

January 2022

# Report on Suicide Prevention Activities



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I am pleased to present the NYS Office of Mental Health's report on the Suicide Prevention programs and activities we are overseeing and supporting across New York State.

Suicide is a public health crisis, and its prevention is a critical priority. When any individual loses their life to suicide, it is a tragedy that impacts us all. I want to share with you the progress we have already made and the steps we will be taking in the future, as we continue to work to decrease lives lost to suicide. New York now has one of the lowest suicide rates in the nation at 8.4 individuals per 100,000. While suicide rates have been on the increase nationally, the rate in New York has been largely level since 2012.

While this shows significant progress and highlights that our work is having an impact and saving lives, it is only the beginning. OMH is committed to further strengthen and enhance our suicide prevention efforts by collaborating with local governments, integrating suicide prevention in our healthcare systems, and implementing new and innovative programs that have made New York a national leader in suicide prevention.

A New York State Suicide Prevention Task Force was launched in November 2017, composed of leaders from state agencies, local governments, not for profit organizations, and other experts in suicide prevention who came together to develop a comprehensive plan to strengthen the State's suicide prevention efforts. In this report, we will provide detailed information on the findings and recommendations of the Task Force and the steps we are taking to implement those recommendations. These include integration of suicide prevention in healthcare, strengthening public health prevention efforts, timely sharing of data for surveillance and planning, and the infusion of cultural competence throughout suicide prevention activities.

In this report, you will also find information on the actions we are taking to identify and provide support to groups that are at a higher risk of suicide than the general population, including African American and Latina youth and adolescents, veterans, members of the LGBTQ+ community, and people living in rural areas of the State.

During the Covid-19 pandemic, when the mental wellness of New Yorkers was most vulnerable, OMH continued to facilitate thousands of evidence-based suicide prevention trainings, workshops and online learning modules for clinicians and other health care workers, community members, and school staff. In addition to trainings, we are helping to create suicide-safer schools by working with providers to expand school-based clinics and supporting the development of mental health education curricula.

We look forward to working together with all stakeholders to further reduce lives lost to suicide and provide for all New Yorkers the support and services necessary to achieve optimal mental health and wellness.

Ann Sullivan, M.D.  
Commissioner  
New York State Office of Mental Health

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# 1. NYS Office of Mental Health’s Suicide Prevention Center of New York

The New York State Office of Mental Health’s Suicide Prevention Center of New York (SPCNY) works collaboratively with State and local partners to provide technical assistance to localities across New York State in their efforts to reduce suicide death. This assistance takes many forms and will be outlined in the details of this report<sup>1</sup>. SPCNY was founded in 2009 by OMH and developed to be the community-based presence of suicide prevention within the State. SPCNY advances statewide and county-specific suicide prevention initiatives. SPCNY has developed a strong community-based infrastructure that supports local efforts to prevent suicide, including promoting suicide prevention in schools, early identification through gatekeeper trainings, and local support for individuals through fostering competent caring communities. When a community is affected by a suicide death, SPCNY through its collaborative efforts with OMH regional field offices and local organizations, facilitates responses and activities to address the loss and limit contagion effects.<sup>2</sup> In addition to implementing numerous projects and pilots, technical assistance, consultation, and trainings are provided to numerous stakeholders by SPCNY staff in the following domains:

- Zero Suicide – assistance provided to behavioral health and healthcare providers
- Coalition Building
- Gatekeeper Trainings
- School District consultation and trainings
- Consultation to OMH program bureaus and other State agency partners

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<sup>1</sup> In accordance with Chapter 626 of the Laws of 2019, the Office of Mental Health has prepared this written report for the Governor, Speaker of the Assembly, and temporary President of the Senate on the progress of all development of plans, programs, and services in the areas of research and prevention of suicide, the reduction of suicidal behavior and suicide through consultation, training, implementation of evidence-based practices, and use of suicide surveillance data. Program initiatives to address suicide prevention within high-risk groups including black youth, Latina adolescents, individuals residing in rural communities, members of the LGBTQ community, and veterans are contained within this report.

<sup>2</sup> 1,700 Too Many <https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>

## 2. Preface: Forging Hope During the Pandemic

After decreasing 3.4% from 2019 to 2020, the nation's suicide rate increased 3.6% from 2020 to 2021, returning to pre-pandemic levels. The New York state suicide rate has remained relatively stable over the same time period. Nonetheless, there have been clear signs of increased mental distress including increased Crisis Center call volume, higher rates of depression and anxiety in the general population, and relative increases in suicidal individuals presenting to hospital Emergency Departments.

In response to these challenges, OMH worked proactively and diligently to address the rising mental health concerns of New Yorkers. The agency pursued a number of activities designed to buffer the public from the most harmful mental health impacts of the pandemic, including vaccinating thousands of patients receiving services in the public mental health system, cutting the bureaucratic red tape to allow for increased access to mental health services through telehealth and rapidly moving trainings for clinicians in suicide prevention to virtual platforms.

Of all OMH's activities, perhaps no project exemplified the Agency's response to support New York communities during the pandemic more than NY Project Hope. NY Project Hope was a major initiative launched by OMH, which provided support, resources, and education to assist individuals and communities working to cope with COVID-19 and its impact on their lives, and focused on promoting resilience, empowerment, and recovery through a variety of services that utilized a listening ear and non-clinical approach.

NY Project Hope implemented more than 45 provider-based crisis counseling programs in the 15 counties that were most highly impacted by COVID-19. It also launched Online Wellness Support Groups, which were free, confidential anonymous group discussions guided by a trained crisis counselor. Trained crisis counselors were also accessible via the Emotional Support Helpline to provide immediate assistance to New Yorkers feeling overwhelmed by the events surrounding COVID-19.

OMH relied on a robust multi-platform approach to promote NY Project Hope and digitally reach New Yorkers who were most impacted by the COVID-19 crisis. Using data from the NY Project Hope team, digital ads were displayed on smart devices in areas where the infection rate was growing or considered high. The overall goal of the digital marketing efforts was to maximize the in-community crisis counseling program services delivery throughout the State with psychoeducational messages, coping tips and by creating awareness of the availability of the Emotional Support Helpline, Online Wellness Groups, and the NY Project Hope website, all of which contained resources, relevant articles, and other supportive materials available in twelve languages.

By the close of NY Project Hope in December 2022 the NY Project Hope website received 7.8 million page views and 42,553 click-to-calls directly to the Emotional Support Helpline. The total number of calls made to the Emotional Support Helpline was 63,378. NY Project Hope's social media posts were displayed to social media users 544,687,102 times and more than 3.7 million New Yorkers interacted with the content. Outside of the NY Project Hope initiative, OMH transitioned to virtual trainings in March 2020 and successfully facilitated thousands of evidence-based mental health trainings, workshops and online learning modules for clinicians and other health care workers, Veterans, law enforcement, first responders, community members, and school staff.

SPCNY continued to provide a full menu of suicide prevention programming for schools – converting two full-day in-person workshops into live virtual webinars. Converting in-person workshops into webinars allowed SPCNY to reach more school professionals across the State and are now being offered on a monthly basis through 2022.

SPCNY's annual suicide prevention conference, which is held in-person during Suicide Prevention Month in September, was converted into a virtual event in 2020 and 2021. The 2020 Suicide Prevention Symposium, titled "Mental Health in the Changing Higher Education Landscape" covered a variety of topics with a goal to enhance knowledge and skills regarding suicide prevention and mental health for college and university populations while also addressing the factors that put students at higher risk of suicide as a result of the COVID-19 pandemic. More than 500 New Yorkers attended the three-day virtual conference and also learned suicide prevention strategies that colleges and universities can take to enhance the well-being of college students.

The symposium hosted in 2021, titled "AIM for Zero: Suicide Care is Health" brought together some of the leading suicide prevention experts in the country to discuss the impact and importance of the Zero Suicide framework in healthcare systems. The three-day virtual event also showcased the importance of equity and inclusivity, strategies for high impact healthcare outcomes, as well as highlighted cutting-edge tools for implementation. There were nearly 700 attendees registered for the symposium.

OMH and SPCNY also promoted mental-wellness resources on digital platforms throughout the COVID-19 pandemic. Website display, social media, YouTube, and audio advertising methods were utilized to serve ads to targeted audiences to increase awareness of resources like the Crisis Text Line, a text-based crisis service that is free, anonymous, and available 24/7.

OMH will continue to support populations that are at-risk for suicide and help promote mental wellness as New York State adapts to our new health reality by collaborating with State and local partners on suicide prevention efforts, including through innovative research, piloting evidence-informed interventions, improving protocols for local and State providers, and facilitating community planning.

