Utah
Suicide Prevention
Coalition

Utah Suicide Prevention Plan
2017-2021

Goal

The Utah Suicide Prevention Coalition is dedicated to long-term suicide prevention efforts. Our goal is to reduce suicide rates in Utah by 10% by 2021 with the ultimate goal of zero suicides in Utah.

Everyone plays a role in suicide prevention.

Dedication

We dedicate this plan to those whose life has been impacted by suicidal thoughts or feelings and who bravely face each day and choose to hope and continue to live. We also dedicate this plan to survivors who have lost a loved one to suicide and to those professionals, clinicians, first responders, individuals and families who continue to engage in this work of Suicide Prevention.

Preface

I am pleased to share with you Utah's Suicide Prevention Plan, the collaborative work of suicide prevention professionals, researchers, healthcare workers, advocates, survivors, family members and others affected by suicide. Unfortunately, suicide is a leading cause of death in Utah. Each year we lose too many family members, friends and neighbors to suicide; more than breast cancer, motor vehicle accidents, homicide, and many chronic physical health problems.

The purpose of any plan is to lay out long-term and short-term goals detailing the strategies and metrics that will be used to achieve lofty goals. We should measure our efforts, and adjust our plans and strategies accordingly. That's the essence of the continuous quality improvement built into this plan, meant to be a living, changing, working document that adds another important element: hope. Hope will empower individuals, families and communities to do the work laid out in this plan. We must act together now to prevent suicide in Utah.

Prevention works, treatment is effective, and people can and do recover from suicidal thoughts, feelings and behaviors. In fact, 90% of people who attempt suicide do not go on to die by suicide. Together we can make a difference to prevent suicide, provide caring, evidenced based interventions, and foster environments that promote acceptance, healing and recovery. With a problem as complex as suicide, no one solution will be enough. Our health, behavioral health systems, schools and communities need to collectively work together implementing the best practices and data available to achieve our goals.

I invite you to review our plan and find a way to become involved in local or statewide efforts. Some key elements of our plan include:
- Safe and Effective Messaging for Suicide Prevention with Safe Reporting of Suicide
- Increasing Availability and Access to Quality Behavioral and Physical Health Care Including Screening, Evidenced Based Interventions and Safety Planning
- Coping and Problem Solving Skills
- Connectedness to Individuals, Family, Community and Social Institutions
- Reducing Access to Lethal Means
- Support to Survivors of Suicide Loss

I want to thank those who have been instrumental in moving suicide prevention work forward in Utah; those working in the field who help facilitate this process; the many caring and dedicated family members, friends and professionals, whose support is life-altering for so many. I also want to personally thank the brave individuals struggling with suicidal thoughts and encourage them to continue reaching out for hope. As we work together collaboratively to address this problem, we will save lives and reduce the impact suicide has on individuals, families and communities in Utah. Please join us in this movement to prevent suicide in Utah.

Sincerely,
Doug Thomas, LCSW
Director
Utah Division of Substance Abuse and Mental Health

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Introduction

Living in Utah has many advantages including the best snow on Earth and many beautiful national and state parks in which the opportunity for outdoor adventure is almost unlimited. Utah also ranks high in a number of health and happiness related outcomes. In spite of all that Utah has to offer, Utah continually ranks in the top ten states for high suicide rates in the U.S. People in Utah also experience higher rates of associated mood disorders. The Utah Suicide Prevention Coalition is dedicated to better understanding this paradox and implementing prevention, intervention and postvention strategies to decrease suicide and the associated suffering it brings.

Suicide is a major preventable public health problem in Utah and the 8th leading cause of death (2010-2015 inclusive). Every suicide death causes a ripple effect of immeasurable pain to individuals, families, and communities throughout the state. From 2009 to 2015, Utah's age-adjusted suicide rate was 19.9 per 100,000 persons. This is an average of 525 suicide deaths per year. Suicide was the second-leading cause of death for Utahns ages 10 to 39 years old in 2013 and the number one cause of death for youth ages 10-17. Many more people attempt suicide than die by suicide. The most recent data show that 6,039 Utahns were seen in emergency departments (2014) and 2,314 Utahns were hospitalized for self-inflicted injuries including suicide attempts (UDOH Indicator-based Information System for Public Health, 2014). One in fifteen Utah adults report having had serious thoughts of suicide in the past year (SAMHSA National Survey on Drug Use and Health, 2008-2009). According to the Student Health and Risk Prevention Survey, 14.4 % of youth grades 6-12 report seriously considering suicide, 6.7% of Utah youth grades 6-12 students attempted suicide one or more times and 13.9% of students report harming themselves without the intention of dying in the prior year.

While suicide is a leading cause of death and many people report thoughts of suicide, the topic is still largely met with silence and shame. It is critical for all of us to challenge this silence using both research and personal stories of recovery. Everyone plays a role in suicide prevention and it is up to each one of us to help create communities in which people are able to feel safe and supported in disclosing suicide risk, including mental illness and substance use problems. We need to break down the barriers that keep people from accessing care and support for prevention, early intervention and crisis services. As you review this plan, we encourage you to identify how you can implement any of the strategies and help create suicide safer communities.

