



# STATE OF NEVADA SUICIDE PREVENTION PLAN

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Working draft

## ACKNOWLEDGMENTS



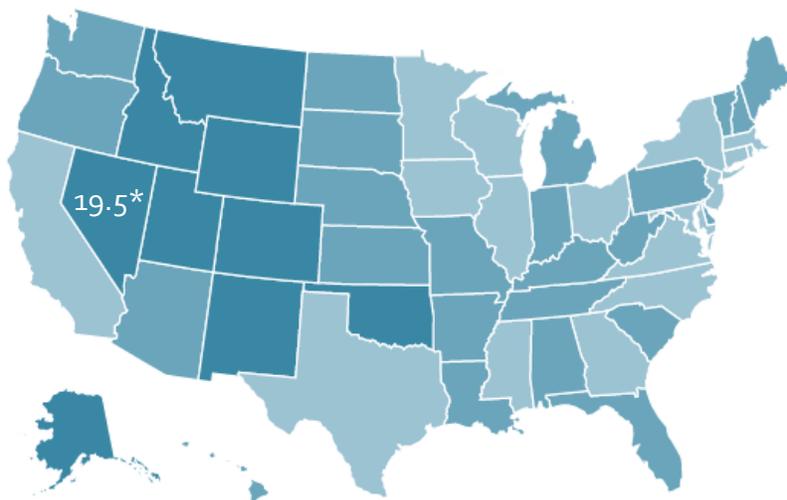
Planning support provided by Social Entrepreneurs Inc. (SEI)

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## INTRODUCTION

Suicide impacts individuals, families, friends, and entire communities. Between 6 and 32 survivors exist for each suicide, depending on the definition of survivor used. What's more, being a suicide survivor immediately puts a person at-risk for suicide (Centers for Disease Control and Prevention, 2015). From this standpoint, suicide is a critical public health issue, and communities can benefit from a broad range of actions, including reducing factors that put people at risk for suicide, and increasing factors that help to protect people from suicidal behavior (Centers for Disease Control and Prevention).

**Across the United States, suicide rates have increased steadily since 2006, and suicide is the tenth leading cause of death in the nation (Curtin, Warner, & Hedegaard, 2016).**



\*Rate per 100,000 in 2014

Figure 1 shows the states with the highest suicide rate in darkest colors, and lower rates in lighter colors. Nevada joins several mountain states with high rates of suicide. In 2014, Montana had the highest rate in the nation (23.8 per 100,000). Washington DC had the lowest rate at nearly half the national average.

This map is courtesy of the *American Foundation for Suicide Prevention*.

