



Plan for Youth Suicide Prevention Expansion in Benton & Franklin Counties

November 2018

Prepared by Carla Prock
Community and Family Health



For more information or additional copies of this report:

Plan for Youth Suicide Prevention Expansion in Benton & Franklin Counties

Community and Family Health Department
Benton-Franklin Health District
7102 W. Okanogan Place.
Kennewick, WA 99336

509-460-4200

Fax 509-460-4515

info@bfhd.wa.gov



Benton-Franklin Health District
[Plan for Youth Suicide Prevention Expansion in Benton & Franklin Counties](#)

Contents

Contents	1
Background	1
Resource Documentation	2
Youth Suicide Prevention Summit	2
Report	4
Community Priorities Plan	4
Sustainable Funding for Education and Awareness Efforts	4
Identify and Support Youth at Risk/Create Protective Environments	5
Lessen Harms and Prevent Future Risk.....	8
Remaining Funding for 2018-2019	9

Crisis Help Phone Numbers

If you are concerned about the immediate safety of yourself or someone else, CALL 911.

Lourdes Crisis Services (24/7)	(509) 783-0500
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Crisis Text Line – Text “Start” to	741-741
National Sexual Assault Hotline	1-800-656-HOPE (4673)
GLBT National Youth Talkline	1-800-246-PRIDE (7743)
The Trevor Project LGBT Crisis Line	1-866-488-7386
Trans Lifeline	1-877-565-8860

Background

Suicide prevention efforts in Benton and Franklin Counties began with a statewide program led locally by field coordinators with the Youth Suicide Prevention Program (YSPP) since approximately 2000. Their mission was “To reduce youth suicide attempts and deaths in Washington State” among youth 12-24. YSPP was largely funded by the Washington State Department of Health. The field coordinator partnered with local schools and youth-serving agencies to train staff, students and parents on suicide prevention, intervention, and postvention skills. The focus of the work was on grades 6-12 using a peer-to-peer approach to training and an awareness campaign that followed. The majority of our Benton and Franklin County school districts participated in this program at some level with no fee. During this time, the Benton Franklin Youth Suicide Prevention Coalition was formed to support community engagement efforts around this topic.

Early in 2017, YSPP was acquired by Seattle Crisis Clinic and shortly thereafter, Benton and Franklin Counties lost their funding for a YSPP field coordinator and the free trainings to schools and community agencies ended. In the spring of 2018, Lourdes Counseling provided leadership for the coalition and Benton Franklin Community Health Alliance adopted the coalition as a committee under their nonprofit status and bylaws. Despite losing funding, the coalition efforts are continuing and participants reflect the diverse sectors of our community. Senator Sharon Brown became a fierce advocate for prevention efforts and funding in our state and the 8th district. She held a roundtable discussion in 2016 after several local youth suicides to hear from parents, mental health providers, and YSPP staff. She then went to work introducing several bills addressing mental health and securing much-needed funding.

In July of 2018, Benton-Franklin Health District (BFHD) was awarded funding through a budget proviso to expand its youth suicide prevention activities and serve as a case study to identify best practice materials, training, intervention practices, and promotional strategies that can be replicated in other local health jurisdictions. After board approval to hire staff and begin a new program, recruitment efforts began to hire a health educator to support the district’s efforts to carry out the tasks in the proviso. Public health practice generally calls for adequate time to provide a quality assessment and implementation plan development prior to beginning new programming. This proviso has strict timelines in place for tasks that were to occur shortly after the funding was obtained.

Resource Documentation

Task one of the proviso required BFHD to document the materials, trainings, intervention practices, and promotional strategies for youth suicide prevention that were currently available in Benton and Franklin Counties prior to September 1st. BFHD staff began by performing key informant interviews with various community members, community based organizations, and members of the Benton Franklin Youth Suicide Prevention Coalition (YSPC) to identify and categorize the existing resources. A [document](#) was compiled, edited, vetted, and shared in the community and via email with those attending the forthcoming Youth Suicide Prevention Summit. The document was also posted to the BFHD website for community access.

