

## Identified Gaps in Infrastructure, Programming, and Evaluation in Utah (2021)

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 has also increased. However, many gaps still remain. Utah's services remain insufficiently streamlined and unable to reach all those in need. These identified gaps have emerged as the most critical within Utah. Solutions are also proposed.

- Zero Suicide
- Postvention
- Infrastructure
- Access to and streamlining of data
- Crisis intervention services
- Workforce development

### **Zero Suicide**

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, including two of Utah's largest healthcare systems. 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.

New long term funding must be sought to build infrastructure to support statewide Zero Suicide efforts in healthcare organizations, 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.

#### ***Possible Solution:***

*To continue and improve current Zero Suicide efforts, DSAMH would need continued 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. Initial funding in 2021 will begin this process. 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. A complete process for implementation across the wide spectrum of physical and behavioral health services is needed.*

*While Utah's healthcare systems may compete, Zero Suicide is a framework that can be implemented across systems. Increased collaboration, greater discussion and joint learning among the systems will enhance outcomes for all. Additionally, continuing a Zero Suicide Summit will encourage learning and further implementation*

## **Postvention**

Effective postvention policies and services can reduce the risk of suicide contagion and help communities heal after a suicide death. 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 or consistently implemented, resulting in less effective means to support individuals and communities after a suicide. Comprehensive resources, training, and technical assistance are needed for schools and communities in Utah, in order to increase the application of evidence based postvention policies and practices.

### ***Possible Solution:***

*To further develop Utah's prevention efforts across the state, DSAMH would need a postvention coordinator position. This position 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. This postvention position would also provide technical assistance efforts with local agencies and community leaders to build infrastructure for optimal community outcomes including but not limited to reduced future suicide risk. With this position, postvention will be coordinated with agencies such as the Utah Departments of Human Services and Health and the Utah State Board of Education.*

*Implementation of the Community Postvention Toolkit (to be released in 2021) will encourage local communities to plan and implement strategies to support survivors of suicide loss. The Office of the Medical Examiner is uniquely positioned to follow up with next-of-kin and provide support to communities. Utilizing a planned approach with all partners, at the community and state levels will improve postvention response following*

*a suicide death.*

## **Infrastructure/Foundation**

Local Infrastructure remains insufficient to address early prevention needs. Infrastructure in the community, schools and workplaces has improved, however more is needed.

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; opportunities to increase prosocial involvement and connectedness; 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, the reach of evidence-based programs is insufficient to reduce the population prevalence of mental health conditions and suicide ideation, and staff positions to implement primary prevention are inconsistently funded and under-funded.

Providing a stable and equitable source of primary prevention funds would improve suicide prevention outcomes through several mechanisms, because primary prevention:

- a. Prevents problem behaviors before they begin, which is more cost-effective and humane
- b. Has a broader reach, and is less likely to miss individuals in need of services or at risk of negative mental health outcomes
  - o Improves equity, particularly by helping schools (and other institutions) “promote understanding, examine biases, reflect on and address the impact of racism, build cross-cultural relationships, and cultivate adult and student practices that close opportunity gaps and create a more inclusive school community. In doing so, schools can promote high-quality educational opportunities and outcomes for all . . . irrespective of race, socioeconomic status, gender, sexual orientation, and other differences (CASEL Guide to Schoolwide SEL, 2020).”

### ***Possible Solution:***

*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 can administer matching grants to local communities who put up funding or dedicate personnel to suicide prevention infrastructure. USBE can administer grants to local education agencies. Workplaces can invest in positive mentally healthy work environments. 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 environments; opportunities to increase prosocial involvement and connectedness; social, emotional, and problem solving skills; and norms supportive of help seeking and recovery. Every youth, worker and Utahn deserves to have the skills and opportunities to increase their resilience and empower them to lead healthy, productive lives.*

## **Access to and the Streamlining of Data**

Providing access to timely performance measures for healthcare systems is critical to improving treatment and prevention of suicide. 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 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. Additionally, increasing access to the Death Notification Services, also managed by UDOH, will allow health care systems to identify patients who have died by suicide in a timely fashion.

### ***Possible Solution:***

*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 (USID). We recommend expanding the USID database to include a component 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. Expand utilization of the Death Notification Service to improve health care responsiveness to suicide mortality.*

## **Crisis Intervention Services**

There is a lack of local infrastructure to provide in-person follow up after a crisis response conducted either by an MCOT or local law enforcement. Communities are in need of stabilization teams 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. These services would help prevent future crises and law enforcement response. Both law enforcement and MCOT could identify vulnerable individuals post crisis intervention and connect them with this stabilization team who could help link individuals to critical resources.