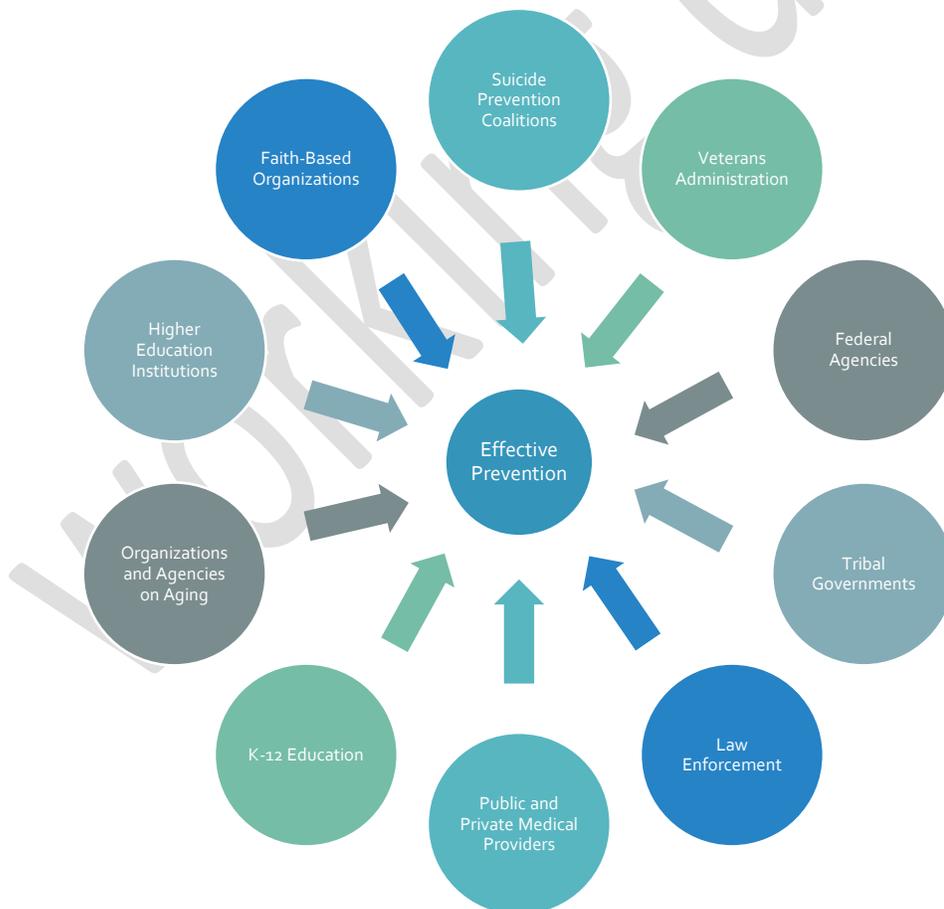
While no exact figures exist, the financial costs of suicide make the economic case for prevention efforts. According to the CDC, the average estimated cost of a single suicide is \$1,164,499 (2015), a figure which takes into account lost productivity and medical expenses. Nationally, the CDC estimates the cost of suicide at greater than \$44.6 billion annually. A more recent study, adjusted for the increased price of healthcare and underreporting of suicides, estimates that the actual national cost of suicide is 2.1 times higher at \$93.5 billion (Shepard, Gurewicz, Lwin, Reed, Jr., & Silverman, 2015). Using the cost per suicide figure provided by the CDC, which is likely conservative, the 534 suicides in Nevada in 2014 resulted in upward of \$621 million due to lost productivity and medical bills. As this estimate for only a single year illustrates, the financial impact of suicide is staggering.

## STRATEGIC DIRECTION

The mission of the Nevada Office of Suicide Prevention is to reduce the rates of suicide and suicidal acts in Nevada through statewide collaborative efforts to develop, implement and evaluate a state strategy that advances the goals and objectives of the National Strategy for Suicide Prevention.

It is our hope that the Nevada Suicide Prevention Plan will provide a catalyst for **collaborative action**, improved understanding, and increased wellness in communities across Nevada. This plan is based on the strong belief that everyone has a role to play in suicide prevention, and those individuals and groups that address the physical, emotional, psychological, and spiritual needs of individuals and communities must work together if we are to be effective. Many organizations and agencies working at the state and local level are working to address and prevent suicide. This plan is intended to help connect these efforts, enhance collaboration, and illuminate best practices available for prevention as identified by state and national sources.

### Collaborative Action Model for Suicide Prevention



Nevada’s leaders are working to address suicide. Governor Sandoval’s *Strategic Planning Framework* presented in 2016 identified objectives to reduce suicide among Nevada’s veterans, senior citizens, and youth to rates lower than the national average by 2020.