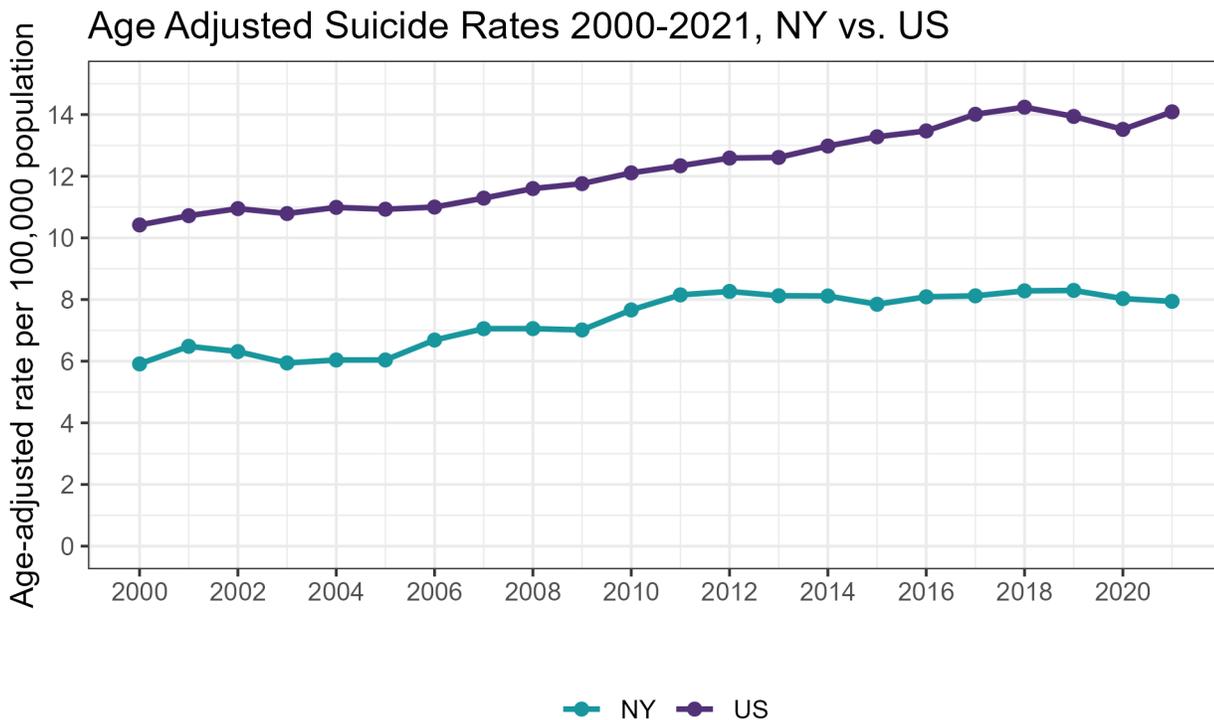
### 3. Suicide Statistics at-a-Glance in New York State (2021)

Suicide is the **11<sup>th</sup>** leading cause of death in the nation and 15th in New York State. These rankings are lower than in the pre-COVID-19 era (COVID-19 ranked 3<sup>rd</sup> in both NY and the US in 2021).

**1,660** New Yorkers died by suicide in 2021. Based on an estimated 25 (non-lethal) attempts for every suicide, there were approximately 41,500 suicide attempts made by New Yorkers in 2021.

At **8.4 suicides per 100,000 residents**, New York State’s suicide rate is among the lowest in the nation (**49<sup>th</sup> out of 50**).<sup>3</sup>

While both the U.S. and New York State suicide rates have increased by **approximately 30%** over the last two decades, the NYS rate has been relatively stable since 2012. (See figure below from CDC WONDER)



Among New Yorkers who died by suicide in 2021, 78% were male, 82% were white, 11% were Hispanic or Latino, and 50% were aged 35-64. The most common injury mechanisms were suffocation (35%), firearms (26%), and poisoning (18%). Although 41% of suicides were among those living in urban counties, suicide rates in the most rural counties were about 2.3 times higher than those in the most urban counties.

<sup>3</sup> <https://wonder.cdc.gov/ucd-icd10.html>

According to the Center for Disease Control and Prevention, **emergency department (ED) visits for suspected suicide attempts among U.S. girls ages 12-17 have increased 51% during the COVID-19 pandemic** (when comparing February-March 2021 from the same period in 2019).<sup>4</sup> Preliminary NYS syndromic data suggest similar findings, with a 31% increase in the number of visits by girls aged 10-19 in 2021 compared to 2019 that only partly attenuated in 2022 (24% higher than 2019).

## Suicide Prevention Efforts at-a-Glance

Increased focus on at-risk populations, including black youth, Latina adolescents, LGBTQ+, Veterans and first responders, and individuals living in rural areas.

**2,000,000** depression screenings completed through the New York State Collaborative Care Medicaid Program over the last year.

**3,782** consultations provided on children's mental health through Project TEACH since 2020, which strengthens and supports the ability of New York pediatric Primary Care Providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.

**165** outpatient mental health clinics along with their **280** satellite clinics, caring for over **80,000** New Yorkers each year, implemented best practices in suicide safer care, from 2016-2019, in the largest Zero Suicide demonstration project in the nation. Evaluation data from this project are currently being analyzed for lessons learned, part of a National Institute of Mental Health grant.

More than **90** Hospital Emergency Departments/ Comprehensive Psychiatric Emergency Programs (CPEPs) from **63** Hospitals are participating in the High-Risk Quality Collaborative to support identification and management of high behavioral health risk patients including those at risk for suicide.

**18,200** suicide prevention trainings were completed by New York State clinicians between January 2020 and December 2021. **34,971** trainings were completed since 2018.

**13,142** school and mental health professionals completed suicide awareness trainings since January 2020.

**4,154** student peer leaders and **965** adult advisors have received Sources of Strength training since 2016. **15,377** secondary students were exposed to prevention messaging for the 2019-2020 school year.

**5,650** New Yorkers received gatekeeper suicide prevention trainings since 2020.

16,769 New York State employees completed a suicide prevention training in 2021.

**88,000** Crisis Text Line conversations by New Yorkers in 2020 (21,200 more conversations than 2019).

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<sup>4</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

## 4. Comprehensive Suicide Prevention Efforts through the OMH Suicide Prevention Center of New York

**The New York State Suicide Prevention Plan** “1,700 Too Many: New York State’s Suicide Prevention Plan 2016-2017” was published in September 2016 and still serves as a roadmap for guiding the State’s efforts. There are currently numerous initiatives underway designed to inform the development of an updated plan.

**The NYS Suicide Prevention Council** (Council) is comprised of statewide experts and leaders in the field of suicide prevention who represent academia, State agencies, health care systems, and local county leaders and coalition members. The Council is facilitated by SPCNY and serves as a consulting body for statewide activities pertaining to suicide prevention and the development of the New York State Suicide Prevention Plan.

**The Governor’s New York State Suicide Prevention Task Force** was launched in November 2017 and charged with reviewing suicide prevention programs and activities in New York State in order to make recommendations on how to improve the system. Findings from the Task Force were published in an April 2019 report titled “Communities United for a Suicide Free New York”.<sup>5</sup> The Task Force report outlines recommendations to better coordinate and implement suicide prevention efforts in four domains: strengthening foundations for a public health approach; building health system competencies and pathways to care; improving surveillance methods/tools and access to timely data; and the infusion of cultural competence throughout suicide prevention activities. The Task Force was a collaboration of State and local partners and experts in the field of suicide prevention, and a number of its recommendations have been implemented.

**The “AIM for Zero: Suicide Care is Healthcare” Symposium**, hosted during Suicide Prevention Month in September 2021, brought together some of the leading suicide prevention experts in the country to discuss the impact and importance of the Zero Suicide framework in healthcare systems. The three-day virtual event also showcased the importance of equity and inclusivity, strategies for high impact healthcare outcomes, as well as highlighted cutting-edge tools for implementation. There were nearly 700 attendees registered for the symposium.

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<sup>5</sup> Communities United for a Suicide Free New York: <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>

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## 5. Infusing Cultural Competence Throughout Suicide Prevention Activities

Considering a community's unique cultural and societal factors in the development of programs and identification of needed resources is essential to create a suicide-free New York. Universal prevention approaches must be adapted or changed to meet the needs of individual target groups. In addition, communities must utilize data to identify the demographics in each community and be sure that treatment and services are delivered in a manner that is consistent with the way in which each population is able to effectively engage with providers. Along with trainings provided by the OMH Office of Diversity – Bureau of Cultural Competence, SPCNY has and will continue to provide additional resources to localities. Many of the following initiatives focused on high-risk groups will inform the technical assistance being developed for localities.

### Black Youth Suicide Prevention

OMH created a workgroup comprised of OMH's Office of Diversity and Inclusion, SPCNY and experts from across the State to develop and implement a series of recommendations designed to advance suicide prevention among Black youth. Currently, select activities of the Black Youth Suicide Prevention Workgroup include increasing anti-stigma messaging specifically related to reducing the effects of stigma on help seeking behaviors in the Black community and incorporating the unique needs of this population into curriculums for mental health education in schools. Additionally, SPCNY has partnered with researchers to pilot upstream suicide prevention in several Black churches across New York State. (See also page 20 for Crisis Team Curriculum work in all New York City Schools)

### Hispanic Youth

In 2020, OMH supported a pilot program called Youth Connect during a summer program in West Harlem. Participants were predominantly Black and Hispanic high school students (n=94) from the surrounding neighborhood. The training received emphasizes a model for mental wellness that draws heavily on building meaningful social connections with peers and adults. More than 8 in 10 students viewed the training as helping them connect with other students and adults (90-95%) and feel better prepared to handle life challenges (90%); most plan to use their skills to strengthen a relationship (89%) and reduce stress (89%). The Youth Connect model was further expanded in the state in 2022 based on the initial positive findings.

