

Program Element #35: Youth Suicide Prevention Services

1. **General Description.** Funds provided under this Agreement for this Program Element must only be used in accordance with and subject to the requirements and limitations set forth below for the following services and appropriate costs associated with the delivery of these services:
 - a. Training and delivery of youth suicide prevention programs, including comprehensive, school-based programs, screenings, and exploration of the USAF prevention program.
 - b. Training and delivery of suicide intervention skills.
 - c. Training for and implementation of suicide interventions including follow-up with youth who have attempted suicide, bereavement support for families who have lost a loved one to suicide, and family support networks for families of youth who have expressed suicidal ideation, gestures, or attempts.
 - d. Evaluation of the effectiveness of program components.
 - e. Structural activities that facilitate the delivery of Youth Suicide Prevention Services to high risk populations in the LPHA's Service Area.

2. **Definitions Specific to Youth Suicide Prevention Services.**
 - a. **Adolescent Suicide Attempt Data System or ASADS:** The data system, required by ORS 441.750 and ORS 441.755, used by hospitals to report case information on youth treated for suicide attempts.
 - b. **Applied Suicide Intervention Skills Training[®] or ASIST[®]:** A suicide intervention skills training developed by Living Works Education, Incorporated, and described in Ramsay, R., Cooke, M., and Lang, W., Alberta's Suicide Prevention Programs, Suicide and Life-Threatening Behavior, 20; 335-351 (1990).
 - c. **QPR[®] or Question, Persuade, Refer[®]:** A suicide intervention skills training developed by QPR Institute and described in US DHHS, Substance Abuse Treatment for Persons with Co-Occurring Disorders, A Treatment Improvement Protocol, TIP 42, 2005.
 - d. **Response[®]:** A comprehensive, school-based suicide prevention program that includes developing policies and procedures, training all staff in intervention skills, and teaching classroom lessons to high school students. Response[®] is modeled after Lifelines[®], an evidence-based program described in Kalafat, J., and Elias, M. (1994). An evaluation of a school-based suicide awareness intervention. Suicide and Life-Threatening Behavior, 24(3), 224-233.
 - e. **Bereavement Support:** A training and support program for people who are experiencing grief. For the purposes of this program, the support is for people who have lost a loved one to suicide.

- f. **Family Support Networks:** Support groups run by trained family members to facilitate ongoing support for families with a child who has expressed suicidal ideation or made a suicide attempt. Family support networks are not a substitute for professional care or services, but work in collaboration with professionals to provide support following a suicidal crisis. The purpose of family support networks is to facilitate a collaborative partnership with mental health professionals and to provide support to families who have youth with suicidal ideation, behaviors, or attempts.
- g. **US Air Force (USAF) Prevention Program:** An evidence-based program with potential for community implementation as described in “Suicide Prevention among Active Duty Air Force Personnel – United States, 1990-1999, MMWR, November 26, 1999, 48(46); 1053-1057.
- h. **Mental Health Follow-up:** Outreach to parents and youth provided by the local mental health agency following case reports by the hospital emergency room to the LPHA of suicide attempts.
- i. **LPHA Service Area:** Defined as the county or region that is supported by this funding. The Northeast Oregon LPHA Service Area includes Baker, Umatilla, Union, and Wallowa Counties; the Southern Oregon LPHA Service Area includes Jackson and Josephine Counties; Lane LPHA Service Area includes Lane County; and the Warm Springs LPHA Service Area includes the Warm Springs Indian Reservation.
- j. **LPHA:** Refers to individual counties within the LPHA Service Area.
- k. **Local Steering Committee:** A steering committee convened by LPHA Service Area to facilitate understanding and support among stakeholders on how Youth Suicide Prevention Services, supported with funds provided under this Agreement, will be delivered in LPHA Service Area and to address potential barriers to delivery of the services. It is recommended the steering committee include representatives from public health, mental health (public and private), local hospitals, schools, school-based health centers, juvenile justice, alcohol and drug treatment, crisis response, foster care and, where they exist, representatives from bereavement support and trained family members from family support network. Parents, youth, and other agencies as appropriate to LPHA Service Area also could participate on the local steering committee.
- l. **Prevention Coordinator:** Staff hired by LPHA Service Area to develop contracts, provide training, and coordinate delivery and implementation of Youth Suicide Prevention Services in the LPHA Service Area. Prevention Coordinator is expected to coordinate activities, train professionals and community members, facilitate collaboration among stakeholders, convene local steering committee, conduct community assessment, and collect evaluation data.
- m. **Regional Research Institute, Portland State University Graduate School of Social Work:** Project evaluators contracted by the Department (DHS?) for Youth Suicide and Prevention Services.
- n. **Suicide Survivor:** A person who has lost a loved one to suicide.

