

Washington State
Youth Suicide Prevention Program
**Evaluation of Community Networks
in Eight Washington Counties**

July 28, 2004

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Executive Summary

Suicide is the third leading cause of death among American young people age 10-24, accounting for nearly 12% of all deaths in this age group. In 1995, Washington State addressed this issue by creating a *Youth Suicide Prevention Plan*. The Youth Suicide Prevention Program (YSPP) was established under this Plan with a mission to reduce the incidence of suicide in Washington State. In 2003, the Program Director contracted with the Evaluation Team at the Group Health Community Foundation to conduct an assessment of prevention efforts in selected counties. The assessment sought to identify key factors associated with successful suicide prevention networks and recommendations for improving and sustaining these efforts.

Data were gathered via telephone interviews conducted with 44 representatives from eight Washington counties during the spring of 2004. Counties selected included large and small populations, and an equal mix of “successful” and “less successful” efforts based on the YSPP Director’s knowledge of existing county/community youth suicide prevention networks.

Eighty-eight percent of informants from “successful” counties and 45 percent from “less successful” counties reported the existence of an organized youth suicide prevention effort. Incidents of youth suicide were reported to be a factor in initiating prevention activities in all four “successful” counties and three of the “less successful” counties. Some informants reported efforts began because of a heightened awareness of youth suicide rates in their county.

The length of time that activities have occurred in a county did not appear to be a factor in establishing an organized effort, as both “successful” and “less successful” counties reported activities have occurred for a number of years. However, county size seemed to be somewhat of a factor in that larger counties reported a broader scope of individuals and groups working on this issue.

Both “successful” and “less successful” counties reported a range of activities including training in the community, campaigns in selected schools, school plays related to suicide prevention, annual suicide prevention walks and candlelight vigils, fairs and community events, youth hotlines, screening, crisis intervention, and direct services for youth and families.

Analysis of data from “successful” and “less successful” counties identified 12 key components of a successful youth suicide prevention network. These were:

- Interest and involvement of multiple sectors of the community.
- Core group of people to provide leadership as well as volunteers.
- Buy-in by school administrators, and availability of class time.

- Training for key people needed to maintain the effort.
- Ongoing structure to facilitate communication and collaboration.
- Some level of funding.
- Access to support regarding best practices and +materials.
- Foundation of adequate services in the community.
- A plan with realistic goals and strategies.
- Media focus on suicide prevention.
- Involvement of survivors.
- Commitment of community leaders

Informants from all eight counties were able to identify things they have observed in their communities that indicate success. These included increased awareness and greater comfort in talking about the issue, more events and presentations as well as increased attendance, increased awareness of community resources, more referrals and utilization of the services that are available, and changes in media coverage. At least one informant from each county identified the support they received from YSPP as a key factor that has contributed to the success achieved to date.

Informants from both “successful” and “less successful” communities were optimistic about their prevention activities continuing over the next three years, although some expressed uncertainty about at what level they will continue. Collectively they identified twelve steps or actions that a community can take to begin planning for an organized effort. The specific resources they believe would be essential to support a newly organized effort were:

- Time from school classes for students to participate.
- Allocation of paid staff time.
- Dynamic volunteers.
- Funding for education and materials.
- Access to county and community support services (e.g., crisis teams, mental health services, and counseling).

YSPP has a vital role in communities with current prevention activities as well as new communities just beginning efforts to address this issue. The report provides a number of recommendations for communities and YSPP based on the input of informants and the Evaluation Team’s knowledge of other successful community-based health promotion efforts. Recommendations relate to promoting recognition of the problem, designing programs (*organizing local efforts, conducting assessments, building a multi-channel approach, promoting a range of prevention strategies, building on other efforts, conducting formative evaluation*), engaging key organizations (*soliciting schools as key partners, using student organizations, building relationships with the media, recruiting new partners*), and planning for the long term (*working toward systems change, actively planning for sustainability*).

Washington State Youth Suicide Prevention Program Evaluation of Community Networks In Eight Washington Counties

I. Introduction

Suicide is the third leading cause of death among American young people age 10-24, accounting for nearly 12% of all deaths in this age group.¹ In Washington State, on average, two youth take their own lives every week.² Reducing the number of reported suicide attempts and the overall suicide rate for adolescents are among the 2010 national health objectives. In 1995, Washington State addressed this issue by creating a *Youth Suicide Prevention Plan* with the support of the Department of Health and advocacy of the Washington State Youth Suicide Prevention Committee. The major goals of the Plan were to:

- Reduce youth suicide and suicidal behaviors in Washington.
- Reduce the impact of suicidal behaviors on significant others.
- Improve access and availability of prevention services statewide.