OMH is also marketing Crisis Text Line to Hispanic youth. In 2021, videos were produced both in [English](#) and [Spanish](#) that feature high school students explaining what Crisis Text Line is and how to access a crisis counselor by text 24/7. A 90-day campaign marketing Crisis Text Line to Hispanic youth was completed in the end of quarter one in 2022 (see page 16 for more information on Crisis Text Line; and page 20 highlighting Crisis Team Curriculum work in all New York City Schools).

### LGBTQ Suicide Prevention

Recognizing the increased risk of suicide and self-harm within the LGBTQ community, trainings have been provided – and are ongoing – for State Operated Psychiatric Center staff to enhance children and youth facility staff's understanding of gender identity and transgender individuals. The goals of the training are to increase understanding of the concepts of sexual orientation, assigned sex, gender identity and expression; provide information on current trends and barriers for youth in care; identify tools for improving communication, programs, and physical care in the hospital setting; and increase provider confidence and competence in serving transgender, gender-nonconforming and non-binary youth.

OMH has partnered with the Trevor Project on initiatives such as A Guide for Suicide Prevention in NY Schools<sup>[7]</sup> and has worked with the Trevor Project and Family Acceptance Project to develop resources that can be used by communities that do not have access to any local advocacy and educational organizations. Since September 2020, SPCNY's Suicide Prevention Council has convened a multi-stakeholder LGBTQ Suicide Prevention workgroup. As a result, SPCNY has contracted with the Center for Excellence for LGBTQ Behavioral Health Equity at the University of Maryland to develop educational content and resources for schools, youth serving organizations and mental health providers. This included a web-based landing page where people can access webinars, tip sheets, resources, and self-directed learning.

## Rural Suicide Prevention

A Workgroup on Rural Suicide Prevention was launched in December 2019 comprised of individuals who have expertise and/or experience addressing suicide prevention and/or services to rural areas. A literature review of research and scholarly articles to orient and inform the workgroup is being written by Carrie Henning-Smith, PhD, MPH, MSW and Deputy Director of the University of Minnesota Rural Health Research Center and renowned expert in the field. The group also consists of representatives from OMH, OASAS, Division of Veterans Services (DVS), Office for the Aging, FarmNet, rural hospital administrators, NY Center for Agriculture Medicine and Health, Rural Schools Association of NYS, local public health/mental health leaders from rural counties, veterans, and those with lived experience. The workgroup concluded their work in March 2020 with subsequent release of their report and recommendations.

**Veterans, law enforcement, and first responders** - As part of the 2020 State of the State, former Governor Cuomo directed OMH's SPCNY to increase efforts to combat suicide within these high-risk populations and "convene a panel of stakeholders and experts at its annual Suicide Prevention Conference to develop and implement strategies for preventing suicide among these special populations." While the COVID-19 pandemic led to the postponement of the 2020 suicide prevention conference, New York State remained committed to bringing leaders from these disciplines together and have met virtually throughout the fall of 2020.

In the fall of 2020, SPCNY created a steering committee comprised of veterans, military, law enforcement, corrections officers, EMS, and firefighters, to help prevent suicide in New York State. SPCNY recently announced the launch of the CARES UP Initiative (Changing the Conversation-Awareness, Resilience, Empower Peers, Skills Building for Uniformed Personnel), which focuses on suicide prevention efforts for uniformed personnel, including law enforcement, firefighters, emergency medical service members (EMS), corrections officers and military veterans. This is an extension of the work completed by the steering committee.

OMH Community Outreach and Public Education participates in transitional events for military personnel and their families (National Guard, active duty, and veterans) in order to facilitate a discussion on planning for adjustment to deployment and/or reintegration following deployment. Furthermore, direct case referrals are made for service members or families, when necessary, by working with the Veterans Affairs Medical Centers, veteran centers, Dwyer Programs, local departments of mental health and community providers. Community Outreach is also increasing their collaboration with the Department of Veterans Services (DVS) at these events and venues throughout New York State, and recently participated in a statewide training to educate DVS staff on accessing local mental health services and OMH assistance. On Veterans' Day 2021, DVS unveiled the first of many information kiosks in rest areas on the New York State Thruway to help veterans find the help they need, OMH is partnering with DVS to provide quick access to mental health information for veterans and their families. Also, in 2021, the bureau has begun to partner with Police Organizations to work National Night Out events that bridge law enforcement and the communities that they live and work in, to help build safer communities. Additionally, partnerships have been forged

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[7] <https://www.preventsuicideny.org/wp-content/uploads/2022/12/SchoolsSuicidePreventionGuide.pdf>

with the New York State Police EAP to expand resources and support for their employees. OMH further seeks to connect with EMS and firefighter populations by attending conferences, trainings, wellness days, and seminars, and working directly with attendees to provide exposure to materials on mental health education, wellness, psychological first aid, and how to access mental health services in any part of the State.

Veterans suicide prevention activities and research are also being conducted at the New York State Psychiatric Institute outlined in the research section below.

### **CARES UP Initiative**

In the fall of 2021, OMH announced the launch of a new initiative to strengthen suicide prevention efforts for uniformed personnel, including police and other law enforcement, firefighters, emergency medical service members (EMS), corrections officers and military veterans.

The program is called The **CARES UP** Initiative: (**C**hanging the Conversation, **A**wareness, **R**esilience, **E**mpower Peers, **S**kills Building/ Suicide Prevention for **U**niformed **P**ersonnel), and it was developed by OMH's SPCNY. The program will utilize \$1,000,000 in funding annually from OMH to offer suicide prevention and resiliency trainings, create targeted media awareness campaigns, and present grant opportunities to provide uniformed personnel departments across the State with funding to increase suicide prevention efforts and wellness programming. SPCNY promoted and hosted CARES UP webinars in October, November, and December 2021.

## 6. Integrating Suicide Prevention in Health Care

Helping health care providers adopt a systematic approach to suicide prevention – often referred to as the Zero Suicide model - is a priority. The goal is to assist healthcare systems in adopting standardized protocols focused on the assessment, treatment, and monitoring of individuals who are at risk for suicide. OMH research and activities support this priority in several ways outlined below.

**The New York State Collaborative Care Medicaid Program (CCMP)** is an evidence-based approach for behavioral health integration into primary care settings and helps a practice build the capacity to treat behavioral health conditions while maintaining the ability to manage co-morbid chronic diseases. As of December 2021, 306 primary care physician practices participated in CCMP. CCMP sites have conducted almost 15 million depression screenings since the program's inception in 2015, with 1.5 million individuals screened annually.

**Project TEACH (Training and Education for the Advancement of Children's Health)** strengthens and supports the ability of New York pediatric Primary Care Providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns by providing access to consultation, education and resources, and assistance with referral and linkage at no cost. Over 4,300 providers across the State have enrolled since the project began in 2010 and have been provided over 22,200 consultations.

### **Maternal Depression Screening and Treatment**

The New York State Department of Financial Services amended regulations requiring all commercial health insurance policies in New York State to provide reimbursement for maternal depression screenings, including all policies covering the child but not the mother in May 2018. In support of this change and building upon the success of the Project TEACH services provided to pediatric Primary Care Providers, OMH launched the Project TEACH Maternal Mental Health Initiative (MMHI) to provide support and education to PCPs, obstetricians, psychiatrists, and nurse practitioners in treating the maternal mental health concerns of their patients through consultation, education and resources, and assistance with referral and linkage. OMH also launched a State-operated intensive outpatient program focused on maternal depression at Hutchings Psychiatric Center in June 2018.

**The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)** for Medicaid is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. Through the OMH Bureau of Evidence-based Services and Implementation Science, the PSYCKES team has initiated projects focused on suicide prevention.

**The Suicide Prevention CQI Project** (2016-2019) engaged 165 outpatient mental health clinics with 280 satellites in implementing best practices in suicide safer care, including, universal screening, risk assessment, Safety Planning, lethal means restriction, and enhanced services and tracking of patients at high risk for suicide following a "suicide care pathway." Participating clinics received training and consultation on clinical and organizational best practices to support suicide safer care. Suicide related data extracted from State databases is made available to treating clinicians through the PSYCKES application to help them identify high risk patients. In addition, Safety Plans and Suicide Screens are entered into PSYCKES so that they can be available to support patient care in a crisis, promote care coordination, and improve our capacity to monitor outcomes for suicidal patients. The project is the largest state-led implementation of Zero Suicide in the country and has received federal grant funding to test the impact of two different implementation strategies with partners at Columbia's Center for Practice Innovations. The evaluation findings are being released to the public. For example, see an article published in **in the journal, Psychiatric Services**.