Data

Data Quality Improvement

Plan

Implementation

Evaluation

Assessment

Capacity
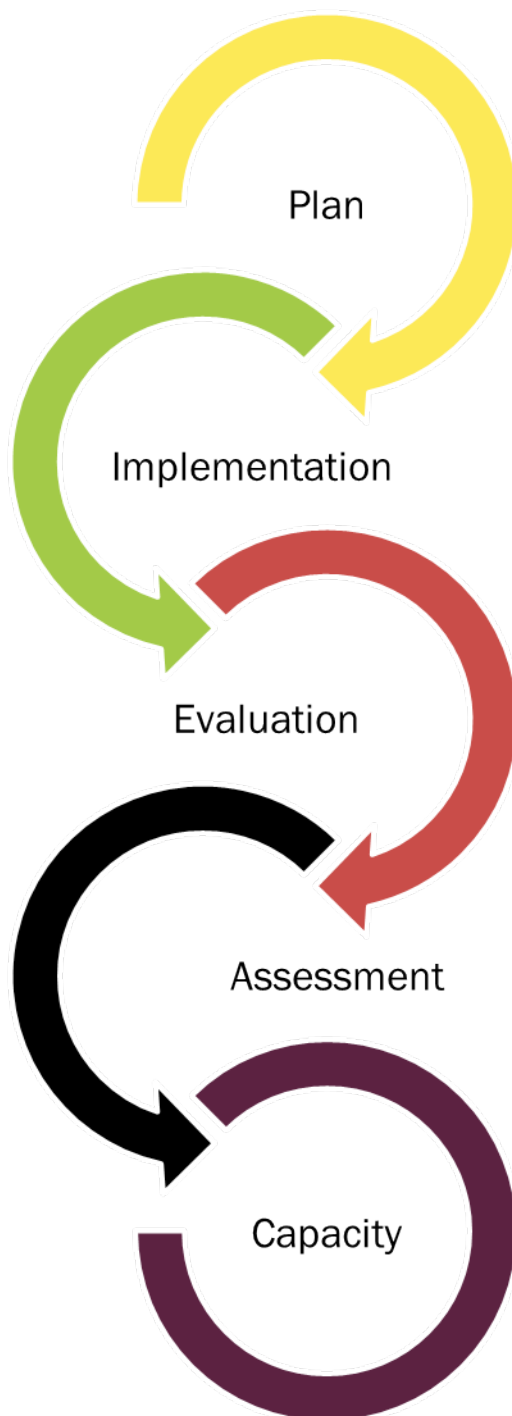
The Utah Suicide Prevention Coalition seeks to continuously improve its prevention strategies and measure proximal and distal outcomes by monitoring Utah data relating to risk and protective factors, suicide deaths, suicide attempts, emergency department visits, hospitalizations, and any other available outcomes. Local community coalitions are strongly encouraged to conduct similar data driven quality improvement, while including the voices of suicide survivors and community stakeholders in their evaluation and improvement efforts.

There are models that help support and guide communities through this data driven process. The Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMSHA) and the Communities That Care (CTC) are complimentary models communities can use. The SPF is a planning process that guides states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. Overall, SPF uses findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. CTC is a coalition-based prevention system that activates community stakeholders to collaborate on the development and implementation of a science-based community prevention system. Activating a coalition of stakeholders holds promise for coordinated, widespread change in preventive services across organizations and agencies in a community.

Intermountain West

The Intermountain West has seven out of ten of the highest rates of suicide in the nation. Utah had the 7th highest suicide rate in the U.S. in 2014, ages 10 years and older. An average of 557 Utahns die from suicide and 4,410 Utahns attempt suicide each year.

**Figure 1: Map of the United States displaying suicide rankings in Intermountain West**
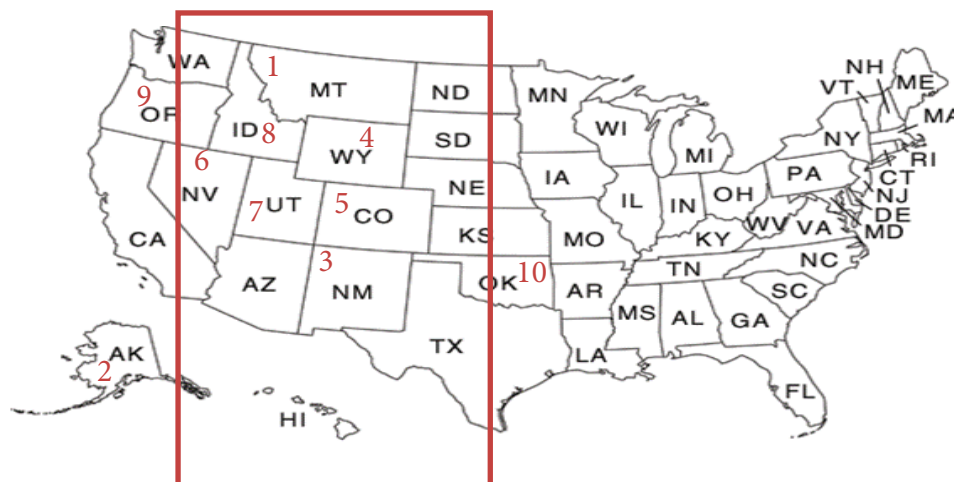
Source: Centers for Disease Control and Prevention