TASK ONE EXPENDITURES: \$4,508.00

Youth Suicide Prevention Summit

Task two of the proviso required BFHD to host a summit about the issue of Youth Suicide Prevention prior to October 1, 2018. Utilizing input from the YSPC, a date and location were chosen for the summit. September is Suicide Prevention Month and there were many other efforts taking place during the month related to supporting suicide awareness and prevention. BFHD capitalized on those events to increase awareness about the summit.

BFHD utilized distribution lists from various sectors to send invitations to potential participants. To reach health professionals, distribution lists for the Benton Franklin County Medical Society, the Benton Franklin Community Health Alliance, and its behavioral health subcommittee were used. To reach educators and community based organizations, BFHD utilized coalition distribution lists from the ACES and Resilience Collaborative, the Teen Parent Advisory Board, Safe Kids Benton Franklin, the Benton Franklin Early Learning Alliance, and the Youth Suicide Prevention Coalition. A media release was shared with local media prior to the event and it was shared via BFHD's social media outlets.

BFHD employed a consultant contracted from the ESD123 to support planning and engagement efforts and to supplement the knowledge base of BFHD staff related to suicide prevention. The team worked to create an agenda that would increase awareness of the issue in our community and allow us to complete the survey required by the proviso.

The agenda format began with a welcome and introduction to the purpose of the summit. Personalization of the issue of suicide was guided by a presentation by Kimberly Starr who lost her son to suicide entitled "A Mother's Reflection." A music video produced by a local family about their son who died by suicide was also shared. These were the stories of children from our community whose lives were cut short by this tragedy.

Next on the agenda was a presentation on Messaging Matters related to narrative and guidelines for best practices when talking about suicide. Information was shared about the

history of terms, the stigma of language promoting a positive narrative and recommended communication strategies for community members and the media. Data related to suicide and its associated risk factors were shared utilizing a Data Walk format. Infographics and data posters were displayed around the room and attendees were encouraged to review the data with certain questions in mind and then return to groups to discuss what emerged from the data and what opportunities our community has to change the data.

Two panel presentations were held focusing on community successes and community gaps to highlight the findings from the community resource document produced in task one. Panel members represented the educational, public health, behavioral health, and youth serving organizational sectors.

Finally, the attendees were surveyed to identify priorities for educational materials/training, intervention practices, and promotional strategies. Supported by the performance management department of BFHD, the summit planning team requested that each attendee identify three priority areas of focus, share those priorities with five other attendees, and have each item ranked. The group collectively reviewed the scores on the priorities to finalize the top ten for the community. The top ten were ranked individually by each participant utilizing a real-time, online survey tool called Mentimeter. The final community priorities are outlined in the workplan. After the summit, a participant satisfaction survey was sent via email to participants. Of concern, it was noted that the community priorities identified by the summit participant survey did not reflect any interventions that focused exclusively on two very high risk groups: youth 18-24 and LGBTQ youth. While those groups will benefit from some of the more general interventions, most of the priorities selected are focused on students still in secondary school.

It is clear from the results of the summit survey, that youth suicide prevention is a complex issue with a complex set of solutions requiring community investment and a cross sector approach. This is not something that can be addressed exclusively by an awareness or educational campaign. After the summit, BFHD staff met with community partners who could help quantify potential costs to carry out a workplan of the identified priorities.

TASK TWO EXPENDITURES: \$8,335.00

Report

The following is a report that outlines the plan for how Benton-Franklin counties will expand its youth suicide prevention activities and will serve as a case study to identify best practice materials, training, intervention practices, and promotional strategies that can be replicated in other local health jurisdictions as requested via legislation in Senate Bill 6032.

Community Priorities Plan

Public Health is uniquely positioned to support development and implementation of a community level youth suicide prevention plan. A foundational role of local public health agencies is to engage and support diverse community members and other partners to develop and implement prioritized plans for addressing important maternal, child, and family health risks, taking into consideration the impact of social and physical environments on health and well-being. Public health utilizes a collective impact framework to tackle deeply entrenched and complex social problems to work in collaboration with the community to achieve significant and lasting change.