**The Engaging Clinic CQI Project** (launched in April 2021) is focused on the identification and engagement of clinics in outpatient specialty mental health clinic services, in particular high-risk clients including those at risk for suicide and self-harm. Participating clinics initially focused on implementing and refining sustainable telehealth practices, including clinical techniques for engaging clients via video. Future project activities will include mapping client experience from the first point of contact to identify specific change goals for each clinic to improve client engagement, monitoring and management of attendance, screening for and addressing social and structural determinants of health, and training and consultation on clinical and organizational best practices for screening, assessment, interventions, and monitoring of high-risk patients.

**The High-Risk Quality Collaborative (HRQC) for Emergency Rooms** (2019-2023) is an OMH-Office of Addiction Services and Supports (OASAS) and Department of Health (DOH) partnership effort that has engaged emergency rooms (ERs) and Comprehensive Psychiatric Emergency Programs (CPEPs) statewide in a voluntary improvement initiative to support identification and management of ER and CPEP patients who have high behavioral health related risk, including suicide. Participating hospitals across New York State have begun implementing PSYCKES, an award-winning health information technology application developed by OMH, to better identify patients at risk. After pausing in 2020 due to the COVID-19 pandemic, best practice workgroups of hospital EDs and academic experts reconvened in 2021 to successfully develop best practices for screening, assessment, interventions, and follow-up for these high-risk patients. In 2022, participating ERs and CPEPs will begin implementing these best practice protocols to improve care for patients.

**New Yorkers Advancing Suicide Safer Care (NYASSC/Zero Suicide)** grant project aims to reduce suicide attempts and deaths by implementing the Zero Suicide Model (ZS) in health systems regionally and across Onondaga County. This project was initiated in 2017 and is now in its final year of the five-year grant funding. The purpose of the project is to reduce suicide attempts and deaths by 20% by advancing adoption of Zero Suicide across NYS, ages 25 and older. The project has two phases: (1) Implementation of ZS in health and behavioral care systems across the State, in addition to creating an Onondaga County Zero Suicide Safety Net, by implementing within and across all major health systems and linking those systems to achieve a seamless countywide communication, referral, and transition network and (2) Statewide dissemination of the NYS Zero Suicide model, known as the Assess, Intervene, and Monitor, or AIM Model. Between January 2020 through September 2021, a total of 6,133 clinicians have completed trainings in various modules including screening, risk assessment, safety planning, lethal means reduction and structured follow up and monitoring. Technical assistance has been provided for implementing suicide safer care protocols across psychiatric and SUD settings including inpatient, CPEP, outpatient psychiatry, detox, inpatient and outpatient substance use disorder (SUD) programs, opioid treatment, and community residential programs. A total of 46,030 individuals (ages 25 and above) have been screened for suicide risk between January 2020 through September 2021. As part of the grant work, in September 2021 a virtual symposium was held titled “AIM for Zero Suicides: Suicide Care is Health Care.” More than 650 attended the three-day virtual event. This symposium also marked the launch of the expansion of the AIM model into health systems across the State in 2022 with a Community of Practice which will provide up to eight health systems guidance, support, and trainings around the AIM model in primary care, emergency department, and behavioral health settings.

**Attempted Suicide Short Intervention Program (ASSIP)** is an intervention developed in Switzerland and being piloted in Syracuse and Rochester in a first in the nation initiative. It is designed for individuals who have made a recent suicide attempt and has been shown in one study to significantly reduce repeat suicide attempts.

**The OMH Division of Forensic Services** operates freestanding forensic psychiatric centers and forensic units across the State, as well as prison-based services. OMH also provides training and consultation to local corrections and police departments. Over the past year, the OMH Division of Forensic Services has

reviewed suicide prevention protocols and developed new programs to assist individuals assessed to be at elevated risk for suicide.

- **Peer Supporter Program** –The program is a collaborative effort between OMH and the Department of Corrections and Community Supervision (DOCCS), providing peer support for those recently discharged from the correctional crisis unit - Residential Crisis Treatment Program (RCTP). The program is intended to offer support from trained peers, as the individual accepting services adjusts to their assigned housing unit (i.e., general population, the Intermediate Care Programs, and Transitional Intermediate Care Programs). The pilot program is underway in four facilities (Bedford Hills, Wende Attica, and Green Haven Correctional Facilities), with the goal of expanding to all Level 1 facilities. Trained Peer Supporters continue to demonstrate dedication to the program. In order to include the perspectives of incarcerated individuals, Peer Supporters will also be included in discussions about how to promote suicide prevention within the correctional facilities.
- **Inpatient and Corrections-Based Operations Risk Mitigation Strategies** – A biweekly meeting is held to provide clinical leadership and administrative staff the opportunity to review patient care for those who have been identified as elevated risk for suicide and who are utilizing CNYPC's highest levels of care. This approach has resulted in the coordination of treatment strategies across Central New York Psychiatric Center (CNYPC) programs which enhances continuity of care and assists incarcerated individuals with safely reaching their treatment goals.
- **Policy Updates Related to Treatment Services** - CNYPC has revised and enhanced policies and procedures for the Residential Crisis Treatment Program (RCTP) and General Population treatment services to assist treatment teams in safely managing individuals at elevated risk for suicide. The updated policies allow for individualized treatment contacts to be conducted in a manner designed to support efficacious use of clinical resources based on each individual's treatment needs and identified risk for suicide.
- **Suicide Prevention Clinical Skills Training** - CNYPC continues to work toward enhancement of current policies regarding new employee, annual and specialized clinical skills training for the assessment and treatment of suicide risk in order to maintain alignment with evidence-based/informed practices. In addition, methods for periodic assessment of clinical competence of all clinical staff conducting risk assessments has been implemented and demonstrates where improvements in competency have been achieved as well as informing future training content to further enhance clinical competency where it may be indicated. In addition, clinical staff were surveyed to explore the current therapeutic skills that exist and to identify areas of clinical skills training which can be implemented in the future to enhance the spectrum of treatment modalities offered to individuals served by CNYPC.
- **Suicide Prevention Awareness** - CNYPC is incorporating new strategies for educational and informational messages being provided to staff and the individuals served as a means to continue raising awareness, creating increased access to services, and promoting an environment which reduces the stigma of suicide and mental health care.

**Youth Nominated Support Team (YST)** is a new suicide prevention pilot program that launched in Syracuse in the fall of 2021. YST utilizes new research that indicates building a circle of trusted adults around a suicidal teen helps to support them during vulnerable times. This can have long-term effects that reduce their risk of dying by suicide. Beginning in the fall of 2021, inpatient teams from two hospitals in Syracuse, OMH's Hutchings Psychiatric Center and Upstate Medical University, that care for teens in crisis will be able to refer suicidal teens for YST. An initial orientation session for the 3-4 adults nominated to be on each teen's support team is conducted prior to discharge. A YST trained social worker then provides weekly coaching calls on how to support the teen for three months. A rigorous study evaluating the impact

of YST showed that fewer teens receiving the intervention died of overdose and suicide deaths after following study participants for 12 years on average. SPCNY is partnering with YST developers and a technology company specializing in the delivery of evidenced-based interventions as part of a federal youth suicide prevention grant.

## 7. Strengthening Public Health Prevention Efforts

Also referred to as the community prevention approach, the goal is to forge stronger partnerships with local communities through the provision of resources and expertise to assess local needs and implement research-informed prevention programs designed to meet the needs of individual communities and at-risk populations in each county.

**The NYS Garrett Lee Smith (GLS) Grant / New Yorkers Advancing Suicide Safer Care for Youth (NYASSC-Y)** Awarded to the SPCNY in July 2019, the GLS Grant is also known as New Yorkers Advancing Suicide Safer Care – Youth. NYASSC-Y is a five-year comprehensive clinical, school-based, and community level suicide prevention project for youth, ages 10-24, in New York State. This project model will be demonstrated in Onondaga County and refined for statewide expansion by 2024. The project has four main focus areas – (1) clinical services, where behavioral health systems, hospital systems, and school-based mental health clinics will develop and implement the NYS AIM Model which includes suicide-specific screening and assessment, evidence-based interventions, and structured follow-up and monitoring. August 2021 commenced the launch of a community-based intervention program for youth that begins during inpatient care, Youth-Nominated Support Team Intervention (YST). Between January 2020-September 2021, 1,589 clinicians were trained in Zero Suicide specific trainings. Additionally, 6498 youth (ages 10-24) were screened for suicide risk during this time period. (2) elementary and secondary schools, where training, support and guidance will continue to be provided with the goal of developing and facilitating customized action plan in order to create suicide safer schools.