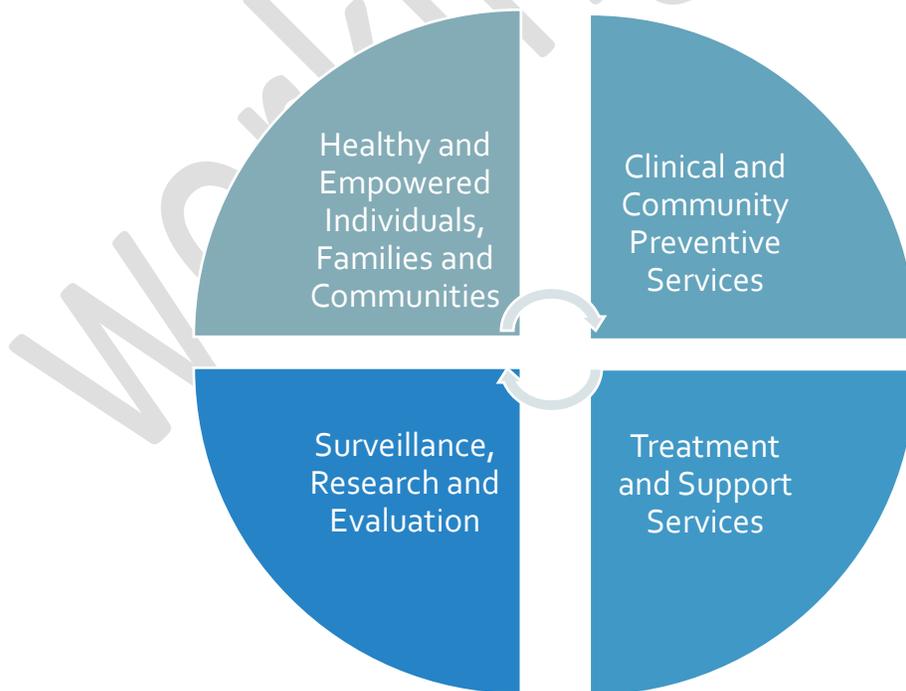
### Plan Goal

All activities in this plan are intended to accomplish a singular outcome: to continue the downward trajectory of Nevada’s suicide rate. Specific populations have been identified for focused intervention:

1. Reduce **Veteran suicides** below the national average by 2020.
2. Reduce **Older Adult / Senior suicides** below the national average by 2020.
3. Reduce **Youth suicides** below the national average by 2020.
4. Reduce **Middle-Aged Adults** below the national average by 2020.

### APPROACH

Nevada’s Plan is based on research completed in Nevada that focuses on the unique state and local needs and circumstances. These findings and recommendations were integrated with the US Department of Health and Human Services *National Strategy for Suicide Prevention*, the nation’s guidance to prevent suicide. In alignment with the National Strategy for Suicide Prevention, Nevada is working in 4 related strategic directions.



## STRATEGIES

Strategies are designed to work at multiple levels:

- **Universal** strategies target the entire population.
- **Selective** strategies are appropriate for subgroups that may be at increased risk for suicidal behaviors.
- **Indicated** strategies are designed for individuals identified as having a high risk for suicidal behaviors, including someone who has made a suicide attempt.

Recommendations, strategies, and action steps can be found beginning on page 6 of this document.

### **Nevada's Guiding Principles for Suicide Prevention Efforts**

1. **Engage Community.** Foster positive dialogue; counter shame, prejudice, and silence; and build public support for suicide prevention;
2. **Focus on Equity.** Address the needs of vulnerable group; seek to understand the cultural and situational contexts of groups, and seek to eliminate disparities;
3. **Leverage Resources.** Be coordinated and integrated with existing efforts addressing health and behavioral health and ensure continuity of care;
4. **Address Root Causes.** Promote changes in systems, policies, and environments that facilitate the prevention of suicide and related problems;
5. **Integrate Health.** Bring together public health and behavioral health to better address the whole health needs of people;
6. **Reduce Access to Lethal Means.** Promote efforts to reduce access to lethal means among individuals with identified suicide risks; and
7. **Make Evidence-Based Decisions.** Apply the most up-to-date knowledge base for suicide prevention and engage in monitoring and evaluation to understand what works.
  - Adapted for Nevada, based on *2012 National Strategy for Suicide Prevention*

