

SUICIDE PREVENTION: A Toolkit for Urban Communities



OAKLAND COUNTY, MICHIGAN



TABLE OF CONTENTS

Introduction.....	1
Snapshot of Oakland County, Michigan.....	2
Geography.....	3
Age and Sex.....	3
Education.....	3
Race.....	3
Income.....	4
Suicide Death Data.....	4
Existing Resources.....	5
Common Ground.....	6
Oakland Community Health Network.....	6
Oakland County Health Division.....	6
Oakland County Youth Suicide Prevention Task Force.....	6–7
Strategic Planning.....	8
Needs Assessments.....	9–11
Annual Work Plan Development.....	12
Key Accomplishments.....	13
Zero Suicide.....	14–15
Dialectical Behavior Therapy for Adolescents and Young Adults.....	16
Means Reduction.....	16–17
Relationship with Law Enforcement.....	17
Coordination of Grant Staff and Task Force Members.....	17
Evidence-Based and/or Research-Informed Suicide Prevention Trainings.....	17–18
Data Collection.....	18–19
Community Awareness and Resources.....	19–20
Professional Development and Networking.....	20
Contributing Factors.....	20–21
Success Stories.....	22–25
Barriers & Challenges.....	26
Scheduling	27
Size and Diversity of County.....	27
Staff Turnover.....	27
Stigma.....	27



Other Considerations.....	28
Time.....	29
Existing Partnerships.....	29
Potential Partnerships.....	29–30
Grant Funds.....	30
Conclusion.....	31–32
Appendices.....	33–34
Appendix A: Healthcare Needs Assessment	
Appendix B: First Responders Needs Assessment	
Appendix C: 2015 TYSP Work Plan	
Appendix D: 2016 TYSP Work Plan	
Appendix E: 2017 TYSP Work Plan	
Appendix F: 2018 TYSP Work Plan	
Appendix G: 2019 TYSP Work Plan	
Appendix H: OCHD Staff Suicide Prevention Training Policy	
Appendix I: OCHD Depression Screening Policy	
Appendix J: OCHN Zero Suicide Policy	
Appendix K: OCHN Clinical Pathway for Suicide Care	
Appendix L: OCHN Clinical Pathway for Suicide Care Agreement	
Appendix M: Make Your Home Suicide Safer Brochure	
Appendix N: Means Reduction Press Release	
Appendix O: Sample Task Force Strategic Plan	
Appendix P: Stakeholder Mapping Tools	
Appendix Q: Suicide Prevention Toolkit for Parents	
Appendix R: Suicide Warning Signs Flyer	
Appendix S: Suicide Prevention Community Discussion Press Release	
Appendix T: 13 Reasons Why Not Poster	
Appendix U: TYSP Sustainability Plan	
Appendix V: Tips for Applying for Grants	
Appendix W: TYSP Grant Application	
Appendix X: TYSP Five Year Logic Model	
Appendix Y: 2013 Oakland County Suicide Prevention Plan	
Appendix Z: Oakland County Suicide Prevention Plan Accomplishments	



INTRODUCTION

Introduction

This toolkit provides guidance to implement suicide prevention programs in an urban community setting. Oakland County was fortunate to be a subgrantee of the Garrett Lee Smith *Transforming Youth Suicide Prevention* (TYSP) Grant from 2014–2019 which targeted suicide prevention in 10–24-year-olds. This document includes grant data outcomes, barriers, challenges, successes, and examples of various initiatives such as Zero Suicide and evidence-based trainings. It also highlights key partnerships and resources to take into consideration when implementing suicide prevention programs. Please visit www.oakgov.com/suicideprevention to find information about ongoing suicide prevention efforts and resources.

**Special thanks to our partner organizations
who made this work possible!**



U.S. Department
of Veterans Affairs





SNAPSHOT OF OAKLAND COUNTY



SNAPSHOT OF OAKLAND COUNTY

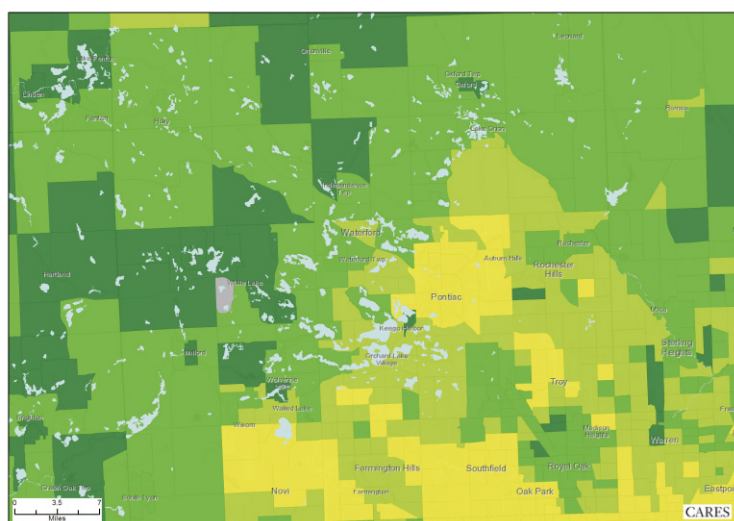
Geography: Oakland County is the 2nd most populous Michigan county with more than 1.2 million residents and 907 square miles. Oakland County consists of 62 communities, townships, and villages. The northern part of the county is largely rural and farming communities, while the southern part of the county is more urban and suburban.