Utah and the US

Utah's suicide rate has been consistently higher than the national rate for more than a decade (Figure 2). On average, two Utahns die as a result of suicide every day and twelve Utahns are treated for suicide attempts every day. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

Figure 2: Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2014
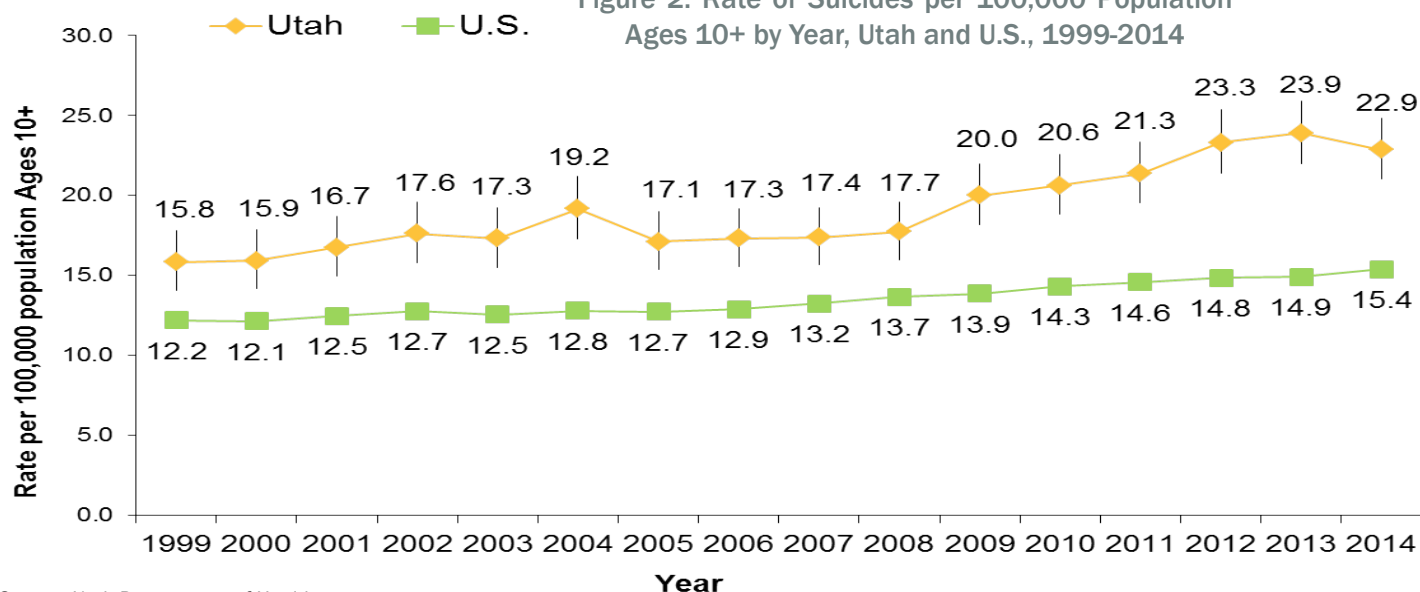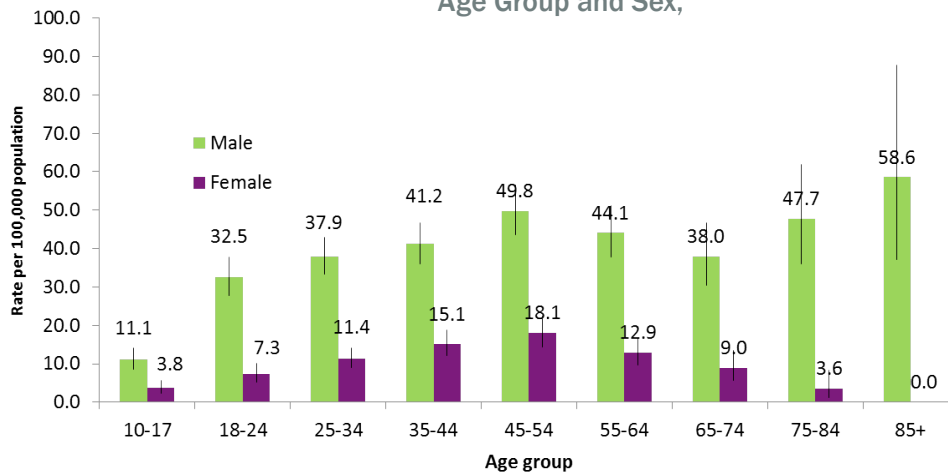

Source: Utah Department of Health

Age and Sex

Overall, Utah males (36.0 per 100,000 population) had a significantly higher suicide rate compared to Utah females (10.6 per 100,000 population) However, Utah females had significantly higher ED visit and hospitalization rates for suicide attempts compared to Utah males. Utah males had significantly higher rates of suicide compared to Utah females in every age group (Figure 3).