The Washington State Department of Health was charged with the implementation and evaluation of select components of the *Youth Suicide Prevention Plan*. A statewide Youth Suicide Prevention Program (YSPP) was established under this Plan and carried out in partnership with the University of Washington School of Nursing. The YSPP mission is to reduce the incidence of suicide in Washington State. It does this through four major prevention approaches: a) training for parents and people working in close, frequent contact with youth; b) a public education campaign to enhance Washington citizens' understanding of appropriate prevention steps; c) school-based suicide education campaigns; and d) assisting schools in developing crisis plans and crisis team enhancements to improve existing crisis services statewide for responding to suicidal youth. In addition to these approaches, YSPP offers direct support and technical assistance to communities to become actively engaged in youth suicide prevention.

In the fall of 2003, the YSPP Director began discussion with the Evaluation Team at the Group Health Community Foundation to plan an assessment of prevention efforts in selected counties and communities around the state. The goal of the evaluation was to identify recommendations for improving and sustaining successful suicide prevention networks in communities.

¹ Morbidity and Mortality Weekly Report, Centers for Disease Control, Vol 53, No. 22, June 11, 2004.
<http://www.cdc.gov/mmwr/PDF/wk/mm5322.pdf>

² Youth Suicide Prevention Program – www.yspp.org

II. Evaluation Design

The scope of the evaluation included an assessment of the nature of youth suicide prevention networks and activities in eight Washington counties. The key questions the evaluation sought to answer were:

1. What key factors are associated with the establishment of a successful suicide prevention network?
2. What are the key components of a successful network?
3. What recommendations can be made for improving and sustaining a successful suicide prevention network?

A. County Selection

Eight study counties were selected based on combined completed suicide and non-fatal suicidal behavior rates among 10-24 year olds and county population size (see **Attachment A**). Counties selected for the study included a mix of higher and lower incidences of youth suicide, large (>200,000 population) and small (<200,000 population) counties, and “successful” and “less successful” county/community youth suicide prevention networks.³ **Table 1** shows the counties selected for the study based on these characteristics.

Table 1
Counties by Success Level, Incidence, and Population Size⁴

Success Level - Incidence	Large County (>200,000 pop.)	Small County (<200,000 pop.)
Successful - <i>Higher Incidence</i>	<ul style="list-style-type: none">• Kitsap• Spokane	<ul style="list-style-type: none">• Cowlitz
Successful - <i>Lower Incidence</i>	<ul style="list-style-type: none">• Clark	
Less Successful - <i>Higher Incidence</i>	<ul style="list-style-type: none">• Yakima• Pierce	<ul style="list-style-type: none">• Benton• Skagit

B. Key Informant Sample Selection

The state YSPD Director provided the Evaluation Team with an initial list of contacts in each selected county representing public health departments, Educational Service Districts (ESD), mental health, drug and alcohol programs, county coroners, human services agencies, clergy, emergency medical services (EMS)/law enforcement, health care, and suicide survivors. Key informants were selected to represent both county-level and community-level perspectives. Each person was contacted for a telephone interview and asked for the names of additional representatives (snowball sampling) who were knowledgeable of the youth suicide prevention

³ “Successful” and “less successful” determinations were made based on the Youth Suicide Prevention Program Director’s knowledge of existing county/community networks.

⁴ 2000 US Census data.

activities and could serve as key informants from their county or community. **Table 2** shows the distribution of the interviews conducted by county and sector represented.

Table 2
Number of Completed Interviews by County and Sector
(Counts)

County	County/Community Sector											TOT
	Health Dept.	ESD	Mental Health	Drug/Alcohol	Coroner	Human Services	School	Clergy	EMS/Law Enforce	Health Care	Survivor	
Successful												
• Kitsap	1	1	1		1		1			1	1	7
• Spokane	1	1	2	1			1			1	*	7
• Cowlitz			1	1			1				1	4
• Clark	1		*			1	1	1		1	1	6
Less Successful												
• Yakima		1	1	*			1				1	4
• Pierce	1	1	1	1			1				1	6
• Benton	1		1		1	1	1	1			1	7
• Skagit		1	1				1					3
TOTAL	5	5	8	3	2	2	8	2		3	6	44

* Individuals interviewed under other sectors also represented this sector.