The priorities identified by summit members have been categorized into a workplan in the Appendix. The plan includes strategies to achieve each objective as well as expected results.

Sustainable Funding for Education and Awareness Efforts

STAFF COORDINATION OF YOUTH SUICIDE PREVENTION COALITION

One defining feature of the Collective Impact approach is the role of a backbone organization to coordinate the various dimensions and collaborators involved in an initiative. The supporting backbone infrastructure is essential to ensuring that the collective impact effort maintains momentum and facilitates impact. The functions of a backbone agency and dedicated staff are to guide vision and strategy, support aligned activities, established shared measurement practices, build public will, advance policy, and mobilize funding to support the goals of the initiative.

While the Benton Franklin Youth Suicide Prevention Coalition has active membership and an executive board, there is no one who has dedicated staff time to advance the efforts beyond monthly meetings for updates and an occasional collaborative awareness event. To advance a comprehensive youth suicide prevention plan, dedicated staff time is necessary to maintain momentum to carry out the plan, decrease duplication of efforts, be the primary point person for communication, and assure that the community is working collaboratively.

COSTS: \$15,000 PER YEAR

STAFFING FOR COMMUNITY OUTREACH AND AWARENESS

Coalition members support awareness efforts where they are able but there is no consistent education and outreach in Benton and Franklin Counties to increase awareness about the risks of suicide and to provide resource connection. The survey at the YSP Summit indicated that attendees see the need for increased community awareness and the ability to respond to community outreach/education events. Further, intentional outreach to communities of color and the Latinx community was identified as a priority focus for this work plan. There are numerous health fairs and youth events where an educator/outreach coordinator could directly reach parents and community members. Printed materials and targeted social marketing are necessary resources for this effort.

COSTS: \$60,000 PER YEAR

EVIDENCE BASED TRAINING

Beyond general awareness, the YSP Summit attendees identified evidence-based training opportunities for community members. Pilot projects within the community have shown promising attendance at trainings related to *Youth Mental Health First Aid* and *Signs of Suicide* training for youth-serving community-based organizations and engaged community members.

COSTS:

Provide six *Signs of Suicide* trainings per year at \$700 per event.

Provide six *Youth Mental Health First Aid* trainings per year at \$2800 per event.

TOTAL: \$21,000 PER YEAR

Identify and Support Youth at Risk/Create Protective Environments

UNIVERSAL SCREENING

Research shows that only 50% of adolescents with depression are diagnosed before reaching adulthood. In primary care (PC), as many as two in three youth with depression are not identified by their PC clinicians and fail to receive any kind of care. The American Academy of Pediatricians (AAP) updated its “Guidelines for Adolescent Depression in Primary Care” in 2018. These new guidelines endorse a universal adolescent depression screening for children age 12 and over. Some efforts regarding bi-directional integration of care between physical and behavioral health are currently underway as a part of Medicaid Transformation in Washington State. In the meantime, prevention efforts will include engaging and supporting each Accountable Community of Health in their practice transformation efforts.

Standardized screening tools like the Patient Health Questionnaire (PHQ-9) for those 17 and above and the Patient Health Questionnaire Modified (PHQ-A) for those 11-17 are well studied and freely available to providers. Support to implement these standardized screening tools in

their practice would be necessary. Additionally, staff at schools and youth serving organizations can be trained to administer a tool like the Patient Health Questionnaire Brief Screening (PHQ-2) or the Brief Screen for Adolescent Depression (BSAD) to identify youth that would benefit for additional assessment by a qualified professional.