As Utah plans for the 2022 launch of the 988 suicide prevention crisis line, there is a need to build out resources across the entire crisis response system. This includes MCOT, Receiving Centers and the Crisis Line. Crisis Line call volume has increased month over month for several years. As an example, call volume increased by 39% from March 2020 to March 2021. Additional funding was appropriated during the 2021 Legislative session. The statewide crisis line is funded with a static allocation requiring stakeholders to request increases in funding and resources annually to keep up with the increase in call volume. Additionally, coordination will be needed between 911 dispatch and the Utah Crisis Line to divert crisis calls without a public safety concern to community based crisis response.

Crisis Intervention Training (CIT) training is needed in other areas. 911 Dispatchers have expressed the need to have a specialty CIT training focused on dispatch to help dispatchers learn the necessary skills to better support, and identify individuals who are experiencing a mental health crisis, triage them to the appropriate services, including the crisis line and MCOT teams, and diverting away from a law enforcement response when safe and appropriate. CIT for youth targets school resource officers, and offers mental health training and skills development to help officers intervene with youth who are in a mental health crisis.

***Possible Solution:***

*Utah has adopted the [Crisis Now](#) model and [SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) as a guide to build out the continuum of crisis services and ensure Utah aligns with best practice and high quality services*

*Continued work with statewide stakeholders and the Utah Behavioral Health Crisis Response Commission will strengthen and expand the crisis response continuum, including follow up services after a crisis. SAMHSA best practice is to track a person from the moment they enter the crisis system until stabilization, utilizing data and technology for tracking a person's progression, and connection to services, including follow up services. This includes the implementation of stabilization teams following a crisis. These Community Action Teams will provide follow up services for individuals who had crisis services provided by law enforcement and/or MCOT response. Individuals identified as needing services will be supported to connect to appropriate services to promote stabilization in the community and prevention of escalating or future, additional crises.*

*Projected volume increase with 988 will require increased coordination with 911 and the expansion of the entire crisis response system, including law enforcement and the suicide prevention lifeline. 988 planning is now included to the Utah Behavioral Health Crisis Response Commission, and includes a broader representation to address the finance, infrastructure, and partnerships needed for implementation of 988, and to address the entire crisis response system in Utah.*

*Expansion of Crisis Intervention Training will further develop the crisis response system in Utah. Specifically, an eight hour CIT training for 911 dispatchers will focus on the skills needed to identifying the need and deescalating callers, then referrals. School resources officers who complete CIT for Youth will also learn the skills to identify need and deescalate students in crisis, and develop partnerships to refer individuals to appropriate services.*

## **Workforce Development**

Despite significant progress in suicide prevention, there are significant problems with access to mental health resources that are not easily solved. The rapid demand for trained mental health professionals is stressing a system already struggling with workforce issues. Until the US adopts full mental health parity, many mental health services will struggle financially, which will limit their growth and stability. It is very difficult for patients, to find good mental health providers who are near their home, who take their insurance, and have available appointments. Even mental health professionals have difficulty finding help for their family or friends. It is even more difficult for individuals and family who speak languages other than English to locate providers who not only speak their language, but who also understand and live within the same cultural community. Mental health services is often less available in the more rural areas of the state.

### ***Possible Solutions:***

*Workforce development in the area of mental health is a challenge. Yet there are possible solutions. While not directly addressing the workforce issue, increased efforts can made to develop more upstream prevention models, intervening earlier before a crisis develops. These include the Department of Public Safety's new mental health team. Additional solutions include the expansion of mental health courts and increased access to jails and detention centers by the local mental health authorities. This can include requiring evidence based suicide prevention training of the estimated 22,000 state employees. All are upstream approaches which may lessen the increased need for mental health professionals.*

*An existing opportunity is the SafeUT app. SafeUT already exists for students, parents and others in the education system. It has recently expanded to include National Guard members, front line health care workers and first responders. Expand SafeUT to be*

*accessible to all Utahns, creating additional opportunities to intervene earlier, before a crisis develops.*

*Expansion of Collaborative Care will allow primary care providers to consult a mental health expert so they can advance their skills over time. The rapid expansion of Telehealth, Telepsychiatry, and Telecrisis due to Covid-19, advanced tools to provide care to rural patients and mental health crisis services to rural hospitals. Continued use of tele-services will increase access to existing mental health services.*

*Increasing the numbers of qualified and licensed providers of mental health services will require a greater commitment to postsecondary education funding. This may include scholarships, tuition forgiveness programs and stipends for advanced degrees. An example is the Utah State Legislature's support of residency training in psychiatry in both 2019 and 2020. The funding will expand new psychiatry resident training programs by 16 by 2025..*