Age and Sex: The combined median age is 40 years; 48.6% are male and 51.4% female.

Education: 85% of residents have a high school diploma and 80% have some college education, compared to 81% and 67% respectively statewide (countyhealthrankings.org, 2018).



*Oakland County Location
in Michigan*



Map Legend

Population, White (Non-Hispanic), Percent by Tract, ACS 2012-16

Over 95.0%

85.1 - 95.0%

65.1 - 85.0%

Under 65.1%

No White (Non-Hispanic) Population Reported

No Data or Data Suppressed

*White Population, 2012 - 2016
in Oakland County, Michigan*

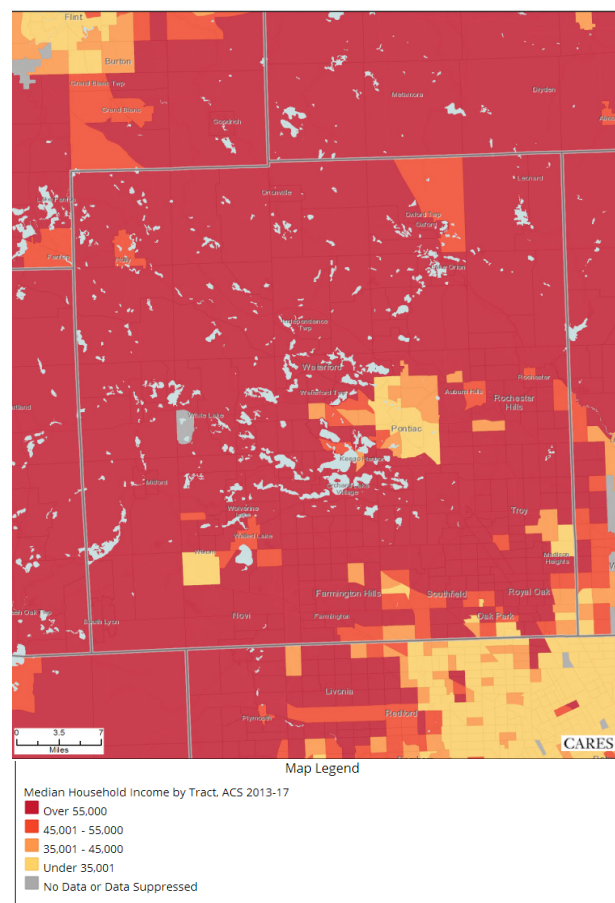
Race: Approximately 79% of residents are Caucasian, 14% are African American (the 2nd largest African American population in Michigan), 6% are Asian (largest Asian population in the state), and 4% are Hispanic/Latino. (American Community Survey, 5-year estimate 2012-2016).



Income: According to the U.S. Census (2011-2015), Oakland County ranks 16 out of the 50 wealthiest communities and cities in Michigan. The wealthiest city in Oakland County is Bloomfield Hills, with the median household income of \$172,768. The least affluent city, Pontiac, has a median household income of \$31,401. The estimated median household income is \$73,369, with approximately 7.8% of residents living in poverty (U.S. Census, 2017).

Suicide Death Data: Youth suicide data from 2006–2011, prior to receiving the *Transforming Youth Suicide Prevention* grant, showed the following:

- There was an overall rise in the number of 15–24-year-old deaths attributed to suicide.
- The 15–24-year-old population surpassed the suicide rate amongst 25–44 and 45–64-year-olds in 2009, reaching a peak of 17.79 suicide-attributed deaths per 100,000 population.
- The 2011 Michigan Youth Risk Factor Survey reported that:
 - 6% of Michigan ninth through twelfth graders had seriously considered attempting suicide in the last twelve months.
 - 17% of Michigan ninth and tenth graders reported seriously considering suicide in the last twelve months.
- A cluster of youth suicide deaths in two cities in Oakland County were reported anecdotally in 2011. A suicide cluster can be defined as “a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected on the basis of statistical prediction or community expectation” (CDC, 1988; Gould, Jamieson & Romer, 2003).