COSTS: \$30,500 PER YEAR UNTIL IMPLEMENTATION IS COMPLETE

COMMUNITIES IN SCHOOLS SITE COORDINATORS

Communities In Schools is a national nonprofit organization that has an affiliate in Benton and Franklin Counties. Struggling students and their families often have a hard time accessing and navigating the maze of public and private services available. While there may be ample resources in a community, there is rarely someone on the ground who is able to connect these resources with the schools and students who need them most. Through a school-based Site Coordinator, Communities In Schools brings community resources into schools to empower students to succeed by removing barriers for vulnerable students at risk of dropping out, keeping kids in schools and on the path to graduation, and leveraging evidence, relationships and local resources to drive results. The benefit of having an on-site coordinator is that they are located in the school and easily accessible to parents and students. Because they are not school district employees, they cannot be pulled to provide curriculum/testing support. They are there solely to serve the students.

The attendees at the YSP Summit represented many schools and community-based organizations that see the benefits of the Site Coordinators at local schools and ultimately believe that embedded resource connection and student supports will lead to a reduction in youth suicides by screening and linking kids to supports that they need.

Communities In Schools is currently housed in 26 schools throughout our community. The cost per Site Coordinator is \$70,000 for coordination and support. There are 50 schools in Benton and Franklin Counties that do not currently have a site coordinator. *These funds would not be distributed by the Local Health Jurisdiction, they should be allocated directly to the program affiliate.* Current Site Coordinators are partially funded by the districts in which they are housed.

COSTS FOR FULL IMPLEMENTATION: \$3,500,000.00 PER YEAR

TRAUMA INFORMED APPROACHES-PROTECTIVE ENVIRONMENTS

Prevention efforts that focus not only on individual behavior change (e.g., help-seeking, treatment interventions) but on changes to the environment can increase the likelihood of positive behavioral and health outcomes. Trauma-informed approaches in a system, organization, or community seek to realize the widespread impact of trauma, recognize the signs and symptoms and respond by integrating knowledge into practices. These approaches

seek to actively resist re-traumatizing an individual by providing safety, trustworthiness, support, collaboration, empowerment, and by considering cultural and historical issues that are impacting an individual. Training and technical assistance to implement these approaches would promote prosocial behavior and encourage the development of crisis response plans, post-vention, and other measures to foster a safe physical environment. Such policies and cultural shifts can positively impact organizational climate and morale and help prevent suicide and its related risk factors (e.g., depression, social isolation).

COSTS: \$60,500 PER YEAR UNTIL IMPLEMENTATION IS COMPLETE

MENTAL/BEHAVIORAL HEALTH PROFESSIONAL RECRUITMENT

Nationwide, a shortage of mental health professional has existed for decades. A recent survey by the Greater Columbia Accountable Communities of Health (2017) asked local health related organizations “What occupations pose your organization’s’ greatest workforce need?” The top three gaps identified were mental health counselors, other behavioral health workers, and psychiatrists/psychologists. Primary barriers to bolstering that workforce were difficulty recruiting and retaining professionals in more rural counties. Public health engagement in a community recruitment and retention plan would support the summit’s identified objective to support a focus on recruitment and retention of youth serving, bilingual mental health professionals.

COSTS: \$30,500 PER YEAR

ACCESS TO MENTAL/BEHAVIORAL HEALTH IN NATURAL ENVIRONMENTS

Identifying ways to improve access to timely and quality mental health and suicide care for people in need is critical to prevention. In addition to limited service providers, youth face additional barriers to accessing behavioral health services. Treatment and intervention services where youth are already engaged maximizes service provision and enhances efficient delivery of care. By supporting high risk, youth serving organizations like Juvenile Justice Services and local youth shelters to provide screening and streamlined referrals to behavioral health services upon intake, we can increase use of behavioral health services and keep youth in treatment.

COSTS: \$15,000 PER YEAR

Lessen Harms and Prevent Future Risk

POST-VENTION RESPONSES FOR STUDENTS AFTER A SUICIDE

Risk of suicide has been shown to increase among people who have lost a friend/peer, family member, co-worker, or other close contact to suicide. Post-vention approaches are implemented after a suicide has taken place and may include debriefing sessions, counseling, and/or bereavement support groups for surviving friends, family members, or other close contacts. Post-vention efforts should be incorporated as a component of a comprehensive approach to suicide prevention.