Figure 3: Rate of Suicide per 100,000 Population by Age Group and Sex,
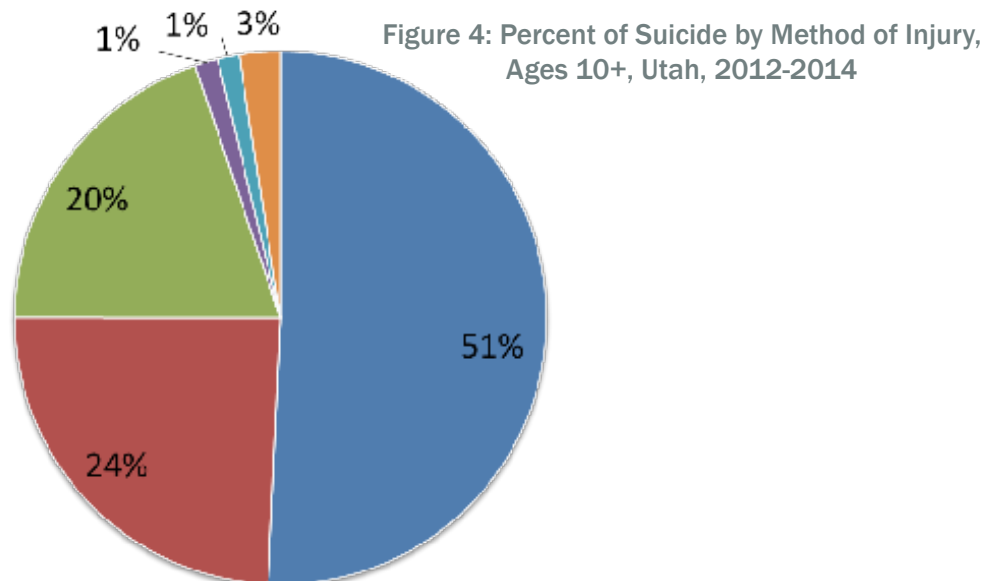
Source: Utah Department of Health

Methods

Use of a firearm was the most common method of suicide deaths for Utahns followed by suffocation, then poisoning.

Figure 4: Percent of Suicide by Method of Injury, Ages 10+, Utah, 2012-2014

Source: Utah Department of Health

Utah Schools

According to estimates from the 2015 Utah Prevention Needs Assessment self-report data, an average classroom of 30 Utah students may have:

Five students who seriously considered attempting suicide in the last year

Four who made a suicide plan in the last year

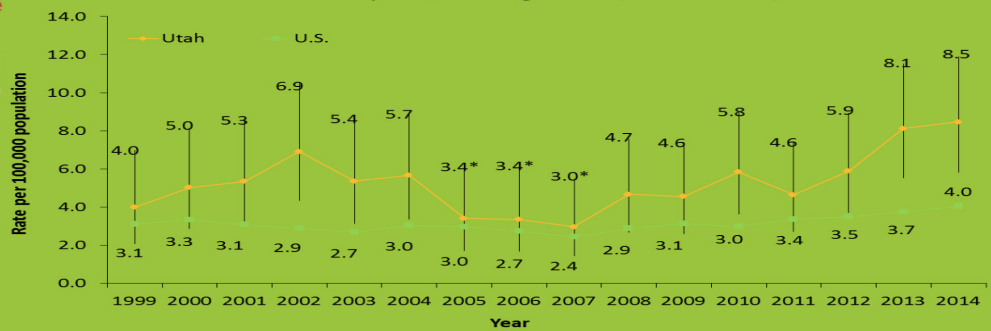2 students who attempted suicide in the last year

Thoughts of suicide?

Utah's youth suicide rate

has been consistently higher than the national rate for more than a decade

Rate Of Suicides by Year, Youth Ages 10-17, Utah and U.S., 1999-2014

Utah | U.S.

Rate per 100,000 population

Year	Utah	U.S.
1999	4.0	3.1
2000	5.0	3.3
2001	5.3	3.1
2002	6.9	2.9
2003	5.4	2.7
2004	5.7	3.0
2005	3.4*	3.0
2006	3.4*	2.7
2007	3.0*	2.4
2008	4.7	2.9
2009	4.6	3.1
2010	5.8	3.0
2011	4.6	3.4
2012	5.9	3.5
2013	8.1	3.7
2014	8.5	4.0

Lifetime Suicide Attempts by Highly Rejected LGBT Young People

Low Rejection   Moderate rejection   High Rejection

Level of Family Rejection

Gay and transgender teens who were highly rejected by their parents and caregivers were more than eight times as likely to attempt suicide compared with gay and transgender teens who were not at all or only rejected a little by their parents and caregivers because of their identify.

Source: Caitlin Ryan, Family Acceptance Project

Social Ecological Model

The Utah Suicide Prevention Coalition is a partnership of community members, suicide survivors, service providers, researchers, and others dedicated to saving lives and advancing suicide prevention efforts in Utah.   The Utah Suicide Prevention Coalition has worked to create and implement the 2013 state plan and this 2017 plan in order to outline effective, evidence based strategies for promoting wellness and preventing suicide and the suffering that accompanies it. The Utah Suicide Prevention Plan addresses suicide from a risk and protective factor model.

Suicide is a complex outcome influenced by individual, family, relational, community, and societal factors. Comprehensive prevention strategies must address the factors that increase risk for suicide and the factors that protect from suicide risk across all of these levels. The social ecological model provides a framework for this understanding. The figure below represents the National Suicide Prevention Strategy. The Utah Plan models the national plan but is not an exact replica.