C. Methodology

Key informants were interviewed by telephone in the spring of 2004 using a standardized interview protocol (**Attachment B**). Each interview took approximately 30-40 minutes. The initial interview question asked informants whether the county/community currently has an organized effort aimed at youth suicide prevention (i.e., a “network” or group of individuals or agencies that are working together on this issue). Based on the response to this initial question, the informant was asked additional questions regarding the network; or in the absence of a network, youth suicide prevention activities that have occurred in the county or community in the past three years.

III. Findings

A. Presence of an Organized Effort

A total of 44 interviews were completed with representatives from the eight Washington counties. **Table 3** shows the number of key informants interviewed in each county by their response to the initial question—“Does (*community/county*) have any type of organized effort aimed at youth suicide prevention?” Eighty-eight percent of informants from “successful” counties and 45 percent from “less successful” counties reported the existence of an organized effort.

Table 3
Number of Interviews by County and Response to Initial Question
 (Counts)

County	n=	Organized Effort?	
		Yes	No
Successful			
• Kitsap	7	7	
• Spokane	7	6	1
• Cowlitz	4	3	1
• Clark	6	5	1
Subtotal (%)	24	21 (88%)	3 (13%)
Less Successful			
• Yakima	4	2	2
• Pierce	6	2	4
• Benton	7	2	5
• Skagit	3	3	
Subtotal (%)	20	9 (45%)	11 (55%)

Three informants from “successful” counties (one each from Spokane, Cowlitz, and Clark) responded that their community/county does not have an organized effort aimed at youth suicide prevention. However, all three reported that some youth suicide prevention activities have occurred in their area during the past three years. Two of the three informants indicated they believe it is “very important” to have a coordinated effort, but also believe interest levels in youth suicide prevention are generally not high. One person stated, *“The reason there has been little interest in addressing this issue is because it is a very hard topic for adults to talk about and they still believe that if you talk about it that it will come true. Many still believe in that old myth...we are trying to break that cycle.”* One informant reported that teachers, as key players, are aware of how many suicides and suicide attempts occur each year; however, none of the three informants identified others in their area likely to be aware of local suicide statistics. One person stated, *“There is not a big suicide problem in [our county], but if an attempted or completed suicide does occur then the schools really jump on it.”* Another indicated that s/he does not see increased awareness, saying, *“I speak to service groups all over the state, and they are always surprised when I give them the numbers about youth suicide.”*

<p><i>“I speak to service groups all over the state, and they are always surprised when I give them the numbers about youth suicide.”</i></p>

Similar responses occurred in “less successful” counties. Ten of the 11 informants from these four counties that reported “no organized effort” stated that some youth suicide prevention activities have occurred in their area during the past three years (Yakima n=2, Pierce n=4, and Benton n=4). One informant from Benton County said there is little interest, *“because no one has taken the lead and the people in the community don’t think it seems to be a problem.”* In Yakima and Pierce Counties, informants did not believe that key people who might play a role are aware of how many youth suicide attempts have occurred in the past five years—and if any are aware,

the statistics are not widely disseminated. One person said, *“Individually, [they] may have an idea because of their contacts with families, but they work in isolation because youth suicide is still a taboo subject. Often, public officials will try to spare the family notoriety by changing the reason for death on the records or, at least in the obituary.”* The people thought most likely to have some awareness of youth suicide rates are the public health department, school counselors and intervention specialists, and mental health agencies. In contrast to the other “less successful” counties, informants from Benton County that reported “no organized effort” felt there was a general awareness. One person said, *“Yes, people are aware of how many suicides have occurred in their community, but only talk about it when an attempted or completed suicide occurs.”*

“Yes, people are aware of how many suicides have occurred in their community, but only talk about it when an attempted or completed suicide occurs.”