*Median Household Income, 2013 - 2017
in Oakland County, Michigan*



EXISTING RESOURCES



Prior to being awarded the TYSP grant in 2014, Oakland County had many suicide prevention resources in place. Grant administrators at the state level were aware of the resources available and the readiness to implement additional suicide prevention interventions. The following resources existed and were key players prior to grant funding:

Common Ground

- Local crisis center
- Provides assessment and crisis intervention services
- 24/7 resource and crisis helpline, which is a part of the National Suicide Prevention Lifeline network
- Determines eligibility for Community Mental Health services and supports
- Places individuals in psychiatric hospitalization if needed

Oakland County Health Division (OCHD)

- Local health department
- Provides health services for the public, businesses, and educational communities
- 40+ programs/services focusing on preventing the spread of disease; ensuring a safe and clean environment; promoting and encouraging healthy behaviors; preparing for emergencies; surveillance of disease threats; and ensuring accessibility of health services

Oakland Community Health Network (OCHN)

- Public Mental Health System
- Supports individuals with intellectual/developmental disabilities, adults with mental illness, children with serious emotional disturbances, and persons with substance use disorders through a provider network
- Promotes independence, choice, and community inclusion for all populations

Oakland County Youth Suicide Prevention Task Force (OCYSPTF)

- Established in 2011 in response to parent pleas to community leaders to address an increase in youth suicide deaths
- Facilitated by Oakland County Health Division (OCHD)
- Participation includes public mental health, public health, human services, community-based organizations, education, hospitals, substance use, and treatment services
- Key activities included: Youth Suicide Prevention School Toolkit, Parent Toolkit, community forums, billboards, PSAs, poster awareness campaign, and promoting Youth Mental Health First Aid trainings



Oakland County Youth Suicide Prevention Task Force (OCYSPTF) (continued)

- The following organizations were key partners at the beginning of the Task Force including OCHD and OCHN:
 - **Monetary commitments were made by these members of the public mental health service network:**
 - **Alliance of Coalitions for Healthy Communities:** Comprised of 19 different prevention coalitions that serve 46 communities focused on substance use disorder prevention initiatives
 - **Common Ground:** Provides 24-hour crisis intervention and prevention services
 - **Community Network Services (CNS):** Human service agency that provides comprehensive behavioral health services including medication management, nursing services, and case management
 - **Easterseals Michigan:** Provides mental health services for adults and behavioral health care for children with serious emotional disturbances and their families
 - **Oakland Family Services (OFS):** Provides Parents as Teachers program, foster care and adoption help, Great Start Readiness education, mental health and substance use counseling programs, and treatment for children and adults
- **Beaumont Health System:** Healthcare system in the Metro-Detroit area providing healthcare services, medical education, and medical research
- **Oakland Schools:** Intermediate School District of Oakland County
- **Oakland University:** Local university in Oakland County



STRATEGIC PLANNING



Strategic planning was crucial for moving ideas forward for suicide prevention activities. Planning allowed for needs assessment development, work plan target objectives, and Task Force activities.

Needs Assessments

It is critical to conduct a needs assessment of key stakeholders in the county. Data from needs assessments was used to inform project priorities. Efforts were targeted to improve care coordination among sectors that already interacted with youth and/or encounter suicide.

- Three sectors (schools, healthcare, law enforcement) were originally targeted based on established relationships. A fourth (first responders) was added later.
- Needs assessments were completed in Fiscal Years 2016–2018.
- A key finding in all four needs assessments was a gap in the continuum of care between sectors in Oakland County. The continuum of care is defined as being able to identify individuals at risk for suicide and transition them seamlessly to an appropriate care provider, while ensuring they receive proper support and do not fall through the cracks.
- Each year's work plan aimed to address those gaps.

The distribution and results of each needs assessment varied by sector and are as follows:



• Schools

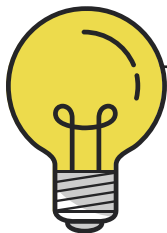
- The school needs assessment was distributed to Oakland County teachers and school staff with the help of the local intermediate school district. The response rate indicated that ancillary and support staff (categorized as social workers, behavioral interventionists, psychologists, and counselors) responded at a higher rate.
- Results:
 - 1) **Need:** Suicide prevention training and education to staff, parents, and students.
 - **Activity:** This was done by promoting and coordinating gatekeeper trainings with school districts, completing safeTALK trainings with middle and high school staff on school crisis teams, training staff in SOS: Signs of Suicide program, and promoting participation of school staff and community members in Youth Mental Health First Aid Trainings.
 - 2) **Need:** Administration involvement and support
 - **Activity:** Working with the administrators to implement suicide prevention strategies with school districts.



• Schools *(continued)*

3) **Need:** Communication between target schools and key community resources

- **Activity:** Continuing to build/strengthen relationships with community organizations and collaborations in Oakland County, promoting Common Ground's suicide prevention hotline and website, and promoting OK2SAY website, call/text tip line.



TIPS

- Work directly with school district and administration to ensure involvement and staff participation in needs assessment.
- Keep in mind that schools and teachers can be overwhelmed with different trainings in addition to classroom workload.
- Some school districts may also not be ready to approach the topic of suicide.
- Some schools may be ready to discuss the topic of suicide, but the school may prefer to use their own available resources, which makes it difficult to collaborate for trainings.



