



NEW
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Office of
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Suicide Prevention in New York State

New York State (NYS) has earned national recognition for its innovative work in suicide prevention and has one of the lowest (49th of 50) suicide rates in the nation (7.9/100,000).¹ However, New York's suicide rate in recent years (2019-2021) is 30% higher than it was two decades prior and approximately 1,660 New Yorkers die by suicide each year.

New York State Suicide Prevention Plan

In November 2017, New York State launched the Suicide Prevention Task Force, comprised of state and local suicide prevention experts, practitioners, and advocates. Charged with examining current suicide prevention programs and resources, the Task Force published a report in April 2019 entitled, "Communities United for a Suicide Free New York", outlining recommendations to strengthen prevention efforts across the State. The recommendations are organized according to domains parallel to the three pillars of the NYS Suicide Prevention Plan:

1. Strengthen Foundations for Public Health Suicide Prevention Approaches;
2. Build Health System Competencies and Pathways to Care; and
3. Improve Surveillance Methods/Tools and Access to Timely Data.

The [Task Force Report](#) included a foundational principle, the "Infusion of Cultural Competence Throughout Suicide Prevention Activities – Including Special Populations" which underlies the three pillars identified above. The report highlights the need to focus on the unique cultural influences that exist within each community when developing engagement strategies, service delivery methods, and suicide prevention resources. The at-risk populations that were outlined included Latina adolescents, LGBTQ, and veterans. Since the report was published, the Office of Mental Health (OMH) has further explored suicide prevention for rural communities, black youth, and uniformed personnel. OMH partners with individuals representing diverse communities to ensure that strategies are tailored to be implemented in a culturally sensitive manner.

The following sections will describe the NYS OMH Suicide Prevention Plan following the pillars and principles of the Task Force and subsequent ongoing work with State and community partners.

Strategy 1: Strengthen Foundations for Public Health Suicide Prevention Approaches - Prevention Across the Lifespan in Competent, Caring Communities

OMH is helping communities employ a public health approach to coalition building, public awareness, implementing prevention strategies, and tracking progress across the lifespan. The guiding principles for "prevention across the lifespan in competent, caring communities" are:

- Develop, support, and strengthen community coalitions as the "backbone" of local suicide prevention infrastructure
- Create suicide safer school communities
- Utilize postvention as prevention
- Deliver targeted gatekeeper trainings

Efforts to implement these principles include the following processes and programs:

In 2022, OMH began piloting LOSS Teams (Local Outreach to Suicide Survivors) as a postvention model in NYS. Postvention is a series of planned interventions with those affected by suicide in order to facilitate the grieving process, stabilize the environment, reduce the risk of negative behavior and limit the risk of contagion. The LOSS team consists of a licensed mental health professional and a suicide survivor trained to provide assistance at the scene of a suicide through offering support and referrals and intended to buffer the potential severe impact of the trauma. The pilot included funding 3 community coalitions for the two-year program that concluded at the end of 2023. Additional funding is being made available in 2024 for more community suicide prevention coalitions to begin the LOSS team program.

OMH's Suicide Prevention Center of New York (SPCNY) in collaboration with local communities and school districts provides professional development and suicide prevention trainings to school staff and community members.

¹ Andrews, M. (December 11, 2019). Among U.S. States, New York's Suicide Rate Is The Lowest. How's That? Kaiser Health News. <https://khn.org/news/among-u-s-states-new-yorks-suicide-rate-is-the-lowest-hows-that/>

In addition to the trainings referenced in the School-Age Youth section below, the most common community trainings are:

- Applied Suicide Intervention Skills Training (ASIST), a two-day practice-dominated course to help caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide;
- Suicide Alertness For Everyone-Tell Ask Listen Keepsafe (SafeTALK), a half-day alertness training that prepares anyone aged 15 or older, regardless of prior experience or training, to recognize warning signs, effectively communicate with individuals who are thinking about suicide, and connect them with life-saving intervention resources;
- Link to Hope is a gatekeeper training created by OMH in 2023. This training has the flexibility of being offered in-person or virtually and can be customized based on the population of the audience.

Also new in 2021, a training designed for NYS employees (nearly 200,000 individuals) as recommended by the NYS Suicide Prevention Task Force was developed through a partnership with the Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute, Suicide Prevention Implementation and Evaluation (SP-TIE). It has also been made available to local partners as a tool for educating the broader community. The training provides information on how to recognize signs of depression and distress, communicate effectively with individuals who are thinking about suicide, and connect them with life-saving intervention resources. As of March 31, 2024, over 36,000 individuals have taken this training.