These trainings include Creating Suicide Safer Schools (CSSS), Helping Students at Risk for Suicide (HSAR), Suicide Safety for Teachers and School Staff (SST). In August of 2021, DBT STEPS-A has begun in two school districts, which is a curriculum designed to help adolescents develop coping strategies and decision-making abilities, especially under emotional distress. A formal evaluation process of the efficacy of the program will be conducted with the help of partners at the University of Rochester, led by Dr. Peter Wyman and Dr. Anthony Pisani. (2) higher education, where the goal is to increase awareness and identification of suicide risk for college aged youth. The Suicide Prevention Symposium: Mental Health in the Changing Higher Education Landscape was held virtually December 1-10, 2020, with a total of 32 sessions of varying topics, with a goal to enhance knowledge and skills regarding suicide prevention and mental health for college and university populations, including addressing the factors that put students at higher risk of suicide as a result of the COVID-19 pandemic and to discuss suicide prevention strategies that colleges and universities can take to enhance the well-being of college students.

A total of 532 individuals attended. Additionally, in April 2020, New York State partnered with Crisis Text Line to launch a unique keyword for higher education students. New York State higher education students are encouraged to text “Got5U” to 741-741 to be connected with a trained Crisis Text Line counselor. Lastly, the partnership with SUNY has led to 3,573 students, faculty, staff, and campus police trained in the suicide prevention gatekeeper training *Question, Persuade, Refer* (QPR). (4) Community-Based, where targeted training and support are being provided to out-of-school-time programs and youth-serving systems, including Boys & Girls clubs, juvenile justice, foster care, and LGBTQ+ centers to ensure that at-risk youth are being identified and referred for appropriate care by participating in gatekeeper trainings in addition to developing policies and procedures around screening and referring high-risk youth. In total, between January 2020-September 2021, 6,549 individuals in community-based, schools and higher education settings were trained in various suicide prevention trainings.

## **Building Lifeline Capacity and Increasing Public Awareness of Crisis Text Line**

Building crisis capacity across New York State includes **Building Lifeline Capacity** which is a project to increase the in-state answer rate of lifeline calls from 45%-70% and began in September 2019. As of November 2021, the in-state answer rate successfully increased to an average of 70%. New York State also partnered in 2018 with **Crisis Text Line**, a 24-hour crisis text support service. Young adults and teenagers prefer to text, and this suicide prevention resource provides a more anonymous way of seeking support in times of need. New York State's two unique keywords are *Got5* which is tailored for teens and the public and *Got5U* which is promoted on college campuses and tailored for higher education students. OMH has increased efforts to publicize *Got5* and *Got5U* through targeted contextual and keyword ad campaigns, social media ads, YouTube ads, and a video, produced by SPCNY that highlights the Crisis Text Line that has been streamed on Facebook and YouTube. As of November 2021, the video has more than 75,000 views on YouTube. OMH also worked to raise awareness of the Crisis Text Line through the "Got5 Challenge" for New York State school districts. School districts that joined the Challenge were tasked with promoting the Crisis Text Line using social media, email, posters, and signs. Schools that participated in the Challenge received complementary Crisis Text Line promotional items. As of November 2021, New Yorkers have reached out to the Crisis Text Line more than 366,000 times since 2013.

**The NYS Coalition Academy** was developed in 2016 by integrating knowledge from existing coalition research, as well as lessons learned from existing coalitions. Drawing on the Communities That Care model developed by Hawkins and Catalano and the Suicide Prevention Resource Center's "A Strategic Planning Approach to Suicide Prevention", the academy helps to guide communities toward the development and implementation of locally supported best practice interventions.<sup>6 7</sup> Ongoing technical assistance and support is offered to coalitions across New York State.

**SPCNY provides technical assistance for postvention**, a series of planned interventions for those affected by suicide in order to facilitate the grieving process, stabilize the environment, reduce the risk of negative behavior, and limit the risk of contagion. Postvention provides assistance to the bereaved and to anyone who might suffer negative effects from exposure to suicide, including first responders, school personnel, and professional caregivers. This is especially important when schools, communities, or clinical and non-clinical organizations experience multiple losses. Postvention assistance provided to agencies, schools and communities often leads to a commitment to adopt and develop a comprehensive suicide prevention strategy in accordance with best practices and the Zero Suicide framework. Furthermore, OMH published "The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors" and "A Guide for Communities Organizations & Coalitions in NYS for Responding to a Death by Suicide", both are available on the [SPCNY website](#).

**Increasing public awareness and outreach** has been an ongoing effort by the Public Information Office (PIO), which distributes press releases on new suicide prevention programs, initiatives, and grant sites, as well as distributes both internal and external newsletters that often cover suicide prevention. In the fall of 2020, SPCNY created Facebook, Instagram, and LinkedIn accounts to better connect with New Yorkers digitally and promote suicide prevention awareness. OMH's social media accounts also regularly highlights suicide prevention awareness. Contextual and keyword ad campaigns have been developed by SPCNY to promote the Crisis Text Line and encourage the campaign's targeted audience to visit the SPCNY website for more information. A promotional video highlighting the Crisis Text Line was produced by SPCNY and has been streamed on Facebook and YouTube. As of November 2021, the video has more than 75,000 views on YouTube. OMH also worked to raise awareness of the Crisis Text Line through the "Got5 Challenge" for New York State school districts. School districts that joined the Challenge were tasked

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<sup>6</sup> Hawkins JD, Catalano RF. Investing in your community's youth: An introduction to the Communities That Care System. 2005. Accessed June 8, 2016.

<sup>7</sup> Suicide Prevention Resource Center. The strategic planning approach to suicide prevention. Accessed June 8, 2016.

with promoting the Crisis Text Line using social media, email, posters, and signs. Schools that participated in the Challenge received complementary Crisis Text Line promotional items.

Additionally, OMH and SPCNY webpages dedicated to suicide prevention are continuously updated to include the most current information available. OMH's Community Outreach and Public Education Office has distributed hundreds of thousands of brochures and other educational materials at conferences, community meetings and fairs (including the State Fair) across New York.

**SPCNY is partnering with the National Education Alliance for Borderline Personality Disorder (NEABPD) to disseminate Family Connections – Managing Suicidality and Trauma Recovery (FC-MSTR) in New York State.** FC-MSTR is a program for families whose relative has attempted suicide or engaged in self-injurious behavior. It is designed to provide participants with education, skills, and support to effectively manage the stress and other challenges that arise when a loved one has attempted suicide or self-harmed.

**A Guide for Suicide Prevention in NY Schools<sup>8</sup>** was developed and published by the Schools and Youth Workgroup of the Suicide Prevention Council in 2019 and was updated in 2021 with new active weblinks and improved usability on the SPCNY website. This guidance document outlines best practices for school districts in New York State to help protect the health and safety of all students, and to guide school districts in developing policies and procedures to prevent, assess the risk of, intervene, and respond to youth suicidal behavior. It has become a trusted resource at the New York State Education Department as it develops guidance for schools and SPCNY will continue collaborating with State partners to further distribute the guide.

**The Local Outreach to Suicide Survivors (LOSS) team** is an evidence-based program designed to help suicide loss survivors. A grant was announced by OMH in September 2021 to The Warren Washington County Suicide Coalition, Montgomery County, and Monroe County to establish a Local Outreach to Suicide Survivors (LOSS) team, with a goal to connect suicide loss survivors to local suicide survivor groups and other healing resources immediately following a death by suicide. This is a targeted strategy designed for suicide prevention that ultimately helps all those impacted by a suicide loss.

SPCNY will also support the startup, planning, coordination and facilitate a series of two half-day trainings to qualifying coalitions and respective partners. The content of these trainings will discuss the basic framework necessary for developing and sustaining LOSS Team initiatives. Project Management and related funding will begin January 1, 2022.

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<sup>8</sup> A Guide for Suicide Prevention in NY Schools <https://www.preventsuicideny.org/wp-content/uploads/2022/12/SchoolsSuicidePreventionGuide.pdf>

## 8. Suicide Prevention Training

### **Suicide Prevention for the State Workforce**

Suicide Prevention Training is provided to stakeholders in the community, schools, and clinical settings by SPCNY and a network of trainers statewide with over twenty-five thousand individuals trained in 2019. In addition, the Suicide Prevention Task Force recommended training the State workforce as a mechanism for suicide prevention in the workplace as well as expanding the understanding of suicide to the community. SPCNY collaborate with the Center for Practice Innovations to develop a training to be provided to New York State employees through the Statewide Learning Management System (SLMS). The training provides information on how to recognize signs of depression and distress as well as how to create safer workplaces and neighborhoods in New York State. The training module has been available to New York State employees since early 2020 and over 13,000 trainings have been completed to date.

### **Training and Resources for School Staff and Community Members**

OMH is developing a comprehensive approach to school-based suicide prevention, building upon the extensive training and consultation currently provided across the State. SPCNY is designing a strategy to ensure that all school districts are aware of the resources that are available.

Since the beginning of the COVID-19 pandemic, SPCNY has continued to provide a full menu of suicide prevention programming for schools – converting two full-day in-person workshops into live-virtual webinars. Converting in-person workshops into webinars allowed SPCNY to reach more school professionals across the State and are now being offered on a monthly basis through 2022.