• Healthcare

- The healthcare needs assessment was distributed to various community partners via local health systems. Nurses accounted for the most responses, followed by management level positions, then behavioral health clinicians.
- Results:
 - 1) **Need:** Increase communication between healthcare agencies and key community resources.
 - **Activity:** Promoting and distributing various suicide prevention related materials to healthcare agencies and encouraging healthcare agencies to participate on the Task Force.
 - 2) **Need:** Continue suicide prevention training opportunities for clinical staff and community members.
 - **Activity:** Work with clinical staff to implement trainings in healthcare organizations.
 - 3) **Need:** Enhance/create formal suicide prevention policies and procedures.
 - **Activity:** Implementing Zero Suicide in Oakland County by expanding Zero Suicide Network activity and enhancing Zero Suicide policies and procedures in various organizations.



• Law Enforcement

- The law enforcement needs assessment was distributed with the help of the local sheriff's department. The survey was sent to relevant staff throughout the 41 police departments.
- Results:
 - 1) Increase communication between law enforcement agencies and key community resources. These resources include Common Ground's suicide prevention hotline and website, OK2SAY website, call/text tip line, and encouraging law enforcement to participate on the Oakland County Youth Suicide Prevention Task Force.
 - 2) Provide suicide prevention training opportunities to law enforcement.
 - 3) Enhance/create formal suicide prevention policies and procedures by working with law enforcement to develop these policies for their departments.



• First Responders

- The first responders needs assessment was distributed in collaboration with the local emergency medical services system.
- Results:
 - 1) Increase communication between first responder agencies and key community resources.
 - 2) Provide suicide prevention training opportunities to first responders.
 - 3) Enhance/create formal suicide prevention policies and procedures, by providing templates of suicide prevention policies and strategies to first responder agencies.

See Appendices A & B for a sample needs assessments.

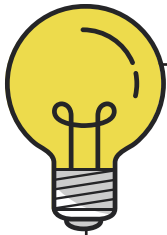


Annual Work Plan Development

Annual work plans were required as part of the grant however annual strategic plan development is essential for any suicide prevention group. Work plans should be based on input from key partners and build on each other every year based on what could be accomplished. For the TYSP grant:

- **Year one** was primarily focused on developing the five-year plan for the grant. Data outcomes did not occur in the first two years because Oakland County residents needed a foundational knowledge of mental health and suicide prevention in order to reduce stigma and be open to suicide prevention initiatives.
- **Years two–five** evolved to include training, assessment, and outreach, as well as implementing action plans for suicide prevention.

See Appendices C–G for a sample work plans.



TIPS

- It is vital that staff is trained in suicide prevention before they can communicate messages about it to the public. Being knowledgeable in the subject area allows staff to be a credible partner to external organizations.
- It is also important to engage partners already doing suicide prevention work to work more effectively.



KEY ACCOMPLISHMENTS



Over the five-year grant cycle, there were several successes that improved comprehensive suicide prevention in Oakland County.

1) Zero Suicide: The Zero Suicide philosophy continues to be implemented at both OCHD and OCHN with staff in their respective organizations forming Zero Suicide teams. Zero Suicide is a system-wide organizational commitment to safer suicide care in health and behavioral health care systems. Developed by Henry Ford Health System, the framework focuses on a comprehensive approach to the person's safety and quality improvement. The Zero Suicide framework is adaptable for agencies that are not traditional healthcare or behavioral healthcare organizations.

- **Zero Suicide at OCHD**

- **Staff Training Policy:** All staff at the Health Division must be trained on suicide risk factors, warning signs, protective factors, response procedures, and crisis resources. Some staff require more intensive training based on their work role.

See Appendix H for OCHD's Training Policy.

- **Client Depression Screening Policy:** Requires agency-wide PHQ-9 screenings for clients receiving OCHD services.

See Appendix I for OCHD's Screening Policy.

- **Zero Suicide at OCHN**

- **Zero Suicide Policy:** Includes requirements for staff training and universal screening as well as information on their Clinical Pathway for Suicide Care.

See Appendix J for OCHN's Zero Suicide Policy.

- **Clinical Pathway for Suicide Care:** Indicates that all persons that come into contact with any member of the treatment team (intake, case management, nurse, psychiatrist, peers, etc.) receive an initial screening for suicide which includes a suicide risk assessment, risk formulation, and a culturally competent assessment of the person's current mental state. When a person is screened or assessed as having risk for suicide, they are encouraged to be supported through a Clinical Pathway for Suicide. This pathway is meant to be a short-term intervention to stabilize a person at high risk for suicide. A person can only be added to the Pathway with his/her or parent/guardian consent
 - Expectations while participating in the Clinical Pathway:
 - Therapy a minimum of once per week.
 - Suicide screening completed at each contact.