The COVID-19 pandemic has highlighted the debilitating effects of isolation across the life span. To support the increasing burden of isolation on the mental health needs of patients in primary care, OMH provided education and training to Collaborative Care Medicaid Program (CCMP) sites on how to utilize social isolation screening and connections planning. This approach, developed by the HOPE (Helping Older People Engage) Lab at the University of Rochester, not only provides a framework for identifying cases where isolation may be contributing to worsening physical and mental health, but also provides clinicians the skills and knowledge needed to work with patients on developing an individualized plan—called a connection plan—for decreasing isolation and loneliness. Action steps may include connecting the patient to community resources such as adult education classes or programs for volunteering. OMH hopes to partner with CCMP sites to examine the use and scalability of connection plans in primary care.

On the other side of the life span, as part of a Substance Abuse and Mental Health Services Administration (SAMHSA) youth suicide prevention grant, SPCNY at OMH is partnering with a mental health technology company to make an evidence-based intervention available to suicidal adolescents admitted to the hospital. The intervention is called Youth Nominated Support Team (YST). With parental permission, the teen selects three to four adults to be on their support team. The YST clinician educates and orients the adults chosen by the youth prior to discharge, sharing details about the teen's diagnosis and treatment plan. For the next 3 months the YST clinician meets with each adult YST member, coaching them on how to support the adolescent. YST has been rigorously evaluated and shown to prevent suicides. It is being piloted in Syracuse.

Strategy 2: Build Health System Competencies- New York State Implementation of Zero Suicide

Developed by the National Action Alliance for Suicide Prevention, the Zero Suicide model depends on successfully re-engineering healthcare systems to identify those in distress and at risk and to deliver timely interventions and monitoring.

OMH has expanded the following efforts to ensure that all communities have the capacity to implement Zero Suicide Initiatives:

- New Yorkers Advancing Suicide Safer Care (NYASSC) is a \$3.5 million SAMHSA grant focused on working with health and behavioral health systems to voluntarily implement the Zero Suicide model. NYASSC also includes:
 - An intensive demonstration project in Onondaga County, working with a network of providers to establish the first regional Zero Suicide safety net.
 - Access to a first of its kind program in the U.S. called the Attempted Suicide Short Intervention Program (ASSIP), a 3-4 session intervention for adults with a recent suicide attempt. In one study of ASSIP, participants had 80% fewer subsequent suicide attempts and spent 72% fewer days in the hospital.
- Garret Lee Smith Grant is a \$3.68 million, SAMHSA funded effort, focused on suicide prevention in youth - including a partnership with the SUNY system and other private universities;
- Workforce training in suicide safer care best practices has already resulted in over 7,000 training views by NYS clinicians in 2020 through CPI;
- NYS Collaborative Care Medicaid Program, in which nearly 350 primary care clinics are enrolled, and where two million New Yorkers were screened for depression and suicide in 2020; and
- [High-Risk Quality Collaborative \(HRQC\) for Emergency Rooms](#) was an OMH-OASAS-DOH partnership effort that has engaged 94 emergency rooms and Comprehensive Psychiatric Emergency Programs (CPEPs) statewide in a voluntary improvement initiative to support identification and management of ER and CPEP patients who have high behavioral health related risk, including suicide.
- In October 2023, joint OMH-DOH guidance was released regarding evaluation and discharge practices for individuals who present with behavioral health conditions within psychiatric inpatient programs, emergency departments and CPEPs. Included in this guidance is a suicide risk assessment using a validated instrument during the initial screening.

OMH's Suicide Prevention Continuing Quality Improvement (CQI) Project (2016-2019) engaged 165 outpatient mental health clinics (serving over 90,000 behavioral health recipients) in implementing best practices in suicide safer care, including universal screening, risk assessment, safety planning, lethal means restriction, and enhanced services and tracking of patients at high risk for suicide following a "suicide care pathway." Participating clinics received training and consultation on clinical and organizational best practices to support suicide safer care. The project was the largest implementation of Zero Suicide in the country and has received federal grant funding to test the impact of two different implementation strategies, with our partners at NYSPI.

Strategy 3: Improve Surveillance Methods/Tools and Access to Timely Data

Gathering and tracking data on trends in suicide rates and related behaviors is critically important to implement a high-quality public health prevention approach. The following principles illustrate the State's approach to enhancing and improving suicide surveillance and using data to guide quality improvement initiatives:

- Enhance and improve suicide surveillance data;
- Disseminate surveillance data to stakeholders in readily usable forms to support quality improvement work;
- Perform in-depth reviews of suicides occurring within the public mental health system; and
- Promote a research agenda that leverages the use of technology and large-scale trials.