Protective Factors

Restrictions on lethal means of suicide

Sources of continued care after psychiatric hospitalizations

Supportive relationship with health care providers

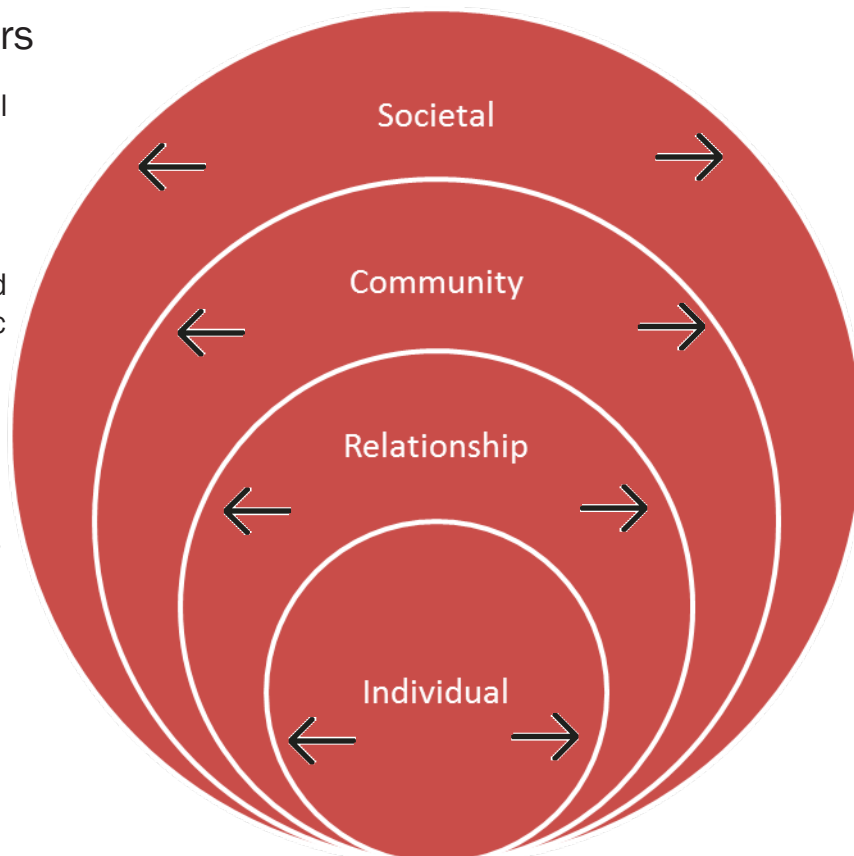Coping and problem solving skills

Risk Factors

Unsafe media portrayals

Few available sources of supportive relationships

Family history of suicide

Substance abuse

Societal

Community

Relationship

Individual

Risk and Protective Factors

The Suicide Prevention Resource Center has highlighted the following as major risk and protective factors for suicide. These factors are addressed throughout the Utah Suicide Prevention Plan:

Protective Factors	Risk Factors
Connectedness	Prior Suicide Attempt(s)
Effective Behavioral Health Care	Mood Disorder
Contact with Caregivers	Substance Abuse
Problem Solving Skills	Access to Lethal Means

As discussed above, risk and protective factors interact in many contexts to influence an individual's level of risk for suicide. Unfortunately, there is limited data available concerning suicide deaths and individuals who experience suicidal behaviors and thoughts, which can make it difficult to identify subgroups in the population with an increased risk for suicide. This plan will address efforts to improve data collection in order to better understand the problem of suicide broadly and in subgroups. The National Action Alliance has provided guidance on groups who have been identified as higher risk for suicide behaviors than the general population. In each of the goals and strategies outlined in the Plan, communities are encouraged to examine their data, get input from local stakeholders and focus implementation on applicable high risk populations. High-risk populations identified include:
- American Indians/Alaskan Natives
- Individuals bereaved by suicide, also known as survivors of suicide loss
- Individuals in justice and welfare settings
- Individuals engaged in non-suicidal self-injury
- Individuals who have attempted suicide
- Individuals with medical conditions
- Individuals with mental and or substance use disorders
- Lesbian, gay, bisexual and transgender (LGBT+) population
- Members of the Armed Forces and Veterans
- Men in midlife and older men
- Individuals with a history of multiple Adverse Childhood Experiences (ACES)

Comprehensive Approach

Reducing risk factors and enhancing protective factors are critical components of any prevention plan. It is not enough to focus on one risk factor, one protective factor, or one of the levels in which risk and protection exist. Efforts must work to address as many factors in as many settings as possible and create a comprehensive approach to suicide prevention. The goal of the Utah Suicide Prevention plan is to create a comprehensive approach and roadmap for suicide prevention in which we reach both a universal population and those with increased risk. The plan aims to follow the comprehensive approach outlined by the Suicide Prevention Resource Center and the 2012 National Strategy for Suicide Prevention.

To further increase the impact of the outlined suicide prevention strategies, the Utah Suicide Prevention Coalition strives to implement evidence-based programs and strategies. An evidence-based program is one that has high evidence of effectiveness that has been proven over time and across multiple replications by independent researchers, preferably in randomized controlled trials. Suicide prevention is a complex and nuanced field, and some interventions or efforts, while well intentioned, may cause more harm than good; particularly if they raise awareness of the problem of suicide without giving adequate resources and skills to build protective factors, or if they lead to suicide contagion by normalizing or glorifying suicide unintentionally. To facilitate the use of evidence-based programs in local Utah communities, the Utah Suicide Prevention Coalition strives to provide opportunities, resources, and training. Fortunately, there are many evidence-based programs and strategies available, some of which can be found here: http://www.sprc.org/resources-programs.