KEY ACCOMPLISHMENTS

• Clinical Pathway for Suicide Care (*continued*)

- When a person doesn't show for an appointment, they are called within an hour of their missed appointment.
 - If are unable to be reached, the provider attempts to locate the person by calling their emergency contact.
 - If there is concern for their immediate safety, law enforcement is contacted for a wellness check.
- When a person is not able or willing to adhere to expectations reasons are documented in their electronic healthcare record and a discussion occurs on how the person would like to be engaged in an increase in support during this period.
- A person is removed from the Clinical Pathway when they are no longer at risk of suicide.
 - It is recommended to use an evidence- based assessment tool such as SAFE-T with C-SSRS and follow recommendations.
 - The decision and rationale to remove a person from the Pathway is completed by a team.

See Appendix K & L for OCHN's Clinical Pathway and Agreement.

• Southeastern Michigan Zero Suicide Network

OCHD hosted a Zero Suicide workshop in 2017 for teams from local healthcare organizations that were seeking to reduce suicides among patients in their care. Using the Zero Suicide framework, attendees learned how to incorporate best practices in their agencies to improve care and safety for individuals at risk.



Brian Ahmedani, one of the developers of Zero Suicide, at the 2017 Oakland County Zero Suicide Workshop

This event then created the Southeastern Michigan Zero Suicide Network, a local Zero Suicide listserv with people from various agencies where Zero Suicide information and resources are shared, including in-person technical assistance opportunities.



2) Dialectical Behavioral Therapy (DBT) for adolescents/ young adults:

Training for DBT was initiated using grant funds. A contract was established with a local trainer of DBT who provided 3 trainings over 2 months. The trainings consisted of:

1. Two-day introduction to DBT
2. Five-day comprehensive DBT Training
3. Two-day advanced training specific to implementing DBT with suicidal adolescents

The trainings were hosted at OCHN and were held free of charge to the community mental health provider network serving youth with serious emotional disturbances and the young adult population with severe mental illness.

After the trainings, each team received six months of monthly coaching calls from the trainer to help each team establish fidelity to the model and begin the DBT program at their sites. They also each had an on-site technical assistance day tailored to their individual needs. At the end of the first year of implementation each site was required to undergo an objective fidelity review to establish fidelity and ongoing monitoring of the model.

Expectations were outlined prior to the initial training. The clinical directors at the provider agencies were major players that helped to establish DBT teams along with identifying appropriate staff including a supervisor and peers (both youth peers and parent support partner peers) to support the team and the implementation. It has been successful for individuals participating in DBT to learn skills to be able emotionally regulate and build goals to support them towards a life worth living.

3) Means reduction: Means reduction activities were organized by OCHD throughout the grant. Means reduction is defined as the idea that when access to lethal means, such as firearms or medications, is reduced or less available, suicide rates by that method decline. Activities included:



Sample Means Reduction Materials

- Providing gun lock boxes and medicine locking bags to Oakland County residents through a partnership with Oakland County Sheriff's Office (OCSO) and Oakland County Board of Commissioners for the Lock-It-Up Oakland program.
- Designing and promoting Make Your Home Suicide Safer brochure in coordination with social media posts.
- Promoting Counseling on Access to Lethal Means (CALM) training to OCHN's provider network.



KEY ACCOMPLISHMENTS

3) Means reduction: *(continued)*

- Partnering with the Oakland County Prescription Drug Abuse Partnership in promoting and participating in National Prescription Drug Take Back Day Events and the MEDS campaign.
- Hosting a community event focused on means reduction in 2017.
- Exploring how to implement the Gun Shop Project, a partnership with local gun shops, shooting ranges, and hunting clubs, in Oakland County.



Trisha Zizumbo, OCHN staff, at the 2017 Oakland County Community Discussion

See Appendices M & N for means reduction materials.

4) Relationship with law enforcement: Law enforcement was important to lethal means reduction initiatives. OCHD partnered with OCSO to distribute gun lock boxes and medication locking bags to the public. OCSO also supported OCHD in the law enforcement needs assessment distribution. OCHN partnered with law enforcement to provide Crisis Intervention Team (CIT) trainings. These opportunities opened the door for future suicide prevention training opportunities.

5) Improved coordination with task force: Several organizations were actively recruited to join the Task Force during the grant period. With the help of strategic planning and stakeholder mapping, local organizations that target high-risk populations were folded in to Task Force activities.

See Appendices O & P for strategic plan and stakeholder mapping tools.

6) Improved access to evidence-based and/or research informed suicide prevention trainings. Trainings included:

- Applied Suicide Intervention Skills Training (ASIST)
- ASIST Training for Trainers (T4T)
- Assessing and Managing Suicide Risk (AMSR)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Crisis Intervention Training (CIT) and Crisis Intervention Training- Youth (CIT-Y)
- Question, Persuade, Refer (QPR) and QPR for Nurses
- safeTALK



6) Improved access to evidence-based and/or research informed suicide prevention trainings: (continued)

- safeTALK Training for Trainers (T4T)
- Signs of Suicide (SOS)
- Suicide Prevention Training Network
- Youth Mental Health First Aid (YMHFA) through Oakland Schools