The Suicide Prevention Council Data workgroup supported the NYS Department of Health's launch of the New York State Health Connector Suicide and Self-Harm Dashboard² in 2018. The dashboard provides suicide and self-harm injury data collected on deaths from the vital statistics mortality data and hospitalizations and emergency room visits from the NYS Statewide Planning and Research Cooperative (SPARCS) hospital discharge data. The data can be used by local communities to inform prevention efforts and interventions by identifying groups at greater risk, tracking trends, etc. Local suicide prevention coalitions can use this data to inform their planning efforts.

In addition, local demographic profiles were developed by staff at OMH's Nathan Kline Institute, in conjunction with SPCNY, highlighting data such as race, ethnicity, and veteran status. The demographic profiles were provided to communities to inform the development of their suicide prevention planning.

OMH has begun reviewing use of the Crisis Text Line – a 24/hour crisis text support service. Young adults and teenagers prefer to text, and this suicide prevention resource provides a more anonymous way of seeking support in times of need. In 2018, OMH began a “keyword” partnership with Crisis Text Line and has access to real-time Dashboard data for all Crisis Text Line users with a NYS mobile device. Dashboard data provides useful information about the way in which youth from diverse communities access crisis services.

The Suicide Fatality Review (SFR) Grant: “Learning from Loss: Using Suicide Fatality Reviews for Effective Prevention Activities” was awarded to the OMH Suicide Prevention Office in 2019. The purpose of the grant is to support communities in collecting targeted local data that can be used to prevent suicide deaths. Two specific kinds of data or information are collected: 1) with each suicide in a community a medical death investigation is conducted. Investigators attempt to identify risk factors that were present—for example, social isolation, misuse of alcohol or drugs, current mental health issues, financial problems, legal problems, family relationship stress, etc. 2) the other type of data collected comes from what is called a suicide fatality review (SFR).

During the SFR, a multidisciplinary team - typically with representatives from the medical examiner's office, healthcare providers, law enforcement, crisis workers, clergy, and other community partners - shares information about the decedent after obtaining permission from the legal next of kin. The goal is not to understand why the person died by suicide - a question that is difficult to ever answer with certainty - but rather to look for common patterns across all the deaths reviewed. Armed with risk factor data collected by investigators and SFR data, communities can potentially identify areas where lives can be saved. The innovative model being piloted in NYS in 4 counties (Erie, Onondaga, Suffolk, and Westchester) is based on a program successfully implemented in Washington County, Oregon and led to a 40% reduction in the suicide rate. Lessons learned in the NYS pilot will be shared with counties across the state and inform the state's strategic plan for improving our collection of data that can support community level suicide prevention.

988 - More Than Just A Number

In October of 2020, the National Suicide Hotline Designation Act was signed into law, designating 988 as the three-digit crisis line for immediate access to the National Suicide Prevention Lifeline (Lifeline). Launched in July 2022, 988 is a resource that any New Yorker can access 24/7 to be connected to the most appropriate and least restrictive behavioral health crisis care. In its advanced state, 988 will serve as the single point of access for support and connection to the expanded crisis services continuum in New York. 988 crisis counselors receive training in how to interact with special populations, with both a specialized Veterans crisis line and a Spanish language line available.

² NYS Health Connector Suicide and Self-Harm. <https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>

Special Populations and Groups at Risk

As the nation struggles with entrenched inequities, considering a community's unique cultural factors in the development of prevention programs is not just a moral imperative; it's a pragmatic necessity along the path to creating a suicide-free New York. Universal prevention approaches must be tailored to meet the needs of individual target and at-risk groups (see section on Targeted Universalism below). In addition, communities must utilize data to identify the demographics in each community and be sure that treatment and services are delivered in a manner that is consistent with the way in which each population is able to effectively engage with providers.

Black Youth

Given recent data showing black youth's risk for suicide increasing, OMH's SPCNY provided the seed funding for an initiative targeting this group called HAVEN Connect. This program was piloted based on an adaptation of an evidenced based suicide prevention program called Sources of Strength. Researchers applied for and received an AFSP grant to expand the approach in churches across NYS targeting black youth in suicide prevention by shaping norms, including help seeking.

Latina Adolescents

In recognition of the increased number of Latina adolescents who have reported making an attempt to die by suicide when compared to their white peers, OMH has been engaged in a long-term partnership with the New York City Department of Education's Office of Safety and Prevention Partnerships and the city's Office of School Mental Health to bolster school suicide prevention, interventions and postvention training. In addition to providing training, nearly 1,300 suicide designated liaisons - one at each school - received a 3-hour course in suicide prevention, and a crisis team leader was designated in every building. Latino adolescents make up about a quarter of the student population in New York City.