3. Procedural and Operational Requirements. All services supported in whole or in part with funds provided under the Agreement for this Program Element must be delivered in accordance with the following procedural and operational requirements:

a. Minimum Service Requirements.

i. Training and Delivery of Suicide Intervention Skills Training

- (1.) Each LPHA will identify at least two individuals who will enroll in and complete the QPR© Gatekeeper Instructors self-study course. The QPR© Gatekeeper Instructors will be expected to deliver gatekeeper trainings to emergency responders, public safety officers, crisis workers, school staff, parents, adults who work with youth, and other appropriate professionals in each county.

Each LPHA will provide QPR Gatekeeper Instructors with stipends for time spent on self-study course and for preparation and delivery of QPR trainings. They will recruit bilingual Spanish-speaking and Native American trainers.

- (2.) Prevention Coordinator will plan, recruit participants, identify and contract with trainers to teach a minimum of one ASIST© training per year in the LPHA Service Area. The target audience for the training should include: community and private mental health counselors, alcohol and drug treatment staff, school-based health center nurses and counselors, school counselors, juvenile justice staff, faith community members, family members, foster parents, and others as appropriate. Prevention Coordinator will help deliver ASIST trainings in their regions.
- (3.) Each LPHA will provide a regional training for mental health clinicians to provide more in-depth clinical training for working with and treating suicidal patients, contracting with the Suicide Prevention Resource Center or another appropriate resource.
- (4.) Prevention Coordinator will collect evaluation data from all QPR and ASIST trainings and forward to project evaluator.

ii. Training and Delivery of Youth Suicide Prevention Programs

- (1.) LPHA Service Area will contract with Jill Hollingsworth, Program Coordinator, Looking Glass Station 7, to provide training for Response© to all Prevention Coordinators. Prevention Coordinator will recruit and train high school staff teams and others in LPHA Service Area as appropriate. Prevention Coordinator will recruit at least one third of high schools in the LPHA Service Area for training each year (except Lane County).

Northeast Oregon Prevention Coordinator will schedule additional technical assistance and training to conduct meetings with school administrators throughout the LPHA Service Area, community meetings to educate about the program model, and training for key staff who will implement the program.

- (2.) LPHA Service Area will work with the Department upon request to assess the use of screening tools for depression and suicidality of high-risk youth to establish a baseline of screening tools and practices in Oregon. The target systems of care for assessment and training include: schools, community mental health, community alcohol and drug programs, school-based health centers, juvenile justice, and foster care.
- (3.) LPHA Service Area will conduct a two-day conference on youth suicide prevention in their own region, either by itself (NE Oregon) or in collaboration with the neighboring region (Lane County and Southern Oregon). LPHAs will disseminate the findings of their work and lessons learned to date to expand reach to professionals, families, and youth who are not officially part of the projects but have interest in learning about youth suicide prevention, intervention, and postvention strategies. LPHAs will invite other state grantees to participate. Conferences will be open to statewide participation and will provide lodging and travel support.
- (4.) LPHA Service Area and Department staff will assess the feasibility of adapting and implementing components of the US Air Force Prevention Program in local work sites to target youth between the ages of 18-24 who are not in college. The Prevention Coordinator will identify work settings that employ youth ages 18-24. The Prevention Coordinator will work with Department staff to engage a business in review of its potential for implementing prevention strategies in the business model.
- (5.) Prevention Coordinator will collect evaluation data and forward to project evaluator.

iii. Training and Delivery of Follow-up Services.

- (1.) Each LPHA, in collaboration with the Department will work with hospitals in their LPHA Service Area to establish protocols, Memorandums of Understanding, and case reporting to the LPHA of youth aged 10-24 who are seen in the emergency department for attempting suicide. (ORS 441.750, Public Health Surveillance of Suicide Attempts Among and Youth In Oregon, and OAR 333-019-0005, Conduct of Special Studies by The DHS Authority Pursuant to ORS 431.110(3).

The LPHA will be expected to document hospital case reports. The minimum documentation will include: names of youth and parents or guardians, contact information for parents/guardians, youth's date of birth, date of attempt, name of provider youth was referred to upon discharge, hospital admittance, and date of discharge.

The LPHA, Prevention Coordinator, community mental health, and the Department will design the follow-up protocol that will be used by community mental health. Follow-up will assess the youth's referrals to care, follow-up on care, access to care, satisfaction with care, and barriers to care.

- (2.) LPHA Service Area will contract with an appropriate provider, to schedule and provide training in Bereavement Support as needed. Facilitators in LPHA Service Area will be expected to provide outreach to suicide survivors through organized bereavement support groups or informal personal support. The Prevention Coordinator and steering committee will identify existing individuals trained in Bereavement Support, groups offering Bereavement Support, and trainees who will learn Bereavement Support skills. Prevention Coordinator, community mental health, and the steering committee will support the development of bereavement support throughout the LPHA Service Area. This support will include, but not be limited to, identification of facilities where bereavement support can be provided, publicizing the services, and promoting referral of families to bereavement support.
- (3.) LPHA Service Area will contract with an appropriate provider to schedule and provide training for up to 20 people to implement family support networks specifically to provide support to families with youth who have expressed suicidal ideation, gestures, or attempts. The training will be provided for the Prevention Coordinator, local mental health professionals and an equal (or close to equal) number of family members who have been identified by the local steering committee.