See below for the number of people trained. As a result of these trainings, at least 750 youth were identified as at risk for suicide and/or referred to mental health services based on evaluation data following the trainings.



safeTALK Trainer at a training for Waterford School District staff in 2016

Training Name	Number of People Trained
AMSR	50
ASIST	221
ASIST T4T	15
CAMS	42
CALM	114
DBT	94
QPR	121
QPR for Nurses	285
safeTALK	1,205
safeTALK T4T	39
SOS	1,510
Total Number of People Trained	3,696

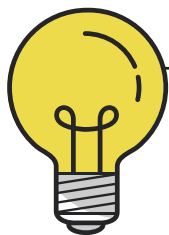
Data Collection from Trainings, 2016–2019

7) Data collection: Throughout the grant, OCHD and OCHN were able to gather data to better address the needs of Oakland County residents. This data includes:

- Needs assessments (schools, healthcare, law enforcement, and first responders)
- Suicide death reports received monthly from the Oakland County Medical Examiner's Office
- Mental health screening data from the MindKare Kiosks at Oakland Community College and Oakland University
- Suicide attempts and death data from OCHN's dashboard specific to those utilizing the public mental health system



KEY ACCOMPLISHMENTS



TIPS

Collecting data on suicide deaths and attempts can be challenging. Explore relationships with organizations that may already be collecting data like:

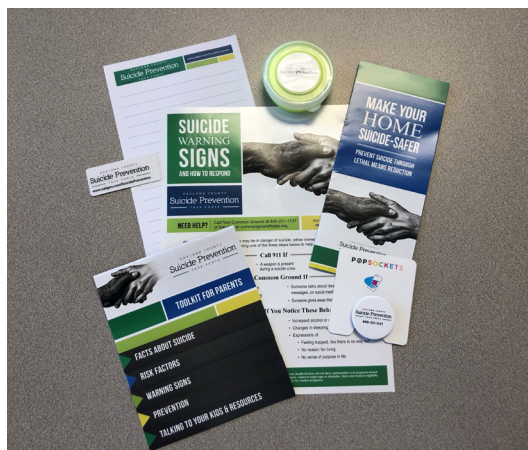
- Medical Examiner's office
- Local hospitals
- Behavioral healthcare organizations
- State health department

8) Community awareness and resources: It was essential to the success of suicide prevention programming in our community to spend time and energy on raising awareness of mental health and suicide and promoting existing resources. This included:



(from left) Kevin Fischer, Sarah Scantamburlo, Asha Howell, Jodi Spicer, and Lakiesha Blackwell, speakers at the 2018 Suicide Prevention Community Discussion

- Community events including:
 - Annual suicide prevention community discussions with such themes as *Coordination of Care*, *Journey of Hope: Stopping Stigma Ending Suicide*, *Preventing Suicide through Means Restriction*, *An Upstream Approach to Suicide Prevention*, and *Suicide Prevention Across the Lifespan*
 - The S Word documentary screening
 - Youth events in partnership with Alliance of Coalitions for Healthy Communities (ACHC)
- Monthly promotion of suicide prevention and mental health messages on Facebook and Twitter
- Paid advertisements at local movie theaters, bus advertisements, billboards, and boosted posts on social media
- Distribution of printed resources like the school toolkit, suicide prevention toolkit for parents, "Make Your Home Suicide Safer" brochure, and signs of suicide flyers to community members and partner organizations
- Distribution of promotional materials with the Common Ground Resource and Crisis Helpline including pens, notepads, key chains, stress putty, and pop sockets for cell phones.



*Oakland County
Suicide Prevention Materials*



*Billboard Displayed
in September 2019*

See Appendices Q–S for sample awareness resources.

9) Professional development and networking: Attendance at technical assistance events, trainings, and conferences to increase knowledge on the subject and network with other organizations doing the same work:

- American Association of Suicidality (AAS) Conference
- Michigan Suicide Prevention Community Technical Assistance Meeting (CTAM)
- Kevin's Song (local suicide prevention conference)

Contributing Factors

These successes were made possible by several contributing factors.

- Pre-established, mutually beneficial relationships with organizations such as the local intermediate school district and local sheriff's office allowed the team to access community stakeholders.
- Name recognition of the Task Force, OCHD, and OCHN made it easier to get buy-in from partners. Oakland County, being such a large and populous county, has many resources including a robust public mental health system and community partners with a large reach.
- During the TYSP grant cycle, Oakland Schools had the Project AWARE grant, a SAMHSA grant aimed at improving social and emotional learning and schools' response to mental health concerns. Having two large grants in Oakland County at the same time contributed to improving the continuum of care and partnering to provide training to school staff and students. The grant provided dedicated staff and materials that allowed us to offer suicide prevention trainings and presentations to the community at no cost, which increased participation.