OMH also responded to a request by a community-based partner - Cypress Hills LDC - to assist with meeting suicide prevention needs at Multicultural High School on the Franklin K. Lane Campus in Brooklyn, New York. The campus houses three schools and services a largely low income, Latinx and Black neighborhood, including many undocumented and recently immigrated families. There are high rates of community violence, gang activity, immigration-related trauma, and family separation. Additionally, staff are highly impacted by loss and secondary trauma. Following a needs assessment, the community secured grant funding to begin implementing DBT STEPS A at Multicultural High School (98 percent Hispanic), Brooklyn Lab High School (58 percent Hispanic), and Cypress Hills Collegiate Prep (65 percent Hispanic), which collectively serve more than 1,200 students.

LGBTQ Youth

OMH SPCNY has partnered with several groups, including [The Trevor Project](#), on the creation and dissemination of "A Guide for Suicide Prevention in NY Schools." Additionally, OMH has contracted with a subject matter expert from the University of Maryland to develop and distribute a series of training modules designed to improve competencies of school services personnel working with LGBTQ individuals.

In spring 2024, OMH through its' partners at the Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute, Suicide Prevention Implementation and Evaluation (SP-TIE) published a clinical training module focused on managing suicide risk within LGBTQ+ individuals in care, with the Stanley Brown Safety Planning Intervention adapted for the LGBTQ+ community.

Targeted Universalism

Developed by John A. Powell, Haas Institute Director at the University of California, Berkeley, the Targeted Universalism framework advocates for the advancement of universal goals through the use of targeted strategies. "Targeted universalism is a platform to operationalize programs that move all groups toward the universal policy goal as well as a way of communicating and publicly marketing such programs in an inclusive, bridging manner."³ Applying this approach to county-level suicide prevention in NYS across the three domains--community prevention approach, Zero Suicide in health care settings, and the use of data surveillance--should be done in a culturally informed way by ensuring the strategies utilized address barriers and the unique cultural needs of each community.

Suicide Prevention workgroups focusing on Latina adolescents, veterans, LGBTQ, individuals living in rural communities, black youth, and uniformed personnel have focused on developing and implementing strategies to engage community members in suicide prevention activities, reducing stigma and increasing help seeking behaviors, as well as encouraging providers to explore different methods of treatment delivery in order to better reach at-risk communities. Suicide prevention planning across the state will benefit from the findings and recommendations of these workgroups.

³ Powell, John, Stephen Menendian and Wendy Ake, "Targeted universalism: Policy & Practice." Haas Institute for a Fair and Inclusive Society, University of California, Berkeley, 2019. <https://haas.institute.berkeley.edu/targeteduniversalism>

Veterans, Military, Law Enforcement, Corrections Officers, EMS and Firefighters

As part of the 2020 State of the State, the New York State Office of Mental Health (OMH) began work to increase efforts to combat suicide within certain high-risk populations and “convene a panel of stakeholders and experts at its annual Suicide Prevention Conference to develop and implement strategies for preventing suicide among these special populations.”

While the Covid-19 pandemic led to the postponement of the 2020 suicide prevention conference, in the fall of 2020, OMH's SPCNY created a steering committee comprised of veterans, military, law enforcement, corrections officers, EMS and firefighters, to help prevent suicide in New York State. The steering committee, called Helping Those Who Help Others (HTWHO), convened in 2021 to share resources, develop a series of presentations designed to educate the wider community and inform the work of the committee, highlighting, and recommending strategies for improving overall wellness and prevention.

The HTWHO group hosted nine webinars and developed eight recommendations that are being implemented by sub work groups. Starting in the Fall of 2021 the HTWHO Steering Committee transitioned to meeting biannually, serving as an advisory council as well as be called upon for special focus groups or consultation as needed.

Funds were designated in the 2021-2022 budget for uniformed personnel suicide prevention [targeting veterans, first responders (law enforcement, fire, EMS), and corrections. Utilizing a comprehensive public health framework, this project initially focused on:

Developing a Request for Proposals (RFP) to provide 2-year (1st year planning, 2nd year implementation) grants to 10 recipients from agencies representing the target groups. Those approved grant sites will be asked to assess resiliency and wellness at the member and organizational level, identify gaps, provide basic awareness and resiliency training, and develop a plan for increasing protective factors and ultimately reducing mental health outcomes faced by this cohort. Awards for this RFP were made from 4/4/2022-12/31/2023.