Most informants from “less successful” counties that reported “no organized effort” nonetheless expressed the opinion that it is “very important” to have a coordinated effort. One person said, *“The biggest concern is that adults do not want to talk about the 2 S’s—sex and suicide. The kids know what is going on with their peers. A coordinated effort would help kids know where to turn.”* Consistent leadership and resource issues were cited as factors in why there is not a sustained, organized effort. A person from Pierce County reported, *“When an individual takes responsibility for a program and then goes away, no one steps up to take on that responsibility.”* Another person from Pierce County said that *“If [YSPP] had more staff, we’d welcome them to come and work with our communities. Many human service programs exist out of dedicated funding, and often suicide prevention doesn’t fit.”* A Yakima informant reported that for years there was an active program with gatekeeper training and seminars, but the funding is no longer available and most activity has stopped.⁵ Mental Health Center staff used to conduct classes in the three-county area; and although the enthusiasm is still there, activities are now mostly focused inside the Center. None of the informants from “less successful” counties that reported “no organized effort” were aware of individuals or organizations currently ready to take some action in this prevention area.

“The biggest concern is that adults do not want to talk about the 2 S’s—sex and suicide....”

B. Key Factors in Establishing a Successful Network

Factors that appeared to be the most critical in establishing and sustaining a successful network were a) identifying a core group of committed individuals and organizations willing to take an active role over the long-term, b) receiving information and training to provide a framework for planning for action, c) creating some form of structure to provide cohesion and oversight of activities, and d) having access to means of disseminating information. Another factor mentioned frequently by informants was access to resource and support at the state level (i.e., provided by YSPP).

Conversely, informants pointed out there are a number of factors that must be overcome in order to establish a successful effort. Comments from representatives of both “successful” and “less

⁵ Gatekeepers are professionals who work with risk groups like crisis workers, school personnel, clergy, physicians, and police officers.

successful” counties identified five major areas of concern that communities or schools have when thinking about putting together a coordinated youth suicide prevention effort—

- Fear that if they talk about this issue that kids will act out their suicidal thoughts.
- The stigma of admitting there is a problem. An informant said, *“If you ask them, 99% of school administrators will say they don’t have a problem at their school. Some refuse to meet with us for that reason.”*
- Competition with other priorities. One informant said, *“One answer is the infrequency with which youth suicide occurs, given all the other issues involving youth.”* Another said, *“The statistics aren’t there. There are bigger problems to work on.”*
- Time—finding people who have time available to dedicate to this effort.
- Resources. A person said, *“We have identified useful strategies but it is difficult to get resources. It is not high on the radar of those who control the resources.”*

Incidents of youth suicide were a factor in initiating prevention activities in all four “successful” counties and three of the “less successful” counties. Only Yakima County did not cite specific incidents of youth suicide as the catalyst for action in their county. The length of time that activities have occurred was similar in “successful” and “less successful” counties; however, larger counties reported a broader scope of individuals and groups working on this issue. Both “successful” and “less successful” counties reported a range of activities occurring in their areas, as well as a number of changes that have taken place.

Youth Suicide Incidents as a Catalyst

All informants from Clark County and nearly all from Kitsap County reported that the organized effort in their area began as the result of one or more suicides among school-aged teens. Only two informants from Spokane County and two from Cowlitz County specifically cited youth suicide incidents as the impetus for action; however, this seems to have been a factor in all four “successful” counties. Others said the effort began because of an awareness of youth suicide rates in their county and because people were comfortable, ready, and willing to start talking about the issue.

Some informants from three of the “less successful” counties indicated that activities in their counties began as a result of suicide incidents. A survivor support group began in Pierce County as a result of an adult suicide. In Skagit County, the community response came as a result of several suicides in neighboring Whatcom County—meetings that began in Whatcom spread to Skagit County. Skagit County informants also reported that in addition to the influence of events in Whatcom County, a Child Welfare League study of mental health hospitalization rates in the county raised awareness and helped mobilize people. This was followed by a plan of action developed by Compass Health, which funds the coordinator position for the Children’s Crisis Team. A person from Benton County reported becoming aware of the statistics related to youth suicide when working on a graduate degree, but his involvement became more urgent a year ago when a member of his church’s youth group committed suicide. Informants from Yakima County did not cite specific incidents of suicide as the catalyst, but rather said the effort began because of the involvement of YSPP and the department of health sponsored LivingWorks training, which provided information and statistics on adolescent suicide.