KEY ACCOMPLISHMENTS

Contributing Factors *(continued)*

- The use of low-cost initiatives, like social media, maximized available local resources for activities like events and educational campaigns.
- Throughout the course of the grant, there was a shift in the national conversation around mental health and suicide ushered in by things like Logic's song '1-800-273-8255', '13 Reasons Why' series on Netflix, and suicide deaths of celebrities and prominent public figures. This seemed to make communities more willing to have conversations about suicide.



"13 Reasons Why Not" Campaign developed by ACHC based on a local high school campaign of the same name following the release of season 1 of Netflix's '13 Reasons Why'

See Appendix T for 13 Reasons Why Not poster.



SUCCESS STORIES



SUCCESS STORIES

Every student who attends a Signs of Suicide (SOS) training is required to take the Brief Screen for Adolescent Depression (BSAD) with permission from their parent/guardian. At a middle school SOS training in FY18, one of the students took the BSAD, screened positive for depression, and answered 'yes' to the two suicide-related questions: "Do you think seriously about killing yourself?" and "Have you tried to kill yourself in the last year?". Per protocol, he was seen by his counselor immediately and his parents were contacted. The counselor later disclosed that the student was never someone they would have suspected as having thoughts of suicide. He was a star athlete, did well in school, had many friends, and his parents were actively involved in his life. He had never shared his struggles or that he had survived a past suicide attempt with anyone. After SOS, he received consistent mental health help at school and in the community.

*Anonymous, SOS Signs of Suicide,
December 2017*

I was able to readily identify potential signs of suicide in a high school student. I intervened quickly and got the student the support they needed immediately.

*Anonymous, safeTALK,
June 2018*

I identified a student who appeared very depressed. I spoke briefly with him, then sent his information to his guidance counselor. The intervention was successful, and he was no longer considering harming himself.

*Anonymous, safeTALK,
March 2019*



I used this training (ASIST) with an ex-boyfriend of mine who was having a tough time with his home life. I was worried about him, so I used the steps and skills from the training. After our conversation I asked him if he was thinking of suicide. He said no, but with the training I was able to ask the question and, if he had said yes, I would have known how to help him. I will use this information with my clients, friends, and family in the future.

*Anonymous, ASIST,
September 2018*

A friend's friend was showing warning signs and we had a conversation about her drug use. Our conversation indicated to me a bigger problem. I asked her friend first and she wouldn't talk with her about it. I talked with her about it and she told me that she was not thinking of suicide.

*Anonymous, safeTALK,
March 2019*

Working for Nurse on Call, I often receive calls from individuals in a mental health crisis or family members who are seeking help for their children. Some of the calls mention thoughts of suicide or verbalize that a family member is suicidal. I can ask questions and am able to transfer the individual or refer them to the 24-Hour Resource & Crisis Helpline.

*Gloria Lutey, ASIST,
April 2017*



SUCCESS STORIES

I had a client that was having a hard time dealing with an overwhelming situation. They gave a slight hint that it would just be easier to end it, so I asked if they were thinking about suicide and they really opened up. It turns out they had already attempted suicide but couldn't go through with it. Today, they are doing better and understand there is something that can be done to change challenging situations. I did not ignore the hint, as small as it was, and they feel better knowing that someone cares.

*Scott Heron, safeTALK,
February 2019*

A young woman called complaining about overwhelming issues in her life. She was talking and crying during the conversation. Her speech was so out of proportion to the issues she was confronting, I asked her if she was suicidal and it turned out that she had taken all of her prescription medications before calling me. I told her I was calling the police and stayed on the phone with her until they arrived and spoke with me. She was hospitalized for three weeks and is doing well now.

*Anonymous, ASIST,
September 2018*

I am a social worker who works at a crisis and resource center. I have been able to identify people who have suicidal ideation in the past but was uncertain on how to address it properly. Now I feel more prepared and confident to ask the right questions to people who are feeling hopeless. I now ask directly about suicide and develop a plan of action to keep them safe.

*Tressah Weirauch, ASIST,
September 2018*



BARRIERS & CHALLENGES



BARRIERS & CHALLENGES

Scheduling

Scheduling trainings and events was challenging at times as there were large organizational processes in place which made it difficult to get things scheduled and planned in a timely manner. When trying to schedule trainings or events, it could take months to schedule with key contacts.

Size and Diversity of County

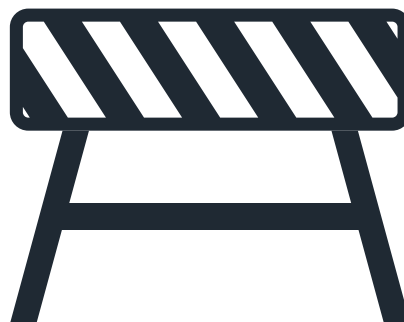
While Oakland county has many resources, there are numerous individuals and organizations with different plans about how to tackle suicide prevention and mental health. Having this range of existing resources, some organizations were hesitant to work together to collaborate and streamline ideas regarding suicide prevention. Because the County is diverse, it is important to remember that there is not a one size fits all approach when it comes to suicide prevention. Advocate for your county/community.