# HIGH LEVEL ACTION PLAN (YEAR 1)

## RECOMMENDATION 1

<b>Recommendation 1</b>	Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments (ED) and other hospital settings.						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Potential Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Promote suicide prevention as a core component of health care services (NS-G8)	Send survey to partners to assess existing knowledge, skills, attitudes and practices within ER departments, clinics, and hospital settings.	Office of Suicide Prevention	Hospitals, FQHCs, Other Providers	Information about what is in place			All
	Use data from survey to establish what is in place and system gaps.	Office of Suicide Prevention		Baseline data about what is in place to inform needs			All
	Share suicide prevention plan and use to engage partners in strong prevention efforts.	Office of Suicide Prevention	Hospitals, FQHCs, Other Providers	Knowledge and awareness among providers			All

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Integrate and coordinate suicide prevention activities across multiple sectors and settings. (NS-G1)	Support suicide prevention training for health care providers by working to build capacity for training and education.	Office of Suicide Prevention	Hospitals, FQHCs, Other Providers	High quality training to meet demand			All
	Participate in dialogue regarding the Veteran's legislative bill requiring suicide prevention among all primary care providers.	Office of Suicide Prevention		System change that supports prevention through primary care and hospital settings			All
Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least	Hold informational interviews with key leaders to understand barriers to patient follow up.	Office of Suicide Prevention / Department Leadership	Hospitals, FQHCs, Other Providers Hospitals, FQHCs, Other Providers	Information to inform improvements including policy needs			All

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restrictive settings. (NS-G8.2)	Identify any areas of policy or practice where the State / OSP can support improvement.	Office of Suicide Prevention / Department Leadership	Hospitals, FQHCs, Other Providers	Relevant and research informed policies and strategies			All
	Engage partners to understand HIPPA as an opportunity, not a barrier, to providing follow up care.	Office of Suicide Prevention / Department Leadership	Hospitals, FQHCs, Other Providers	Renown, NV Hopes, St. Mary's Hospitals			All
	Develop collaborations between emergency departments and other health care providers.	Office of Suicide Prevention / Department Leadership	Hospitals, FQHCs, Other Providers	Alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.			All

RECOMMENDATION 2

<b>Recommendation 2</b>	Acquire additional funding to move statewide suicide prevention efforts forward.						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Support and strengthen existing initiatives, programs and services.	Support expansion of Mobile Crisis Response Teams (DCFS) (Washoe, Clark, and Rural Counties).	OSP	DCFS	Mobile Crisis Units throughout State			All
	Continue to develop school-based screening capacity across the state.	OSP	LEAs and Project Aware	Widespread screenings at schools			Children and Youth
	Support development of walk-in crisis centers.	OSP	NAMI	Walk-in crisis centers established			All
Reduce barriers to federal and other funding.	Identify barriers to using electronic health records.	Department Leadership	HHS	Understanding of next steps			System Change
	Provide support for expansion of electronic health records.	Department Leadership	HHS	EHS widely used, enabling access to federal funds available			System Change
Fund programs using state allocations.	Share data, plans, and awareness about suicide in Nevada.	OSP	Coalitions and Partner Agencies	Awareness about suicide and commitment to prevention			System Change

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	Commit additional state funds to support suicide prevention in Nevada.	Governor & Legislature	OSP	Long range sustainability; staff and programming			All
	Seek out additional grant funds to support suicide prevention.	OSP	Office of Grant Procurement, Coordination, and Management	Long range sustainability; staff and programming			All

