scalable strategies for detecting and preventing suicidal behavior, ideation and self-harm among justice-involved youth. The focus is on systems interventions to improve outcomes for youth and is not intended to support the development of new screening tools or assessment instruments.

- NIMH intends to commit \$1.3 million in total costs to fund 4 awards in this initiative.
- Application budgets are limited to \$225,000 in direct costs per year, and \$450,000 in direct costs over the 3-year project period, project period ends September 8, 2019.
- The total project period may not exceed 3 years.
- State and County Governments are eligible to apply.
- Letter of Intent due 30 days prior to application due date.
- Application due date September 16, 2016.
- Apply via grants.gov

2. RESEARCH PROJECT GRANT: Detecting and Preventing Suicide Behavior, Ideation and Self-Harm in Youth in Contact with the Juvenile Justice System (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-16-299.html>

This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.

The purpose is to support research that develops and tests broadly implementable service system interventions to rapidly identify and effectively respond, so as to reduce suicidal behavior, suicidal ideation, and non-suicidal self-harm (NSSI) in justice-involved youth. Specifically, the goals of this FOA are to: 1) develop a service system intervention that coordinates risk identification, evaluation, and linkage to needed treatment and services for justice-involved youth; 2) test the feasibility and effectiveness of the intervention in detecting and responding to vulnerable youth at and across various points within juvenile justice and relevant community settings; and 3) demonstrate the intervention's implementation and potential for future uptake in diverse settings across the U.S. The ultimate goal of this FOA is to develop and test the effectiveness of empirically based, integrated, and scalable strategies for detecting and preventing suicidal behavior, suicidal ideation, and non-suicidal self-harm (NSSI) among justice-involved youth. It focuses on systems interventions to improve outcomes for youth and is not intended to support the development of new screening tools or assessment instruments.

- NIMH intends to commit \$1.3 million dollars in FY2017 to fund 4 awards in this initiative.
- Application budgets are limited to \$500,000 direct costs (excluding consortium F&A) per budget year and should reflect the actual needs of the proposed project.
- The total project period for applications submitted in response to this FOA may not exceed five years.
- Letter of Intent due 30 days prior to application due date.
- Application due date September 5, 2016.
- Apply via grants.gov

The Facts

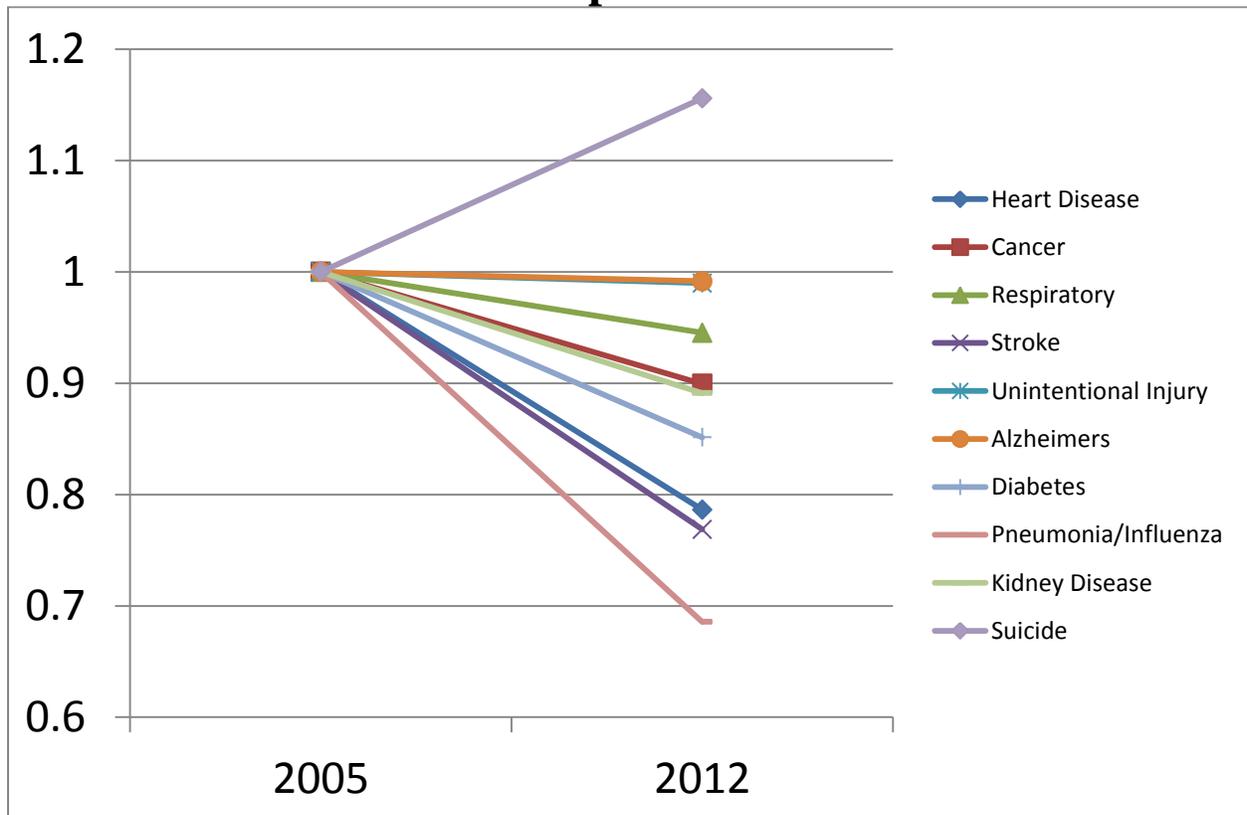
Nationally

- Suicidal ideation and behavior are highly prevalent among youth in contact with the juvenile justice system.
- JJ youth are estimated to have a three times greater risk for dying by suicide than youth in the general population.
- In addition, specific factors associated with suicidal ideation and behavior (e.g., histories of depression, sexual abuse, physical abuse, substance use and abuse) have been shown to be far more common among this population.

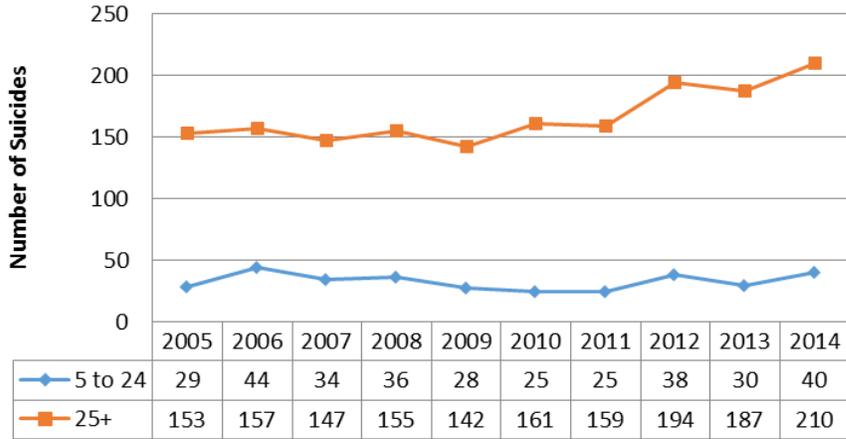
Nebraska, 2014 Youth Risk Behavior Survey [YRBS] data

- From 2005-2014, for Nebraska youth ages 10-24, 270 males and 61 females died by suicide.
- Method of Suicide for Nebraska youth, ages 11-24 from 2005-2014
 - Firearm 48%
 - Suffocation 41%
 - Poisoning 6%
 - Other 5%

Top 10 Causes of Death in the USA



Suicides by Year and Age Group



Gender Differences