Protective Factors

As mentioned previously, this suicide prevention plan addresses suicide from a risk and protective model. Reducing risk factors and enhancing protective factors are critical components of any prevention plan. Nine protective factors were identifed and are presented in the following pages as a guide for provention. Each protective factor includes goals and corresponding strategies to achieve the goals. The level of the social ecological model (SEM) is also included.

Increase availability and access to quality physical and behavioral health care

Increase social norms supportive of help-seeking and recovery

Reduce access to lethal means

Increase connectedness to individuals, family, community and social instiutions by creating safe and supportive school and community environments

Increase safe media portrayals of suicide and adoption of safe messaging principles

Increase coping and problem solving skills

Increase support to survivors of suicide loss

Increase prevention and early intervention for mental health problems, suicide ideation and behaviors and substance misuse

Increase comprehensive data collection and analysis regarding risk and protective factors for suicide to guide prevention efforts

Level of SEM:

Societal

Community

Interpersonal

Individual

Increase Availability and Access to Quality Physical and Behavioral Health Care

	Level of SEM
Goal 1: Promote the adoption of the 'Zero Suicide' framework by health and behavioral health care providers statewide. Strategies: 1. Engage leadership in a commitment to reduce suicide deaths 2. Develop a confident, competent, and caring workforce (quality training CMEs and CEUs for healthcare professionals) 3. Identify every person at risk for suicide using quality assessments (increase use of the Columbia-Suicide Severity Rating Scale) 4. Suicide Care Management Plan (policies and procedures) 5. Use evidence based treatment to treat suicidal thoughts and behaviors directly (use of the Stanley Brown Safety Plan, Counseling on Access to Lethal Means, Collaborative Assessment and Management of Suicidality, Dialectical Behavioral Therapy, and Cognitive Behavioral Therapy for Suicide Prevention) 6. Support patients through every transitions in care (sources of continued care after psychiatric hospitalization, warm handoffs and caring contacts and follow up procedures during care transitions) 7. Apply data driven quality improvement	
GOAL 2: Expand and strengthen Utah's existing crisis services and follow-up after a crisis Strategies: 1. Promote existing services to increase awareness and utlilization 2: Increase use of areas offering Mobile Crisis Outreach Teams (MCOT), receiving centers and other stepped interventions and services	
GOAL 3: Increase access to physical and behavioral healthcare services Strategies: 1: Increase % of Utahns with health and behavioral health insurance 2: Increase access to services of Utahns who remain uninsured 3: Increase telehealth availability, particularly in rural communities 4: Increase access to psychotropic medication Prescribers / Psychiatrists	
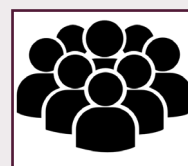
Protective Factors

Increase Social Norms Supportive of Help-seeking and Recovery

	Level of SEM
GOAL 1: Increase awareness of suicide as a preventable public health problem utilizing research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors. Strategies: 1. Annually distribute data and resource flyers to professionals and individuals in Utah which includes suicide data, prevention resources and crisis line numbers 2. Continue to increase Utah capacity for evidence based gatekeeper trainings (such as ASIST, Mental Health First Aid, Question, Persuade, Refer (QPR), etc.) 3. Develop, implement and evaluate communication initiatives that reach the whole or segments of the population to increase help seeking and promote recovery (e.g., Man Therapy, Health Minds Utah, YOUTH Campaign, social media, www.utahsuicideprevention.org)	

Reduce Access to Lethal Means

	Level of SEM
GOAL 1: Provide training to providers (pharmacists, counselors, and physicians) who interact with individuals who may be at risk for suicide on counseling on access to lethal means.	
GOAL 2: Partner with firearm retailers and gun owners to incorporate suicide awareness and prevention as a basic tenet of firearm safety and responsible firearm ownership.	
GOAL 3: Promote and distribute tools/strategies to reduce access to lethal means such as gun locks, safes, and medication lock boxes/bags, etc. Promote existing resources such as drug take back event, rx drop off, and Use Only As Directed campaign.	

Protective Factors

Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School and Community Environments	Level of SEM
GOAL 1: Support primary prevention and early identification of Adverse Childhood Experiences using partnerships with government, healthcare and behavioral healthproviders, schools and non-profits	
GOAL 2: Promotion of child abuse prevention services such as in home intervention and parenting programs (Love and Logic, Strengthening Families, Nurse Family Partnership)	
GOAL 3: Create safe environments for Lesbian, Gay Bisexual, Transgender, and Queer/Questioning (LGBTQ+) youth and young adults including the promotion of research-supported initiatives such as Gay Straight Alliances, the Family Acceptance Project, and the Trevor Project	
GOAL 4: Utilize community coalitions to increase opportunities for prosocial involvement by all community members	
GOAL 5: Promote evidence based training, policies and protocols for first responders to support them in responding to mental health, substance use and suicide related incidences in the community	
GOAL 6: Partner with businesses to implement workplace wellness and suicide prevention/postvention strategies	
GOAL 7: Support USBE and Local Education Authorities in the adoption of evidence based suicide prevention, intervention, and postvention strategies and policies	
GOAL 8: Utilize the existing peer support infrastructure to embed suicide prevention strategies in supporting individuals in recovery	
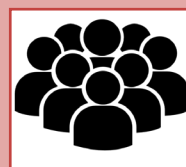
Protective Factors