Duration and County Size

The length of time that youth suicide prevention activities have occurred in a county did not appear to be a factor in establishing a successful, coordinated effort. “Successful” counties reported that activities began at least four years ago, with activities in three of the counties beginning as early as 1995. Similarly, youth suicide prevention activities in “less successful” counties began three to five years ago, although efforts in Yakima county began as early as seven years ago and one pastor reported beginning to work on this issue eight years ago through her youth ministry.

County size seemed to be somewhat of a factor in the establishment of a successful youth suicide prevention network in that larger counties reported a broader scope of individuals and groups working on this issue. All three larger “successful” counties (Kitsap, Spokane, and Clark) reported more than one group or organization including a mix of school sponsored, health department sponsored, volunteer groups, and private organizations. [Kitsap—Kitsap Life is Valuable (LIV), Suicide Prevention Task Force,⁶ Youth Suicide Prevention Club that meets weekly at Central Kitsap High School, and prevention efforts at a local airbase; Spokane—Spokane Suicide Prevention Coalition,⁷ and SMILE (Students Mastering Important Life-skills and Education);⁸ Clark—Clark County Youth Suicide Prevention Task Force and Teen Suicide Prevention Program⁹]. Both larger “less successful” counties (Pierce and Yakima) also reported more than one group, including survivors’ groups, are involved. [Pierce—Pierce County school based programs, a suicide survivors group, and a program at Mary Bridge Hospital; Yakima—Yakima County Comprehensive Mental Health Center’s Northwest Associates’ school education and crisis line, Students Sharing Solutions¹⁰, and a survivors of suicide group for adults and youth]. The smaller counties (Cowlitz, Skagit, Benton) reported activities primarily within schools; however, Skagit County also reported involvement of the Children’s Crisis Team and Benton County reported a church sponsored program working with high school age students.

Activities

Both “successful” and “less successful” counties reported a range of activities (see **Attachment C**). Activities included training in the community, campaigns in selected schools, school plays related to suicide prevention, annual suicide prevention walks and candlelight vigils, fairs and community events, youth hotlines, screening, crisis intervention, and direct services for youth and families. In the “successful” counties, most formal groups reported that some of their activities reach countywide, while others occur in a defined geographic area or specific communities within their county. For instance, Kitsap LIV focuses on North Kitsap County, meeting mainly with parents and school counselors. In Spokane County activities occur primarily in the city of Spokane, but also reach some rural areas of the county. Informants from the “less successful” counties of Pierce, Yakima and Skagit indicated that at least some youth suicide prevention services and activities reach pretty much countywide. Activities in Benton County are reported to primarily occur in the Tri-Cities area. **Table 4** on page 11 shows the

⁶ Kitsap Suicide Prevention Task Force is made up of survivors.

⁷ The Spokane Suicide Prevention Coalition is under the auspices of the Spokane City Health Department Injury Prevention Team. The Coalition does not focus entirely on youth, but supports youth prevention programs.

⁸ SMILE is a non-profit organization begun by a Spokane mother following the suicide of her son.

⁹ A private non-profit youth suicide prevention program providing educational services.

¹⁰ Students from various high schools who do presentations on suicide prevention in the community each year.

responses by county when informants were asked, “Which of the following types of activities have occurred in (*county/community*) during the past three years as part of the coordinated effort?”

Evolution of a Network

Successful networks do not spring up overnight; rather they result from a series of incremental steps. It is a dynamic process, and efforts may assume different forms or go through different cycles of intensity before becoming a stable, integrated community program. Successful counties reported several changes that have occurred in efforts over time as their network has evolved. Spokane County informants reported that the effort is now more focused because of the efforts of a designated county prevention coordinator, and it has become more structured and consistent. While some programs were started but “faded away” when funding ran out and some organizations are no longer involved, others have incorporated youth suicide prevention into their ongoing activities. In Kitsap County the LIV group has grown, more community residents are involved and spreading the word, and in-class curricula are being developed to counter the difficulty of getting students out of class to attend assemblies. Although the structure in Cowlitz County has remained relatively the same, the effort has grown in terms of the degree of effort put into spreading the word about youth suicide. And, while the strategies of the youth suicide prevention implementation team in Clark County have not changed, many of the activities are different. The county task force focus has expanded to include broader topics that apply to youth (e.g., the spring festival that celebrates the strength of youth and provided informational booths on a range of topics such as depression and relationships), and it is reported that things have run more smoothly with the addition of a program coordinator.