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RECOMMENDATION 3

<b>Recommendation 3</b> Ensure notification is sent to the Veteran's Health Administration by each Coroner's Office whenever they are aware of a military member or veteran death.							
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions. (NS-11.2)	Establish workgroup to advise on reporting military / veteran deaths.	OSP	VHA	Workgroup charter, membership, and timeline			Veterans
	Work with Coroners' Offices to develop protocols for reporting on veteran suicide deaths.	Workgroup	OSP	Best practices for reporting			Veterans
	Work with county coroners and medical examiners across the state to share protocols.	Workgroup	OSP	Implementation of best practices			Veterans
	Assess challenges and make changes as needed to protocols once established.	Workgroup	OSP	Continuous improvement			Veterans
	Continue development of MOU being developed with VA, Coroner's office / expansion of data use.	VA	OSP	Agreements about data use			Veterans

RECOMMENDATION 4

Recommendation 4: Increase outreach to those affected by decedents' suicide deaths through Coroner's Office staff and others.							
Strategy	Action	Responsibility	Partners	Outcome	Date Due	Date Complete	Target Population
Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions. (NS-11.2)	Survey county coroner's offices and medical examiners across the state to identify what is in place.	OSP	Coroners	Data about existing practices			All
	Convene a workgroup to advise on best practices.	OSP	Survivors, county chapters	Research on needs and issues			All
	Work with CC coroner for fact finding and guidance on script development.	Workgroup	Clark County Coroner	Best practice	Script will be developed to sensitively communicate with families.		All
	Pursue psychological autopsy training.	Workgroup		Best practices implemented			All

<b>Recommendation 4</b>	Increase outreach to those affected by decedents' suicide deaths through Coroner's Office staff and others.						
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	Leverage national model to explore a loss team (to help families after trauma and provide longer term follow up and support); engage survivors in this effort.	OSP	Workgroup	Best practices implemented			All

RECOMMENDATION 5

<b>Recommendation 5</b>	Follow up on contact with mortuaries to increase opportunities for survivor support.						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Develop and sustain public-private partnerships to advance suicide prevention. (NS-1.4)	Form a workgroup of survivors to understand and guide the practices.	OSP	Workgroup	Relevant and appropriate guidance for mortuaries.			All
	Provide training and education for mortuaries on best practices on best practices after loss by suicide.	OSP	Mortuaries	Trained staff that are more confident in best practices.			All

<b>Recommendation 5</b>	Follow up on contact with mortuaries to increase opportunities for survivor support.						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
	Continue to work with (Trauma Intervention Program) TIP on survivor outreach and support.	OSP	TIP	Trauma-Informed Practices			All

RECOMMENDATION 6

<b>Recommendation 6</b>	Develop a relationship with the Board of Pharmacy to facilitate exploration of offering CEUs to pharmacy technicians and pharmacists for taking suicide awareness and prevention courses.						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Develop and sustain public-private partnerships to advance suicide prevention (NS-1.4).	Maintain contact with Board of Pharmacy	OSP	Board of Pharmacy	Effective working relationship			All
	Develop a course application curricula to meet CEU requirements	OSP	Board of Pharmacy	Pharmacists incentive to receive training			All

RECOMMENDATION 7

Recommendation 7 Partner with the Board of Pharmacy, work to implement suicide hotline phone numbers on prescription bottle labels.							
Strategy	Action	Responsibility	Partners	Outcome	Date Due	Date Complete	Target Population
Communicate and collaborate with Committee staff Develop and implement new safety technologies to reduce access to lethal means (NS-6.3)	Committee staff is working to reach out pharmacy board	Committee to Review Suicide Fatalities	Pharmacy Board	Meeting and education on the issue			All
	Explore feasibility and alternatives to labeling	Committee to Review Suicide Fatalities	Pharmacy Board	Reduced access to lethal means			All

WORKING

RECOMMENDATION 8

<b>Recommendation 8</b>	<b>Improve the collection of data pertaining to suicide attempts.</b>						
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions (NS: 11.3)	Continue development and use of syndromic surveillance data.	DPBH	OSP	Timely information to inform prevention and policy.			All
	Complete study to understand feasibility of attempt data. Include issues of privacy; permission to collect and identify opportunities to systematically collect and analyze; data sharing.	OSP	Workgroup	Timely information to inform prevention and policy.			All
	Explore amending legislation to include attempts data collection.	Key champion in legislature	OSP	Data-driven policies aimed at prevention			All
	Amend existing law to include collection of attempt data.	State Government	OSP	Data-driven policies aimed at prevention			All