Increase Safe Media Portrayals of Suicide and Adoption of Safe Messaging

	Level of SEM
Goal1: Increase positive hopeful communications efforts and support safe communication strategies in all media channels.	
GOAL 2: Educate stakeholders and media representatives about safe messaging principles through resources like the National Action Alliance for Suicide Prevention.	
GOAL 3: Use multiple media channels to increase sharing of lived experience stories of recovery from suicide and mental health conditions.	

Increase Coping and Problem Solving Skills

	Level of SEM
GOAL 1: Implement universal and indicated evidence-based health education and social/emotional health programs (such as: DBT STEPS-A, Positive Behavioral interventions and Supports in schools, The Good Behavior Game, Botvin's Life Skills, etc.).	
GOAL 2: Implement and promote evidence-based parenting programs like Guiding Good Choices or Strengthening Families.	

Protective Factors

Increase support to Survivors of Suicide Loss

	Level of SEM
GOAL 1: Increase outreach to survivors of suicide loss through key partnerships to promote awareness of and access to suicide specific grief supports.	
GOAL 2: Improve the quality and quantity of resources available to survivors of suicide loss by providing research-supported training opportunities.	
GOAL 3: Promote and disseminate postvention protocols including but not limited to Connect Suicide Postvention Training, in a variety of settings: workplace, schools, clinical settings, community, and media to promote healing and reduce risk of contagion.	
GOAL 4: Provide support and resources to health and behavioral healthcare providers for when a client under their care dies by suicide.	

Protective Factors

Increase Prevention and Early Intervention for Mental Health Problems, Suicide Ideation and Behavior and Substance Misuse

	Level of SEM
GOAL 1: Increase awareness of suicide as a preventable public health problem using research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors.	
GOAL 2: Develop and sustain public-private partnerships to advance suicide prevention. Strategies: 1. Utah Suicide Prevention Coalition including workgroups as currently constituted: Youth, LGBTQ, First Responders, Community Awareness, Firearm Safety, Workplace, Zero Suicide, Executive Committee 2. The Utah Suicide Prevention Coalition will provide support and technical assistance to community coalitions statewide to improve infrastructure and ability to address suicide prevention in their local communities	
GOAL 3: Continue to increase Utah capacity for evidence based gate-keeper trainings (such as ASIST, Mental Health First Aid and/or Question, Persuade, Refer (QPR)).	
GOAL 4: Promote and support the expansion of school based mental health services, Mobile Crisis Outreach Team, and Family Resource Facilitator Programs in all communities throughout Utah.	
GOAL 5: Promote the implementation of mental health screening and referral in work sites, schools, senior centers, and community settings.	

Protective Factors

Increase Comprehensive Data Collection and Analysis Regarding Risk and Protective Factors for Suicide to Guide Prevention Efforts	
	Level of SEM
GOAL 1: Partner with the Office of the Medical Examiner to increase access to data regarding suicide fatalities.	
GOAL 2: Implement the state level suicide fatality review committee to reduce gaps in services, improve inter-agency collaboration, and reduce barriers to accessing care.	
GOAL 3: Strategize and prioritize methods to collect more comprehensive data regarding LGBTQ persons' risk of suicide ideation and suicide fatality.	
GOAL 4: Increase timely availability of suicide data to key stakeholders involved in prevention efforts.	

Conclusion

We are using these resources

- Evidence-based strategies
- Health data
- State and federal funding
- Existing program resources
- Experience and knowledgeable staff
- Strong state and local partnerships
- Suicide Prevention Coalition

to implement these strategies

- Strengthen policies, systems and environments
- Influence health care systems
- Engage communities
- Enhance surveillance and evaluation systems
- Communicate positive norms through various modalities
- Build capacity for suicide prevention at the local level

to ensure all Utahns

- Have access to physical and behavioral healthcare
- Experience positive social norms
- Restrict access to lethal means when suicide is present
- Are connected to supportive networks
- Hear safe messages from the media
- Have strong coping and problem solving skills
- Receive support after a suicide loss
- Receive care for mental health problems and substance misuse
- Have access to comprehensive and timely data to guide prevention efforts

and ultimately reduce...

suicide rates in Utah by 10% by 2021 with the ultimate goal of zero suicides in Utah.