Changes also were reported in the “less successful” counties, indicating that steps are being taken to add or expand activities. In Pierce County, a prevention program was originally done only in “*classes whose teachers would have us,*” but the program has now expanded to include presentations for all 7th and 9th graders. Natural Helpers group members were the original student presenters, but the program has been opened up to other student volunteers. Yakima informants reported their effort is more organized and a curriculum has been developed and added to the program. A church-based program in Benton County has placed more focus on developing adult relationships with teens as a way of preventing suicide with church members volunteering to mentor teens. And, in Skagit County more trainings are being offered and there is more willingness of people to work with various community resources....” *more working together and more willingness on the part of schools, police, and mental health agencies to call in the crisis team.*” One Skagit County informant stated that it is now an open and comfortable topic in the schools.

Table 4
Youth Suicide Prevention Activities by County
 (Counts)

Which of the following types of activities have occurred in (county/community) during the past three years as part of the coordinated effort? [Question asked only of informants that responded “yes” to the initial question—“Does (community/county) have any type of organized effort aimed at youth suicide prevention?”]

Type of Activity	Successful (N=18 respondents)				Less Successful (N=9 respondents)			
	Yes	Some	No	Unknown	Yes	Some	No	Unknown
a) Informal networking	16	1	0	1	9	0	0	0
b) Needs assessment	11	0	3	4	4	0	5	0
c) Media campaign or other type of public education about youth suicide	11	2	3	2	4	0	5	0
d) Teen education	16	0	1	1	8	0	1	0
e) Gatekeeper training/professional education	15	0	1	2	8	0	1	0
f) Outreach, screening, and resource referrals	14	1	3	0	8	0	1	0
g) Crisis teams or support for youth and families	15	0	2	1	7	0	2	0
h) Other professional services	7	0	8	3	5	0	4	0
i) Evaluation of the effort	10	1	2	5	6	0	2	1
TOTAL	115	5	23	19	59	0	21	1
%	71%	3%	14%	12%	73%		26%	1%
				162=100%				81=100%

C. Key Components of a Successful Network

Analysis of data from “successful” and “less successful” counties identified 12 key components of a successful youth suicide prevention network. These were:

- Interest and involvement of multiple sectors of the community.
 - Core group of people to provide leadership as well as volunteers.
 - Buy-in by school administrators, and availability of class time.
 - Training for key people needed to maintain the effort.
 - Ongoing structure to facilitate communication and collaboration.
 - Some level of funding.
 - Access to support regarding best practices and materials.
 - Foundation of adequate services in the community.
 - A plan with realistic goals and strategies.
 - Media focus on suicide prevention.
 - Involvement of survivors.
 - Commitment of community leaders.

Key Components

The following summarizes key findings and informant comments related to each of the twelve key components of a successful network.

1. Interest and involvement of multiple sectors of the community

Many informants commented on the benefits of having the participation of a broad range of community stakeholders. The individuals and groups (agencies, organizations) mentioned as potential partners were the health department, community officials, schools, mental health agencies, drug/alcohol agencies, health care providers, community organizations, emergency services, law enforcement, churches, and community residents. Different stakeholders will assume different roles in the effort and, as the study counties demonstrated, there may be multiple task forces or prevention programs that are addressing the issue. Bringing a broad range of stakeholders together in “partnership” can be a challenge. One informant commented, *“One of the barriers is how the different stakeholders think about causes and prevention—there are definition issues and systems issues, i.e. among the schools, mental health agencies, and the military. These can be overcome, however.”*

Differences were noted in the number and type of stakeholders involved—both between the “successful” and “less successful” counties, and between large and small counties.

Successful Counties:

- Each of the three large counties (Kitsap, Spokane, Clark) reported a long list of “partners” that serve different but vital roles in their efforts. Partners mentioned by all three counties were public health departments, schools, and mental health providers. At least two counties included EMS/Fire and Rescue, Drug/Alcohol providers, community organizations (e.g., Neighborhood Association, Youth Family Advocates, North Kitsap KIDS), health systems or hospitals, and interested community members as partners.

Others mentioned were church/faith representatives, university representatives, community services, and the Human Services Council. One county is working actively to develop a long-term relationship with Native American tribes.