Suggested programming would include onsite support for two days immediately post event (\$800) and a 10-week support group programs for those youth that were most impacted by the suicide (\$750 per support group series). There can be a maximum of 10 youth per support group series, so often multiple support groups are required to support a school for post-vention efforts. One school in our community who has utilized this approach had three and six support groups running after two respective suicides.

COSTS: \$3,000-5,000 PER DEATH BY SUICIDE

COLLABORATION OPPORTUNITIES FOR SCHOOL STAFF AND COMMUNITY BASED ORGANIZATIONS

To support this effort, BFHD will coordinate a monthly multidisciplinary conference call/webinar with HIPAA compliant technologies where community based organizations and school professionals could collaborate on situations of concern with a diverse team. With limited community resources, having a forum for assembling groups that reflect different areas of specialization to support youth is increasingly necessary. Some of the benefits of multidisciplinary team models include improved consumer health outcomes and functioning, enhanced quality of life, reduced costs, and utilization of medical services as well as increased satisfaction of the care providers.

COSTS: \$ \$15,000 PER YEAR

Remaining Funding for 2018-2019

With the remaining funding for this year, the strategies on which Benton-Franklin Health District will focus include:

- Supporting the Benton Franklin Youth Suicide Prevention Coalition to develop and maintain governance documents for the coalition; support and coordinate the coalition efforts for the year and act as the backbone organization for collective impact.
- Supporting outreach and awareness efforts for risks and resources related to suicide in Benton and Franklin County with a focus on communities of color and Latinx families.
- Supporting trainings by community partners and receiving certifications to provide evidence-based training to communities and schools.
- Supporting universal screening efforts by engaging with bi-directional integration of care efforts.
- Exploring resources to support Trauma Informed Approaches and protective environments for youth in our community.
- Working with community-based organizations and schools to develop Memoranda of Understanding for collaboration.

RESOURCES:

STONE, D.M., HOLLAND, K.M., BARTHOLOW, B., CROSBY, A.E., DAVIS, S., AND WILKINS, N. (2017). *PREVENTING SUICIDE: A TECHNICAL PACKAGE OF POLICIES, PROGRAMS, AND PRACTICES*. ATLANTA, GA: NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION.

JONES, D.P., (2018). *A LOOK AT ACH HEALTHCARE WORKFORCE NEEDS FROM 2 DIFFERENT PERSPECTIVES [POWERPOINT SLIDES]*. GREATER COLUMBIA ACCOUNTABLE COMMUNITIES OF HEALTH LEADERSHIP COUNCIL. RETRIEVED FROM

[HTTPS://GCACH.ORG/APPS/WEBSITE_RESOURCES/RECORD/8D3FC73CD2947EDA31AD2C2964E313DF/MEETINGMATERIALS.ZIP](https://gcach.org/apps/website_resources/record/8d3fc73cd2947eda31ad2c2964e313df/meetingmaterials.zip)





Benton Franklin Youth Suicide Prevention Work Plan

Goal # 1: Sustainable funding to support YSP Coalition and Community Awareness and Education Efforts			
Objectives :	Strategies/Activities:	Measure of Accomplishment:	Expected Outcomes:
Fund dedicated staff to coordinate the Youth Suicide Prevention Coalition*	Maintain governance documents and strategy for collective impact for the coalition. <ul style="list-style-type: none"> • Charter • Strategic work plan • Membership Rosters • Agendas/Minutes • Maintain Web Presence for community 	Listed documents are finalized and maintained over the span of this project.	Increased in community collective impact
	Provide regular communications to members and be point of contact for community members seeking information about coalition/prevention efforts.	Communications with community members are tracked and documented. # of communication updates to coalition members.	Decrease in service duplication Increase in consistent messaging to community
Fund dedicated bilingual staff/supplies to provide community outreach and general awareness related to Youth Suicide Prevention including outreach specific to families of color and the Latinx Community*	Support safe messaging and reporting about suicide	# communications with media about safe reporting recommendations	Improvements in reporting following suicide. Reductions in contagion effects related to suicide
	Mental Wellness Wallet Card Translation and Distribution	# of events where the wallet card was distributed	Increase in consistent messaging to community
	Community Viewings of "Suicide the Ripple Effect"	# of viewings per year	Increase in treatment and engagement with behavioral health services
	Respond to community requests for presentations.	# of community presentations per year	Increase in awareness of existing community resources