Trained family support network members will accept calls from families with youth at risk for suicide. Trained family support network members will provide support and encouragement. LPHA Service Area will assist family support networks to develop materials, publicize their services, and establish support groups and telephone contact for families with youth who have expressed suicidality ideation, behavior, or attempts. DHS OMHAS will provide technical assistance related to family involvement in establishing family support networks.

- (4.) Prevention Coordinator will collect evaluation data and forward to project evaluator.

iv. Evaluation

- (1.) LPHA Service Area will provide evaluation data and information to the Regional Research Institute, Portland State University Graduate School of Social Work.
- (2.) LPHA Service Area providing suicide prevention services under this Agreement must participate in related evaluation activities from the onset of the project. The Prevention Coordinator will be expected to work with the Regional Research Institute to determine, collect, and report process, performance, and outcome data on project activities. The Prevention Coordinator will work with project partners in the LPHA Service Area, their Youth Suicide Prevention Services activities, and the necessary partners to collect data required by the Regional Research Institute. The data required for evaluation will be identified by

evaluator prior to implementation of any project activity. Prevention Coordinator will attend a training on the evaluation process for the project.

- (3.) Project evaluator and the Department will provide evaluation data and information to the national cross-site evaluators who have been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

b. Staffing Requirements and Staff Qualifications. LPHA Service Area will hire a local Prevention Coordinator. The Prevention Coordinator will implement the activities of this Agreement. All individuals providing Youth Suicide Prevention Services and/or engaging in structural activities supported in whole or in part with funds provided under this Agreement must have a demonstrated ability to work with the targeted populations.

- i. Prevention Coordinator will hold a bachelor's or master's degree in public health or related field, plus experience coordinating public health promotion activities on the local level.
- ii. Prevention Coordinator will have the skills and knowledge to convene, lead groups, lead community assessment processes, implement prevention programs, and implement evaluation plans. S/he will have knowledge of state and local systems and prevention methods and practice.
- iii. Prevention Coordinator will demonstrate excellent written and oral communication skills.

4. Certain Limitations on the Use of Financial Assistance

- a. LPHA Service Area may not use more than ten percent of the financial assistance provided to LPHA Service Area under this Agreement for the Program Element to cover LPHA's costs of administering its delivery of youth suicide prevention services.
- b. Expenditure of these funds must be directly related to the delivery of Youth Suicide Prevention Services under the terms of this Program Element.
- c. LPHA Service Area must schedule and use funds provided for the activities under this Agreement. These activities include suicide intervention skills training, Response©, screening assessment and implementation, bereavement support skills training, outreach and follow-up to youth and their families, and family support networks, as well as funds to support the Prevention Coordinator, evaluation, and travel associated with the delivery of Youth Suicide Prevention Services.
- d. Funds must not be used to supplant existing programs or services.

5. General Requirements Applicable to Youth Suicide Prevention Services

- a. LPHA Service Area must prioritize its delivery of Youth Suicide Prevention Services in accordance with the priorities set forth in the Program Elements. The project timeline for implementing services will be developed by the Department in collaboration with the Prevention Coordinator and the local steering committee.

- b. All Youth Suicide Prevention Services must be available and delivered in a culturally and linguistically appropriate manner.
 - c. Services that include youth engagement require active, written parental consent, documented and reviewed prior to youth participation.
 - d. The Prevention Coordinator must work with the Regional Research Institute, Portland State University Graduate School of Social Work to collect and deliver data related to the progress and outcomes of all activities of the Youth Suicide Prevention Services.
 - e. LPHA Service Area must convene a steering committee as defined in these Program Elements.
 - f. The Prevention Coordinator will participate in quarterly meetings either by phone or in person as a member of the state coalition convened by the Department. Others in the LPHA Service Area may participate as desired.
6. **Staff Training.** LPHA staff designated to implement Youth Suicide Prevention Services supported in whole or in part with funds provided under this Agreement must participate in the following Department-designated trainings:
- a. Prevention Coordinator must complete self-study training and become Certified QPR® Gatekeeper Instructors.
 - b. Prevention Coordinator must participate in an ASIST® training.
 - c. Prevention Coordinator must participate in a Response® (formerly SAFE:TEEN) training.
 - d. Prevention Coordinator must participate in Bereavement Support training.
 - e. Prevention Coordinator must participate in family support network training.
 - f. Prevention Coordinator must participate in a training and orientation for all LPHA Service Area Prevention Coordinators that will be led by the Department.
 - g. Prevention Coordinator will arrange for trainings in LPHA Service Area, using Department contractors when applicable. Each LPHA Service Area will be responsible for outreach to participants, setting up, and providing local trainings.
 - h. Prevention Coordinator must participate in an ASIST® Training for Trainers.

Staff trainings and expectations under this Agreement will allow the Prevention Coordinator to become a highly trained and educated resource in youth suicide prevention for the LPHA Service Area. The Prevention Coordinator will be able to promote the ongoing development and penetration of prevention activities for local communities.