RECOMMENDATION 9

<b>Recommendation 9</b> Increase outreach to human resources departments of large corporations, other businesses and unions to establish suicide awareness and prevention trainings.							
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Develop and sustain public-private partnerships to advance suicide prevention (NS-1.4).	Reach out to OSHA – DETR that work with high risk industries	OSP	OSHA/DTER	Awareness and Prevention Programs for High Risk Occupations			Adults (Middle Age)
	Explore the state (and local) agencies interface with high risk industries including builders association.	OSHA/DETR	Chambers of Commerce, Associations, etc.	Awareness and Prevention Programs for High Risk Occupations			Adults (Middle Age)
	Shared national framework with organizations and agencies.	OSP	OSHA/DTER, Chambers of Commerce, Associations, etc.	Awareness and Resources at Workplaces			Adults (Middle Age)

WORKING

RECOMMENDATION 10

<b>Recommendation 10</b> Focus on the connections between substance use disorders and suicide prevention.							
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partner</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Integrate suicide prevention into all relevant health care reform efforts.	Participate in Opioid summit and provide input	OSP	SEI	Reduced opioid access			All
	Work with <i>Doors to Recovery</i> with WCSD to connect substance use and suicide prevention	OSP	WCSD	Healthier children and communities			Children / Youth
	Partner with Nevada statewide coalition partnerships existing education to pursue expansion of current trainings to include opioid / suicide prevention	OSP	Substance Abuse Prevention Coalition	Educational communities			All
	Increase outreach to PCPs and encourage dialogue with patients	OSP	Primary Care Associations and Boards	Knowledge and awareness among providers			

RECOMMENDATION 11

<b>Recommendation 11</b> Increase public awareness around Reducing Access to Lethal Means program and expand participation of diverse partners to reduce access to other common but more challenging means.							
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Promote efforts to reduce access to lethal means among individuals with increased suicide risk. (NS-G6)	Expand public awareness campaign to include medication safes.	OSP	CDR	Public awareness regarding medication.			Youth
	Develop funding to support a statewide public awareness campaign (injury prevention focus, (firearms and medication).	State government		Public awareness regarding injury prevention.			Youth
	Partner with Nevada statewide coalition to pursue expansion of current trainings to include opioids and suicide prevention.		Coalition	Expanded knowledge and awareness among community members.			All
	Continue to expand outreach to gun shops and gun shows	OSP		Reduced access to firearms among those at risk of suicide.			All

RECOMMENDATION 12

Recommendation 12							
Reduce stigma in the Hispanic Community through culturally appropriate outreach.							
<u>Strategy</u>	<u>Action</u>	<u>Responsibility</u>	<u>Partners</u>	<u>Outcome</u>	<u>Date Due</u>	<u>Date Complete</u>	<u>Target Population</u>
Develop, implement, and evaluate communication efforts designed to reach defined segments of the population. (NS-2.1)	Obtain / develop culturally appropriate materials.	OSP	National Organizations	Relevant materials			Hispanic/Latino
	Research other communities that are working on this issue.	OSP	National Organizations	Researched strategies for consideration			Hispanic/Latino
	Interview key informants locally to gather information about how to enhance participation	OSP	Local and state personnel	Information about local issues and resources			Hispanic/Latino
	Work with interfaith coalition on improving outreach	OSP	Interfaith Coalition	Connections to existing groups providing culturally relevant services			Hispanic/Latino
	Identify key champions in the community that can help to recruit leaders and trainers.	OSP	Local and state personnel	Advocates from communities that can make the issue visible			Hispanic/Latino

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