Additionally, upon request from school crisis leaders, SPCNY develop a crisis team training curriculum on school response to traumatic death and suicide. While schools are currently required to have crisis teams, the teams are not required to have training, nor are they required to have meetings. It is common for crisis teams to only come together when there is a crisis. Working with subject matter expert and school crisis leaders from across the State, SPCNY developed an eight-module manualized curriculum and a 15-hour training for crisis leaders, that covers key concepts and provides exercises to prepare crisis teams to restore the learning environment, prevent complicated grief, vicarious trauma, and traumatic stress injuries, and decrease the chance of suicide contagion among vulnerable youth. A version was also customized for New York City Schools, and SPCNY staff worked with the New York City Department of Education's Office of Safety and Youth Development to develop an ambitious citywide distribution and training plan that included monthly crisis team training meetings in every school building in the city.

**Creating Suicide Safety in School** is a six-hour workshop designed to assist school administrators, school-based mental health and health professionals, school safety staff, and school counselors with planning suicide prevention activities. Sometimes board members, teachers, and parents attend; it is ideal to include members of the school community who are vested in assessing current prevention and response readiness and providing recommendations for improvements. Implementation teams come together to spend the day learning about suicide and best practices in prevention. Small and large group discussions facilitate the development of a customized action plan. In 2020, over 200 school staff received this training, and over 600 have received the training as of December 2021.

**Suicide Safety for Teachers and School Staff (SST)** is a 60- to 90-minute training designed to meet the basic needs of school administration, faculty, and staff, with an emphasis on recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff. Initiated in 2017, over 20,000 school staff have been exposed to this workshop, which

encompasses 258 school districts. There are 332 active trainers that have been developed and three additional master trainers who can provide train-the-trainer courses. A brief refresher training was completed and disseminated in 2020, which trainers are currently using. In the spring of 2021, the training was expanded to New York City to assure that the training is available to every school throughout the State. SPCNY certified 49 New York City Borough Citywide Crisis and Counseling Managers as SST trainers in the spring of 2021 and will continue to certify new trainers across the State through live-virtual training.

**Helping Students at Risk for Suicide (HSAR)** is a six-hour professional development workshop, adapted for virtual delivery to run as three two-hour sessions. HSAR is designed to improve skills, process, and protocol for helping students at risk for suicide through –

- Equipping educators with tools, knowledge, and skills to assist students having thoughts of suicide or engaging in suicidal behavior.
- Understanding the necessity of pre-planning and standardized procedures for safety planning.
- Identifying the importance of collaboration and shared decision making between school mental health professionals, administrators, community providers, the student, and his or her family in managing students at risk for suicide.
- Viewing examples of documenting risk of suicide and safety planning.
- Being more prepared to develop and implement standardized procedures in their school districts that reflect best practices.

SPCNY has worked with the New York Association of School Psychologist and the University of Buffalo to host 14 workshops since 2020. This training is suitable for school-based health, mental health, pupil services, school safety professionals, administrators, special education, and pupil services administrators. There were 242 individuals who completed the HSAR training in 2020, and 537 have completed the training as of December 2021.

**Building the Response to Traumatic Death and Suicide: School Crisis Team Curriculum** is a recently developed training based on the Lifelines Postvention Curriculum. The training is a practical, non-proprietary and can be offered at low to no cost. The curriculum is grounded in crisis and grief theory, and is designed to spark discussion, allowing teams to practice postvention principles, and plan responses to situations that include complex variables. Thirty (30) individuals have been trained as trainers thus far, with plans to engage others statewide to become trainers. Curriculum role out began in the fall of 2021 in New York City schools. OMH has partnered with the NYC Department of Education to make monthly crisis team curriculum training available to all of the city's 1800+ schools, serving a predominantly BIPOC populations.

**Sources of Strength™<sup>9</sup>** is a universal public health-oriented suicide prevention program developed to utilize the influence of natural adolescent opinion leaders (peer leaders), working in partnership with adults, who provide mentoring and guidance. In secondary schools, peer leaders who are nominated by school staff and students are trained in the Sources of Strength curriculum to develop positive coping norms and resources and increase their connections to capable adults. They are trained to conduct activities designed to spread those norms and practices through their naturally occurring social networks, to increase school-wide healthy coping practices and to connect peers to adults, particularly students who are suicidal and/or isolated. The overall objective is to decrease suicidal behavior and long-term, suicide mortality. A randomized trial of Sources of Strength in schools found that four months of peer leader activities increased school-wide coping norms and youth-adult connections. The study also found that it's the first peer leader program to

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<sup>9</sup> Sources of Strength™ <https://sourcesofstrength.org/>

positively change the social-ecological protective factors that are associated with lower suicidal behavior.<sup>10</sup>

With support from OMH, Professor Peter Wyman at the University of Rochester and his team have focused on bringing the Sources of Strength program to schools in New York State where mental health resources are limited, and youth suicide rates are highest. Wyman's research to date has shown that Sources of Strength increases peer leaders' positive coping skills and connectedness to adults, and that their activities, in turn, strengthen the school-wide culture and behaviors surrounding help-seeking as it relates to suicide.<sup>11</sup>

Since 2016, 63 schools have implemented Sources of Strength. A total of 3,948 student peer leaders and 924 adult advisors have received training and ongoing technical assistance from the University of Rochester in these 63 schools, along with orientations from school faculty and staff. It is estimated that 15,377 secondary students were exposed to the prevention messaging for the 2019-20 school year, and 121,000 secondary students have been exposed to the prevention messaging since 2016.

### **Community Gatekeeper and Brief Intervention training**

A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, for example parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone who may be experiencing thoughts of suicide.

The New York State Office of Mental Health partners with the Center for Practice Innovations at Columbia University to provide online suicide prevention training for behavioral health clinicians. These trainings include evidenced-based suicide risk screening, assessment, intervention, and monitoring. Over 52,646 gatekeeper trainings have been completed since 2018.

**Applied Suicide Intervention Skills Training (ASIST)** - ASIST is a two-day practice-dominated course to help caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide. Fifteen contact hours of continuing education are available for Social Workers, Licensed Mental Health Counselors, and Credentialed Alcohol and Substance Abuse Counselors (CASACs). More than 3,000 individuals have been trained since 2018.

**Suicide Alertness For Everyone-Tell Ask Listen Keepsafe (SafeTALK)** - SafeTALK is a half-day alertness training that prepares anyone aged 15 or older, regardless of prior experience or training, to recognize warning signs, effectively communicate with individuals who are thinking about suicide, and connect them with life-saving intervention resources. Three contact hours of continuing education are available for Social Workers, Licensed Mental Health Counselors, and Credentialed Alcohol and Substance Abuse Counselors (CASACs). More than 8,000 individuals have been trained since 2018. SafeTalk training has been provided to the civilian workforce, active military, and surrounding

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<sup>10</sup> Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health*. 2010;100:9 1653-1661.

<sup>11</sup> Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health*. 2010;100:9 1653-1661

community partners, as well as the development of a partnership with the National Guard reserves.

**Question, Pursued, Refer (QPR)** - Demonstrates how to recognize signs of emotional distress or signs that someone is struggling with thoughts of suicide. Participants learn how to appropriately engage and connect people to resources. Anyone can practice QPR in any setting, and it is appropriate in all relationships. There is no need for clinical training, only a willingness to listen, care, and help. QPR is a one-hour training that teaches participants to recognize the signs of a suicidal crisis and how to question, persuade, and refer someone for help. Like CPR, an emergency medical intervention, QPR is an emergency mental health intervention. Over 4,000 individuals have been trained since 2020.

**New York State Employee Suicide Prevention Training** - To help individuals better understand how to identify and discuss suicide ideation, New York State initiated a new mandate for all executive agency employees that requires them to complete a twenty-five-minute suicide prevention training. This training is designed to help individuals recognize the warning signs of suicide in others and in themselves, effectively engage with a person in distress by speaking up and listening, and how to connect the person with professional help. More than 16,000 individuals have completed the training in 2021.