- In the smaller county (Cowlitz) the primary partners are the neighboring school districts. Others mentioned that have played a role in the effort are Lower Columbia Mental Health, Lower Columbia College, and the Longview Junior Service League.
- Counties varied in their reports of the partners that have taken the most active roles. In some instances it has been the schools or health department, while in others informants identified mental health providers, community services, and survivors.
- Informants expressed a desire for more participation by church/faith representatives and law enforcement. In one county law enforcement representatives irregularly attend meetings and participate in the listserv. In another county law enforcement/EMS personnel are being trained in mental health issues, but are not actively involved in youth suicide prevention. The majority of informants reported that they would like new members and that word is spread through their activities and word of mouth, but most are not actively recruiting new partners.

Less Successful Counties:

- These four counties reported a more narrow range of partners than “successful” counties. Community sectors most commonly involved are the schools, health departments, mental health agencies, and community service agencies (e.g., at-risk youth agency, Lutheran Family Services, Youth and Family Services, Catholic Family and Child Services). Other representatives listed by only one county each were church/faith representative, drug and alcohol services, a health clinic, and a survivor group.
- The roles reported ranged from active engagement in activities (particularly by some schools/ESDs and mental health agencies) such as running support groups for youth and providing youth/community education; to less active roles such as attendance at community awareness meetings, participation in walks, including suicide prevention resources on resource lists, and providing or responding to referrals. No involvement by EMS/law enforcement was reported beyond their role as a responder when suicide or suicide behavior occurs.
- The two larger counties (Pierce, Yakima) reported there are no current activities to recruit new partners, while recruitment is occurring in the two smaller counties. Skagit County reported that seeking new partners is an ongoing activity with mailings sent out on a regular basis with an open invitation to anyone interested in the topic; and Benton County reported continuing to try to recruit schools, public health representatives, parents, and church members.

2. Core group of people to provide leadership who are committed to the issue and will stay involved, as well as volunteers

Continuity of leadership was noted as an important factor, including a consistent person who is in a position to champion the effort with a range of stakeholders—“*Someone with influence willing to take the initiative to make it a priority and make it happen.*” Informants also pointed out the importance of having designated staff (e.g., within the schools, key agencies) with suicide prevention part of their job description that can provide coordination and promote sustainability. Informants from two of the larger “successful” counties stated their

efforts have become more focused and have run more smoothly with the addition of a designated program coordinator

Successful Counties:

In the “successful” counties, leadership is provided by a variety of individuals including people in paid positions such as mental health providers, health department staff (e.g., substance abuse coordinator, youth suicide prevention coordinator), school counselors, and crisis team managers. In some instances survivors and volunteers serve as organization presidents or in other leadership roles, and some students participate as leaders.

Less Successful Counties:

In the “less successful” counties, individuals identified as providing leadership included a school counselor, a youth pastor, ESD staff, mental health agency staff, and a community organizer through his work with YSP.

3. Buy-in by school administrators, an active role by the school district, and availability of class time for prevention activities in the schools

Among the interventions outlined by Surgeon General David Satcher in his “*Call To Action To Prevent Suicide, 1999*” was to develop and implement safe and effective programs in educational settings for youth that address adolescent distress, crisis intervention, and incorporate peer support for seeking help.¹¹ Many informants cited having the buy-in of school administrators and access to students in the school setting as a critical factor. In order for efforts in schools to be most successful, suicide prevention activities should be an ongoing part of the curriculum and/or school events, and include resources to follow-up and provide support and referrals for students at risk. All eight counties reported some level of prevention activities in the schools, although gaining school involvement has been a challenge in most counties. One county tries to meet this challenge by referring school officials to other schools where suicide prevention presentations have been done, and sends schools the materials ahead of time. The importance of directly educating youth was pointed out by one informant who said, “*Kids still don’t report right away, although they do so eventually. And when they do, we have a common language to discuss the importance of reporting.*” And, a person from Spokane County reported, “*At schools where they have the program kids know what to say, and are confident in knowing what to do.*”

“At schools where they have the program kids know what to say, and are confident in knowing what to do.”

Successful Counties:

- A person from Kitsap County said, “*Our biggest challenge has been developing a relationship with [group] and some of the school districts; it has taken a lot of persistence to build trust and to teach them that this topic isn’t so taboo to talk about.*” However, informants reported an active program in the Kitsap schools with expansion into junior high and middle schools and the addition of five more schools in the past year.