Developing an awareness campaign that can also be adapted at the local level – potentially utilizing community leaders as the spokes people—to positively shape norms. This awareness campaign aims to move beyond stigma fighting to helping individuals working in these professions, their support networks, and the broader public re-frame the way we talk and ultimately think about mental health, suicide and help seeking behaviors.

By partnering with veterans and uniformed personnel groups, this initiative will develop robust and evidence-informed programming aimed at advancing wellness and resiliency at both the individual and group level across the career span. State and local partners will create sustainable models/frameworks that can be implemented at the local level and adapted to address unique professional and/or geographical differences.

School-Age Youth

The focus on suicide prevention for school-aged children has increased during and since the COVID-19 pandemic. OMH has in turn rapidly shifted to offering trainings on a virtual platform as well as in-person. The trainings and technical assistance available to NYS schools varies from basic to in-depth – some of which are outlined below.

In addition, "A Guide for Suicide Prevention in NY Schools"⁴ was developed by the Schools and Youth Workgroup of the Suicide Prevention Council and published in 2019. The guidance document outlines best practices for school districts in NYS, to help protect the health and safety of all students and to guide school districts in developing policies and procedures to prevent, assess the risk of, intervene, and respond to suicidal behavior among youth. It highlights both the universal interventions and resources for meeting the needs of at-risk populations.

- [*Creating Suicide Safety in Schools*](#) training is designed to assist school administrators, school-based mental health and health professionals, school safety staff, and school counselors with planning suicide prevention activities.
- *Suicide Safety for Teachers and School Staff* training is designed to meet the basic needs of school administration, faculty, and staff. Emphasis is on recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff.
- *Helping Students At-Risk for Suicide* training incorporates the process of assessing, intervening, safety planning, and following up when there is concern that a student may be at-risk for suicide. The goals are to improve the competence and confidence of school-based professionals to intervene when suicide risk is identified, and to assist school leaders with developing standardized policies and procedures to support best practices in suicide intervention.
- [*Sources of Strength*](#) is a universal public health-oriented suicide prevention program⁵ developed to utilize the influence of natural adolescent opinion leaders (Peer Leaders) working in partnership with adults, who provide mentoring and guidance. In secondary schools, Peer Leaders nominated by school staff and students are trained in the Sources of Strength curriculum to develop positive coping norms and resources and increase their connections to capable adults. They are trained to conduct activities designed to spread those norms and practices through their naturally occurring social networks, to increase school-wide healthy coping practices and to connect peers to adults, particularly students who are suicidal and/or isolated. The overall objective is to decrease suicidal behavior and, long-term, suicide mortality.

⁴ <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

⁵ Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health*. 2010;100:9 1653-1661.

Reconvening of the Suicide Prevention Task Force

While there has been progress, there is more to do. In spring 2024, the New York State Office of Mental Health reconvened the Suicide Prevention Taskforce to address the ongoing public health crisis of suicide, with a particular focus on the mental health challenges exacerbated by the COVID-19 pandemic. The task force aims to bolster prevention efforts across the state and pay special attention to at-risk populations, including communities of color that have been disproportionately affected by suicide and suicidal ideation.

The task force builds upon the foundational work of the state's 2017 Suicide Prevention Task Force, which delivered its final report in April 2019. The recommendations from the previous report are being revisited and updated to reflect the current landscape, focusing on strengthening public health approaches to suicide prevention, enhancing health system competencies, improving data surveillance methods, and infusing cultural humility throughout all activities.

In total, 31 taskforce members participated in the inaugural meeting, which was conducted on May 1st, 2024. The agency will conduct six additional virtual sessions on a bi-monthly schedule. The discussions underscored the need for an equitable and inclusive suicide prevention plan, highlighting:

- Workforce Issues with Emphasis on Diversity and Inclusivity in Mental Health Services
- Stigma and Community Engagement
- Structural and Systemic Issues
- Availability of and Access to Comprehensive Mental Health Services
- Prevention Strategies in Educational Settings
- Underserved Populations Discussed: Immigrant populations, people of color, rural residents, mothers and individuals with postpartum depression, working aged people, men, construction industry, youth and young adults, and retiring, aging, and older adults

The task force also acknowledged the disparities in care and the impact of social isolation, depression, and anxiety arising from the pandemic. It emphasized the importance of elevating the voices of individuals from at-risk communities to develop tailored recommendations that ensure a more equitable suicide prevention plan.

Later in the year, the Taskforce will issue recommendations that align with the NYS Prevention agenda, as well as the updating of the Suicide Prevention plan.