### **Center for Practice Innovations (CPI) online Learning Management System (LMS)**

The following suicide prevention-related trainings are hosted on the Center for Practice Innovations (CPI) online Learning Management System (LMS) although some trainings are delivered in person. These 35 individual trainings are currently designed for individuals employed by OMH/OASAS-licensed agencies, or for agencies participating in New York State grants or special projects. Between January 2020 through September 2021, more than 15,500 trainings were completed, with a total of 56,212 cumulative trainings completed to date since the launch of the statewide LMS system. Five new trainings were also developed and launched on the training platform during this time period, which included modules and webinars focused on using the C-SSRS and screening for suicide risk during COVID-19, screening and assessment of youth, and engaging families. The following is a list of some of the courses offered with completed number of trainings for January 2020-September 2021:

- *Adaptations to the Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP) Model of Suicide-Safer Care for Children and Adolescents* – 519 trained
- *Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP): Introducing a Suicide-Safer Care Pathway for Clients at Elevated Risk* – 807 trained
- *Assessment of Suicidal Risk Using the C-SSRS* – 807 trained
- *The Columbia Suicide Severity Rating Scale (C-SSRS): A Tool to Detect and Assess Suicidal Risk (launched Aug 2021)* - 134 trained
- *Comprehensive Suicide Risk Assessment* – 2,137 trained
- *Engaging Families and Other Supports in Working with Suicidal Individuals (launched February 2020)* – 1,208 trained
- *Functional Analysis of Suicidal Behavior: A Clinical Intervention for Suicide Prevention* – 42 trained
- *Intervention and Prevention of Suicidal Behavior* – 734 trained

- *Introduction to Cognitive Therapy for Suicide Prevention (CT-SP) - Part 1 & 2* – 376 trained
- *Means Reduction Counseling for Suicidal Individuals* – 444 trained
- *New Yorkers Advancing Suicide Safer Care Initiative Introductory Webinar* – 389 trained
- *New Yorkers Advancing Suicide-Safer Care for Youth (NYASSC-Y) Intro Webinar (launched April 2020)* – 911 trained
- *Optimizing Clinical Care of Suicidal Individuals* – 181 trained
- *Problem-Solving Strategies for Suicidal Clients* – 98 trained
- *Safety Planning Intervention for Suicide Prevention* – 1,715 trained
- *Safety Planning Intervention for Suicide Prevention: Challenges and Special Populations* – 86 trained
- *Structured Follow-Up and Monitoring* – 681 trained
- *Suicide Prevention for Healthcare Workers* – 855 trained
- *Suicide Prevention in First Episode Psychosis: A Two-Part Webinar Series* – 83 trained
- *Suicide Prevention Initiative in New York State: The "Zero Suicide" Model* – 226 trained
- *Suicide Screening and Risk Assessment combined course* – 167 trained
- *Suicide Screening and Risk Assessment with Youth (launched April 2021)* – 138 trained
- *Telehealth with Suicidal Clients During the COVID-19 Crisis (launched April 2021)* – 1,206 trained
- *Treatment Engagement and Motivational Enhancement with Suicidal Clients* – 75 trained
- *Two Foreseeable Changes* – 601 trained

## 9. Timely Sharing of Data for Surveillance and Planning

In addition to the use of data to identify demographics and high-risk groups in each community, it is critically important to gather and track data on regional trends in suicide rates and related behaviors in order to implement a high-quality public health prevention approach. The Suicide Fatality Review pilot is an example of a promising program that has led to innovative strategies and prevention approaches.

**The Suicide Fatality Review (SFR) Grant: “Learning from Loss: Using Suicide Fatality Reviews for Effective Prevention Activities”** was awarded to SPCNY in the spring of 2019. Since its launch, the grant state and county teams have implemented a formal in-depth suicide review process in four counties greatly impacted by suicide (Erie, Onondaga, Suffolk, Westchester). The purpose of the grant is twofold: first, to ensure accurate and complete data collection by medical examiners’ offices during investigations of suicide deaths by completing a tool titled the: **Suicide Consolidated Risk Assessment Profile (SCRAP)**; and second, to look for systemic patterns while conducting in-depth community reviews of suicide deaths. The innovative model being piloted in New York is based on a program successfully implemented in Washington County, Oregon where a multidisciplinary team with representatives from the medical examiner’s office, healthcare providers, law enforcement, crisis workers, clergy, and other community partners share information during in-depth reviews of suicides after obtaining permission from next of kin. This multidisciplinary team is known as a Suicide Fatality Review (SFR) committee. Since its launch in 2019, the four New York State counties have collected SCRAP data on over 400 decedents and their county SFR committees have reviewed 32 cases in depth. This grant will be ending in the spring of 2022 and the state and county teams are now beginning to shift to discussions around sustainability and program evaluation.

### **New York State Health Connector Suicide and Self-Harm Dashboard<sup>1</sup>**

The Suicide Prevention Council Data workgroup supported the New York State Department of Health towards the launch of the Suicide and Self-Harm Dashboard in 2018. The dashboard provides suicide and self-harm injury data collected on deaths from the vital statistics mortality data and hospitalizations and emergency room visits from the New York State Statewide Planning and Research Cooperative (SPARCS) hospital discharge data, and also highlights county-level demographic data among those who died by suicide, including: age, sex, race, and veteran status. The data can be used by local communities and counties to inform prevention efforts and interventions.

**Local Demographic Profiles** – Staff from SPCNY and the Nathan Kline Institute have collaborated on the development of county profiles that highlight demographic data such as race, ethnicity, and veteran status. The demographic profiles have been shared with counties to inform the development of their suicide prevention planning as part of the technical assistance provided by SPCNY.

## 10. Research Institutes

OMH operates two world-renowned Research Institutes, Nathan Kline Institute (NKI) and New York State Psychiatric Institute (NYSPI). NKI is affiliated with New York University and NYSPI is affiliated with Columbia University. These institutes are among the preeminent sources for psychiatric research in the United States and continue to break new ground in the worlds of research, practice, treatment, and policy.

**The Nathan S. Kline Institute for Psychiatric Research (NKI)** was established in 1952, when Dr. Kline and associates opened a research unit at what was then called the Rockland State Hospital, now Rockland Psychiatric Center. A major emphasis of NKI is to conduct innovative and interdisciplinary research with discoveries made in basic science laboratories, followed by translating these discoveries into clinical application. The goal is to develop more effective and tailored treatment for a variety of psychological problems and to enable those affected with a psychiatric illness to live more productive, happier, healthier lives, thereby reducing the impact of mental illness on families and society. Findings from the following research projects could inform the direction of suicide prevention activities in New York State. Some of the many ongoing research projects that impact suicide prevention are outlined below.

**Neural Correlates of Emotion Regulation in Psychosis with Suicidal Ideation and Behavior** is a study being conducted by Matt Hoptman, PhD, on suicidal ideation and behavior (SIB) in people with psychosis. The study is funded by the American Foundation for Suicide Prevention (AFSP) to study 26 people with high levels of SIB and 26 people with low levels of SIB. Participants are evaluated on a number of different aspects of suicidal ideation and behavior as well as on traumatic experiences and impulsiveness. They also receive an MRI scan in which they are asked to perform a task that examines how they manage their emotions (emotion regulation). The expectation is that the high SIB group will show abnormalities in the function of the frontal lobe in comparison to the low SIB group, and that these abnormalities will be related to problems in emotion regulation. By understanding the underlying mechanisms, theories on how to prevent suicidal ideation and behavior can be developed and potentially inform the development of novel prevention strategies for individuals with psychosis.

**Analysis of Statewide Dataset (SPARCS) to Evaluate Health Disparities in Behavioral Health Trends** utilizes SPARCS data (years 2005-2017) to identify suicide attempts, mental illness, and substance use trends in New York and linking these data with vital records data to describe mortality trends resulting from suicide and overdose, and census data to integrate social determinants data alongside these trends with a focus on Black, Latinx, and Asian Americans. This analysis is ongoing and is fully supported by the NYS-funded *Center for Research on Cultural and Structural Equity in Behavioral Health (CCASE)* at NKI, Division of Social Solutions and Services Research.

**Impact of Anti-Asian Racism & Stigma on Mental Health** embodies data collection of in-depth accounts of enacted, internalized, and anticipated stigma related to mental illness and other intersecting social statuses (i.e., stigma related to ethnicity, social and economic conditions, gender, and immigration status) among Korean Americans in New York. The goal is to create community-informed strategies to address intersecting stigmas that impede suicide prevention. This work has led to **Project AAAH** (*Advocacy Against Asian Hate*) focused on the multilevel role of racism, the need for multi-cultural community building, and the need to attend to the built environment – each of which should be prioritized with intention and purpose when addressing suicidality.

**The New York State Psychiatric Institute (NYSPI)**, established in 1895, was one of the first institutions in the United States to integrate teaching, research, and therapeutic approaches to the care of patients with mental illnesses. NYSPI plays a key role in promoting OMH's Research and Practice agenda, whereby cutting-edge scientific knowledge and expertise are rapidly made available to inform decision makers, planners, and clinicians. Under the umbrella of the NYSPI, the **Center for Practice Innovations (CPI)** supports the OMH's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. The CPI serves as a key resource to OMH by spreading those practices identified by OMH as most critical to accomplish OMH's system-transformation initiatives. Furthermore, the **Suicide Prevention-Training, Implementation, and Evaluation program (SP-TIE)** was established in 2014 at New York State Psychiatric Institute. SP-TIE is an initiative within the CPI, a joint program of OMH and Columbia University. SP-TIE's mission is to increase the capacity of clinicians in the State to assess, manage and treat suicidal individuals. SP-TIE, in coordination with SPCNY, selects, develops, implements, and evaluates evidence-based suicide prevention clinical interventions. It is responsible for developing suicide safer care clinical training approaches and materials for clinicians across the State (e.g. risk assessment, safety planning, and evidenced-based interventions), identifying and targeting gaps in expertise and training, and conducting ongoing evaluation for both SP-TIE and SPCNY training offerings. There are many suicide prevention activities at NYSPI that include research, education, and consultation. Some of the researchers are identified below with an explanation of current projects.