Resources

- Utah Suicide Prevention Coalition:
  The Utah Suicide Prevention Coalition provides suicide prevention basics; listings of local, state and national resources for those in need; resources for suicide survivors (after a suicide loss) and for after a suicide attempt; information regarding trainings and education the coalition offers; and ManTherapy.
  http://utahsuicideprevention.org/
  https://www.facebook.com/utahsuicideprevention
  www.vimeo.com/utahsuicideprevention
- Youth Resources:
  https://mentalhealthscreening.org/programs
  http://hopesquads.com/
  http://www.sprc.org/resources-programs?type=All&populations=All&settings=All&problem=All&planning=All&strategies=All&state=All
  http://nrepp.samhsa.gov/01_landing.aspx
  http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669
  https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/
- Native American Resources:
  http://www.sprc.org/settings/aian
  https://www.samhsa.gov/tribal-ttac
- Older Adults:
  http://www.sprc.org/populations/older-adults
- Data Resources
  http://www.health.utah.gov/vipp/data/suicide.html
- Mental Health Resources:
  www.namiut.org
  http://hs.utah.gov/overview/treatment/
  www.dsamh.utah.gov
  healthymindsutah.org
  https://findtreatment.samhsa.gov/
  workingminds.org
- Veteran Resources:
  https://www.va.gov/directory/GUIDE/state.asp?STATE=UT&dnum=ALL
  http://www.mentalhealth.va.gov/suicide_prevention/
  http://veterans.utah.edu/

- LGBTQ+ Suicide Prevention Resources
  American Association of Suicidology: LGBT Resource Sheet
  (http://www.suicidology.org/resources/lgbt) and Suicidal Behavior Among
  LGBT Youth LGBT Fact Sheet
  Best Practices in Creating and Delivering LGBT Cultural Competency
  Trainings
  (http://www.cancer-network.org/downloads/best_practices.pdf)
  Celebrating LGBTQ Youth: The Role of Educators and Families
  (http://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1215&context=colleagues)
  Family Acceptance Project General Booklet and Family Acceptance
   Project Latter-day Saint Booklet
  (http://familyproject.sfsu.edu/publications) These family education booklets have
  been designated as a "Best Practice" resource for suicide prevention for
  LGBT people.
  Guidelines for School Based Suicide Prevention Programs (http://
  www.sprc.org/bpr/section-ii/guidelines-school-based-suicide-prevention-programs)
  Suicide Prevention among LGBT Youth: A Workshop for Professionals
  Who Serve Youth (http://www.sprc.org/training-institute/lgbt-youth-workshop)
  Model School District Policy On Suicide Prevention (https://afsp.org/
  our-work/education/model-school-policy-suicide-prevention/)
  Suicide Risk and Prevention for LGBT Youth (http://www.sprc.org/
   library_resources/items/suicide-risk-and-prevention-lesbian-gay-bisexual-and-trans
  gender-youth-1)
  Talking About Suicide and LGBT Populations (AFSP, Trevor, GLSEN,
   GLAAD) (http://glsen.org/article/talking-about-suicide-lgbt-populations)
  Transgender Suicide: Myths, Reality and Help
  (http://www.masstpc.org/pubs/Community_Suicide_Brochure.pdf)
  Trevor LifeGuard Materials (http://www.thetrevorproject.org/pages/lifeguard)
  LGBTQyouth.org
  (http://www.lgbtqyouth.org/resources/lgbtq-youth-suicide/pilot-prevention-project/
  suicide-prevention-resources)

- Safe Messaging Resources:
  http://reportingonsuicide.org/
  http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/
- After an Attempt:
  http://www.utahsuicideprevention.org/after-a-suicide-attempt
  http://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419
  https://afsp.org/find-support/ive-made-attempt/
  https://afsp.org/find-support/my-loved-one-made-attempt/
- Postvention Resources:
  https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/
  http://www.utahsuicideprevention.org/after-a-suicide-loss
  https://afsp.org/find-support/ive-lost-someone/ http://www.theconnectprogram.org/
  http://www.sprc.org/keys-success/safe-messaging-reporting
  https://afsp.org/unsafe-reporting-suicide-can-cost-lives/
  http://www.workingminds.org/index.php/download_file/view_inline/85
  After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances
  > SPRC provides a guide to help community and faith leaders who plan memorial observances and provide support for individuals after the loss of a loved one to suicide.

  After a Suicide: A Toolkit for Schools
  > After a Suicide: A Toolkit for Schools was developed by AFSP and the Suicide Prevention Resource Center to assist schools in the aftermath of a suicide (or other death) in a school community.

  Supporting Survivors of Suicide Loss: A Guide for Funeral Directors
  > This guide can help funeral directors and the funeral services industry serve as they are a vital line of first response to those impacted by the profound   and crippling effects of suicide loss.
- Faith-based Resources:
  https://www.lds.org/preventingsuicide/?lang=eng
  http://actionallianceforsuicideprevention.org/faith-communities

Appendix

Acronyms

- ACE - Adverse Childhood Experiences

- ASIST - Applied Suicide Intervention Skills Training

- CEU - Continuing Education Unit

- CME - Continuing Medical Education

- CTC - Communities That Care

- DBT STEPS-A - Dialectical Behavioral Therapy Skills Training for Emotional Problem Solving for Adolescents

- EBT - Evidence Based Treatment

- IBIS - Indicator-Based Information System for Public Health

- LGBT - Lesbian, Gay, Bisexual, and Transgender Population

- LMHA - Local Mental Health Authorities

- MCOT - Mobile Crisis Outreach Team

- QPR - Question Persuade Refer

- Rx - Prescription

- SAMHSA - Substance Abuse and Mental Health Services Administration

- SEM - Social Ecological Model

- SPF - Strategic Prevention Framework

- SPRC - Suicide Prevention Resource Center

- UDOH - Utah Department of Health

- USBE - Utah State Board of Education