	Participate in health fairs/education events where communities of color will be.	# of events and name/type of event	Increase in awareness of risk factors by general community
Provide evidence based training to communities and schools	Provide 6 Signs of Suicide Trainings per year*	# and dates of Signs of Suicide Trainings provided during the year # attendees at trainings	Increase in awareness of existing community resources Increase in awareness of risk factors by general community, caregivers, engaged adults
	Provide 6 Youth Mental Health First Aid Trainings per year*	# and dates of Youth Mental Health First Aid Trainings provided during the year # attendees at trainings	

Goal #2: Identify and Support Youth at Risk/Create Protective Environments

Objectives :	Strategies/Activities:	Measure of Accomplishment:	Expected Outcomes:
Provide universal depression and anxiety screening to all youth.*	Increase outreach efforts to primary care settings to encourage universal screening at primary care visits with tools such as: <ul style="list-style-type: none"> • PHQ-9 (17 and above) • PHQ-A (11-17) 	Comparison to baseline numbers	Increase in referrals to behavioral health services Reductions in rates of suicide/suicide attempts
	Increase outreach to school counselors/youth serving organizations to encourage universal screening. <ul style="list-style-type: none"> • PHQ-2 screener • Brief Screen for Adolescent Depression (BSAD) 	Comparison to baseline numbers	Increase in referrals to behavioral health services Reductions in rates of suicides/suicide attempts
	Support bidirectional integration of care efforts in health care settings.	# facilities participating in practice transformation	Increases in treatment engagement and compliance with medications

Fund a Communities in Schools Benton Franklin Site Coordinator at every school in both counties.*	CIS to coordinate with schools/districts for placement agreements.	# of Site Coordinators present at the end of the year compared to the number of schools and the baseline numbers	Increase positive perceptions of adult support Increases in referrals for youth in distress Increase in health coping attitudes and behaviors
Increase community organizations using Trauma Informed Approaches, promoting connectedness and providing protective environments for youth.*	Provide # of TIA Trainings per year to community based organization partners	# and dates of TIA Trainings provided during the year TP CBOs	Increase in help-seeking behaviors
	Provide # of TIA Trainings per year to school partners	# and dates of TIA Trainings provided during the year to school partners	Reduction in suicide attempts Increase positive perceptions of adult support
	Support community to explore implementation of confidential reporting line similar to Ok2Say from Michigan.	Final decision made (Y/N) whether to implement confidential reporting line.	Increases in referrals for youth in distress
Engage local health providers to recruit/retain youth serving, bilingual MHPs.*	Coalition coordinator to meet with local health providers to discuss barriers, process, and opportunities.	# and dates of health provider meetings # of youth serving, bi-lingual MHPs present in the community compared to baseline numbers	Increased use of behavioral health services Reduction in depressive symptoms Lower rates of treatment attrition
Improve access to mental health services for youth where they are.*	Provide screening and streamlined referral upon intake to high risk youth serving organizations such as Juvenile Justice, My Friend's Place Shelter, etc.	# organizations who implement screening/referral systems	Lower rates of treatment attrition Increased use of behavioral health services

Goal # 3: Lessen Harms and Prevent Future Risk

Objectives :	Strategies/Activities:	Measure of Accomplishment:	Expected Outcomes:
Provide funding and collaboration opportunities between community based organizations and school staff/counselors*	Provide postvention crisis services and grief support programs after a suicide.	Time to respond to a school post event # of students receiving grief support	Reductions in psychological distress, survivor's guilt, complicated grief processes.
	Provide opportunities for multidisciplinary community care conferences/advisory board	# of meetings # of participants	Increased in community collective impact Decrease in service duplication Increase in awareness of existing community resources