### **Randy Auerbach**

Dr. Randy P. Auerbach serves as Co-Director of the Center for the Prevention and Treatment of Depression at Columbia University and the Co-Director of the WHO, World Mental Health International College Student Initiative. Dr. Auerbach's research is committed to improving our understanding of depression and suicide in adolescents. His research utilizes a multimodal approach for assessment (e.g., laboratory-based experiments, passive sensor monitoring, electrophysiology, and neuroimaging) to determine why depressive symptoms unfold, how self-injurious and suicidal behaviors develop, and what changes in the brain during treatment. As a whole, the research aims to better understand the putative mechanisms that may improve early identification of and treatment for adolescent depression and suicidal behavior.

### **Maura Boldrini**

The Boldrini lab is working on identifying alterations at the brain circuit, cellular and ultimately molecular level, that are involved in the pathogenesis of suicidal behavior in subjects with psychiatric illness, life adversity and traumatic experience exposure, drug and alcohol use, and in aging individuals. The research explores the plasticity of the brain in responding to environmental and biological insults with cellular and molecular changes that affect communication between neurons and ultimately mood, emotional responses, and behavior. Understanding these mechanisms informs how to keep people from experiencing suicidal thoughts and urges.

### **Prudence Fisher**

Dr. Fisher's expertise is in the development, validation, and implementation of assessment methods for childhood and adolescent mental health conditions. Dr. Fisher has been instrumental in the development of the Columbia Suicide Severity Rating Scale (C-SSRS).

### **Madelyn Gould**

Dr. Madelyn Gould leads the evaluation of the National Suicide Prevention Lifeline (Lifeline), the national network of telephone crisis services. Since its inception, Dr. Gould's evaluations of its effectiveness in meeting the needs of its callers have proceeded on an ongoing basis. Findings

from the evaluations have been used in an iterative process to develop new policies and practices designed to improve and expand the Lifeline's capacity to mitigate suicide risk. These evaluations are more crucial now than ever in light of Congress's consideration of the National Suicide Hotline Designation Act of 2020, recommending the designation of a three-digit number (988) to be used as a national suicide prevention hotline. Other current projects focus on the evaluation of suicide prevention strategies, including chat crisis services, continuity of care enhancements in Emergency Departments, and youth suicide screening programs. She is also studying suicide risks related to bullying, contagion, and modeling, and the effect of a peer's suicide on fellow students.

### **Michael Grunebaum**

Dr. Michael F. Grunebaum is a research psychiatrist at the New York State Psychiatric Institute whose areas of expertise include the diagnosis and treatment of mood disorders, with a focus on suicidal behavior and clinical trial research. Dr. Grunebaum's research team conducted the pivotal trial of ketamine for rapid reduction of suicidal thoughts in depressed patients with clinically significant suicidal ideation, as well as an analogous pilot trial in suicidal bipolar patients. The team is also conducting early-stage studies using brain imaging (positron emission tomography and magnetic resonance spectroscopy) to uncover the molecular mechanism of ketamine's anti-suicidal ideation effects which will accelerate the discovery of safer, next-generation medications. They plan to study intramuscular ketamine as an easy-to-use rapid treatment for high-risk suicidal patients in the emergency department.

### **Oscar Jimenez-Solomon**

Oscar Jimenez-Solomon has developed a Financial Hardship Screening tool for veterans examining the intersect between financial burden and suicide risk. SPCNY is currently working with NYSPI on the research plan of identifying pilot sites and partners for studying the screening tool.

### **J. John Mann**

Dr. J. John Mann, MD, is The Paul Janssen Professor of Translational Neuroscience (in Psychiatry and in Radiology) and a former Vice Chair for Research in the Department of Psychiatry at Columbia University. He presently serves as the Director of Research and Director of Molecular Imaging and the Neuropathology Division at the New York State Psychiatric Institute. Dr. Mann is the Principal Investigator on a federally funded 5 -year, \$15 million NIMH grant awarded via the Research Foundation for Mental Health (RFMH) that supports research at NYSPI to study the causes of suicidal behavior. Additionally, he is the Principal Investigator on a number of grants supporting the following research: 1. familial transmission of suicidal behavior as a way of identifying modifiable risk factors and risk processes. 2. a study of how fluctuations in inflammatory processes cause variable levels of suicide risk. 3. a study of how to use electronic health records to study suicide risk and genetic risk factors (co-Principal Investigator).

### **Laurel Mayer and Claude Mellins**

Dr. Mayer and Dr. Mellins are heading a group of NYSPI researchers examining the risk factors for suicidal behavior and ideation in medical internship. They are examining the trajectory of suicidality and its relationship to burnout as well as other work-related factors.

### **Jeffery Miller**

Dr. Jeffery Miller is the Co-Director of Brain Imaging in the Molecular Imaging and Neuropathology Area at NYSPI, and Associate Professor of Clinical Psychiatry at Columbia University. His clinical and research interests focus on mood disorders, with goals of increasing our understanding of the neurobiology of mood disorders and their relationship to suicidal behavior, predicting treatment outcome with medication and psychotherapeutic interventions, and developing more effective treatments, using functional brain imaging approaches. Dr. Miller is an investigator on a brain imaging study examining the relationship of two biological measures to suicide attempt history: 1) inflammation in the brain and 2) the metabolism of common neurotransmitters including serotonin, norepinephrine, and dopamine. This work may help identify novel biological treatments for individuals at increased risk for suicide.

### **Mark Olfson**

Mark Olfson, MD, MPH, seeks to identify gaps between clinical science and practice in behavioral healthcare including a focus on suicide prevention and improving the treatment of adults with serious mental illnesses and substance use disorders. Dr. Olfson is Principal Investigator on a project improving the emergency department management of deliberate self-harm. This study evaluates the effectiveness of five widely recommended emergency mental health services to increase linkage to outpatient mental health services and reduce the short-term risk of deliberate self-harm and suicide for young people and adults who present to general hospital emergency departments following episodes of deliberate self-harm. He is involved in a research project aimed at identifying socio-demographic groups at increased risk of suicide due to firearms. Dr. Olfson is also working with investigators at the National Institute on Drug Abuse, National Health Lung & Blood Institute and the Census Bureau, on the largest study ever conducted to identify risk factors for suicide due to firearms.

### **Kelly Posner**

Dr. Kelly Posner Gerstenhaber is the lead developer of the Columbia-Suicide Severity Rating Scale (C-SSRS), a widely disseminated, evidence-based tool for assessing and detecting suicide risk, and Founder and Director of the Columbia Lighthouse Project (formerly the Center for Suicide Risk Assessment) at Columbia University. She was commissioned by the FDA to lead a study to develop improved methods of suicide risk assessment which have been recommended or mandated across many areas of medicine. Dr. Posner continues to work with the FDA, CDC, NIMH, military health care agencies, the U.S. Department of Education, and others on suicide assessment and surveillance.

### **Barbara Stanley**

Dr. Stanley has been the Principal Investigator on several NIH, DoD, VA, and foundation grants and a co-Investigator on a wide range of NIH-funded projects, including several multisite studies on suicidal behavior, self-injury, borderline personality, and depression. Dr. Stanley, along with Dr. Gregory K. Brown, developed the Safety Planning Intervention, a best practice brief intervention to manage acute suicide risk. Dr. Stanley has investigated the feasibility and effectiveness of this intervention's implementation in VA emergency departments; community and state-operated outpatient behavioral health clinics, inpatient units, and comprehensive psychiatric emergency departments; jails; and suicide crisis lines. Current projects include: 1) the largest implementation and evaluation of the Zero Suicide model ever conducted in outpatient mental health, 2) developing and disseminating the *Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP)* model of suicide-safer care, 3) tailoring the AIM-SP clinical model to meet the needs of special populations, 4) identifying subtypes of suicidal individuals with different underlying neurobiology and patterns of

suicidal ideation; 5) examining the relationships between executive functioning, emotion regulation strategies, and stress response mechanisms with suicidal behavior and ideation variability; and 6) determining the effectiveness of the Safety Planning Intervention for patients discharged from the emergency department, suicidal inmates released from jail, veterans in outpatient settings, and as administered by peer specialists with lived experience.

## 11. Conclusion

OMH will continue to support populations that are at-risk for suicide and help promote mental wellness as New York State recovers from the COVID-19 pandemic by collaborating with State and local partners on suicide prevention efforts, including through innovative research, piloting evidence-informed interventions, improving protocols for local and State providers, and facilitating community planning. Suicide is everyone's business, and the goal is to make sure that no one is left behind as we work to reduce suicide statewide. For additional information and resources on many of the initiatives outlined in this report, please visit the [OMH website](#) and [SPCNY website](#).

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<sup>i</sup> NYS Health Connector Suicide and Self-Harm <https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>