Staff Turnover

Throughout the five years of the TYSP grant, both OCHD and OCHN have undergone staffing changes. This turnover made it challenging to have staff who were consistently knowledgeable about grant information, trainings, and the needs of the community.

Stigma

Another key goal was stigma reduction which is difficult to measure, though it was observed qualitatively. Although progress has been made county-wide and nationally, stigma and an unwillingness to discuss suicide and mental health remains in areas within Oakland County. Discussing suicide can be an overwhelming topic for individuals who may not know what to expect or may be afraid to ask questions.





OTHER CONSIDERATIONS



OTHER CONSIDERATIONS

In order to reduce challenges and barriers encountered, below are some following suggestions:

Time

- Staff should meet with school districts and administrators one to two years in advance to ensure enough planning time to get suicide prevention trainings on the school calendar. Meeting earlier allows schools to inform parents about trainings through school registration to enhance participation.
- When meeting with schools, aim to meet with district administrators, like the superintendent, or building administrators, like the principal, so there can be top-down support.
- Know your community including the extent of the problem, the resources already available, and who key players are (or could be). Understand that people are at different levels of readiness. There could be a lot of groundwork that needs to be done to address stigma before implementing suicide prevention programming.
- If you work in an organization that has a lot of checks and balances, don't forget to factor in your organization's internal timelines to set more realistic goals.

Existing Partnerships

- It is vital to develop and maintain relationships with point persons in each sector that were identified in the needs assessments (e.g., law enforcement, healthcare, education, first responders). These relationships allow for stronger suicide prevention efforts, so the community is knowledgeable about resources and strengthened in its ability to handle suicide-related situations.
- Some sectors of the community may be overburdened. Be strategic how you work with sectors. Remember, you are trying to help and work with them, not add extra work to what they are already doing.

Potential Partnerships

- Oakland County was fortunate to have an established suicide prevention task force. Other communities may not. It is beneficial to collaborate with a coalition or task force to implement suicide prevention efforts. Working with a collaborative body also helps build sustainability for the community.

See Appendix U for a sample sustainability plan.



Potential Partnerships (*continued*)

- When partners are not actively engaged in the processes to move suicide prevention efforts forward in the community, it may be helpful to seek alternative partners. You must take into consideration their readiness and the communication between partners to potentially build from those areas that can be enhanced.

Grant Funds

- When applying for grant funds, consider the length of the grant period. Longer grant periods allow for better planning and coordination. The first two years of the TYSP grant included community building, collaboration, and promoting the Task Force. Years three and four included trainings and promotion of services and programs, and year five focused on establishing sustainability.

See Appendix V for a sample grant application.



CONCLUSION



When the TYSP grant began, several community resources existed that jump started its success. In order to implement suicide prevention in any community, it is vital to remember the need for a strong foundation of community readiness, knowledge of the community, and willing partners who can effect change. Although it took some time to get grant activities off the ground and there is still work ahead, many grant activities were completed throughout the past five years. As a result of the grant, 3,696 Oakland County residents were trained in suicide prevention, a broader conversation about suicide prevention began, and community connections were forged and strengthened to make Oakland County suicide safer.



APPENDICES



Click on the links below to access each appendix.

- Appendix A:** [Healthcare Needs Assessment](#)
- Appendix B:** [First Responders Needs Assessment](#)
- Appendix C:** [2015 TYSP Work Plan](#)
- Appendix D:** [2016 TYSP Work Plan](#)
- Appendix E:** [2017 TYSP Work Plan](#)
- Appendix F:** [2018 TYSP Work Plan](#)
- Appendix G:** [2019 TYSP Work Plan](#)
- Appendix H:** [OCHD Staff Suicide Prevention Training Policy](#)
- Appendix I:** [OCHD Depression Screening Policy](#)
- Appendix J:** [OCHN Zero Suicide Policy](#)
- Appendix K:** [OCHN Clinical Pathway for Suicide Care](#)
- Appendix L:** [OCHN Clinical Pathway for Suicide Care Agreement](#)
- Appendix M:** [Make Your Home Suicide Safer Brochure](#)
- Appendix N:** [Means Reduction Press Release](#)
- Appendix O:** [Sample Task Force Strategic Plan](#)
- Appendix P:** [Stakeholder Mapping Tools](#)
- Appendix Q:** [Suicide Prevention Toolkit for Parents](#)
- Appendix R:** [Suicide Warning Signs Flyer](#)
- Appendix S:** [Suicide Prevention Community Discussion Press Release](#)
- Appendix T:** [13 Reasons Why Not Poster](#)
- Appendix U:** [TYSP Sustainability Plan](#)
- Appendix V:** [Tips for Applying for Grants](#)
- Appendix W:** [TYSP Grant Application](#)
- Appendix X:** [TYSP Five Year Logic Model](#)
- Appendix Y:** [2013 Oakland County Suicide Prevention Plan](#)
- Appendix Z:** [Oakland County Suicide Prevention Plan Accomplishments](#)