¹¹ On July 28, 1999, Surgeon General David Satcher hosted a press conference at which he unveiled a blueprint to prevent suicide in the United States. The document, entitled *The Surgeon General's Call To Action To Prevent Suicide*, outlines more than a dozen steps that can be taken by individuals, communities, organizations, and policymakers. <http://www.surgeongeneral.gov/library/calltoaction/default.htm>

Each school now has a crisis response plan with current information, names, and contact numbers.

- Spokane County reported many youth suicide prevention activities that are conducted throughout the year with junior and high school students. The nature of each activity is to create awareness, teach students the signs and symptoms to look for, and empower the student with knowledge and education about where to turn for help. But, one Spokane County informant reported, *“It is hard to get [schools] involved. There is so much emphasis on formal learning that it is hard to get them to do anything extra. We have made some connections with some of them through YSSP.”* Another said, *“We are being relentless in contacting people to get youth involved and to get into the schools.”* There is currently a youth advisory group that provides guidance for the program, and a new curriculum has been prepared for presentation to high school and college journalism classes in some Spokane schools this year.
- Clark County also reported a challenge getting school buy-in and doing implementation in the schools. One informant said, *“The resistance comes mainly from school boards. We work with the schools that welcome us, and hope that their example will bring the others along.”* The county has partnered with the University of Washington in its CAST Plus program to train youth in two high schools to deal with depression and suicidal ideation. One informant reported specific procedures that are followed in her school (i.e., for referrals to school counselors and for reporting suicide ideation or attempts to the school district). The Task Force is trying to get information from other communities and school districts about their protocols in case of suicide attempts or ideation, and to provide those to all the districts in Clark County, especially where the Task Force is not yet actively involved.
- Efforts in Cowlitz County are mainly focused in the schools and involve school districts in Longview, Kelso, Castle Rock, Toutle, and Cowlitz. Information is provided to all 6th grade classes, and efforts are underway to standardize youth suicide prevention in schools for 9th graders as well as create a coloring book for young children. The “Give 5 for Life” program currently is being delivered in elementary schools and an informant reported trying to make this program part of the school curriculum.¹² Students in the Natural Helpers organization are actively involved in youth suicide prevention efforts in the schools and participate in decisions regarding activities and use of resources.

Less Successful Counties:

- In Skagit County the schools are reported to be the main delivery system for suicide prevention information. Natural Helpers train other students, and the prevention effort reaches countywide. The schools provide yearly assemblies for students, staff trainings, and district wide trainings. Despite the activities that are occurring, one person reported, *“Finding the time and buy-in from staff and parents to train the school staff and kids is a challenge, because statistically the numbers of kids with suicidal ideation are low, so it doesn’t appear to be important.”*
- The Orting School district in Pierce County has an active program for 7th and 9th graders coordinated by the high school counselor working with the Natural Helpers organization and other student volunteers. However, Pierce County informants reported a challenge in working with the schools. One person said, *“Being able to get kids out of class to do*

¹² “Give 5 for Life” is a prevention model for people who are contemplating suicide.

presentations is difficult due to the constant focus on test scores and no child left behind. This is not a priority for the school principal, but we work with cooperative teachers.” Another said, *“Now the priority for the school district is testing, so they won’t drive it as they have in the past.”*

- In Yakima County Comprehensive Mental Health Center staff is involved in the schools and work with kids identified as being at risk. There are other school based activities at many of the middle and high schools. One person commented, *“What happens depends on the school. It can be anything from putting up posters, or classroom presentations, or fundraising for media awareness programs. There is a staff person within each school who provides support, but students design and implement the programs.”* Some informants commented on the challenge of working with schools. A person said, *“No single district stands out. The ESD has kept the issue out front, but schools only organize when they experience a suicide, and then that only lasts a month or so.”* Another person reported, *“Some schools do not want to talk about depression and suicide because they fear it will cause suicides and they will be liable. There is a great fear of the unknown.”*
- In Benton County school districts have carried out awareness days and YSSP has worked with individual schools to provide training. The effort is led by school personnel (counselors, teachers, and intervention specialists) and is supported by funds available through YSSP and the ESD. In addition, a church program in Benton County works with over 150 high school age students from all over the county

“Some schools do not want to talk about depression and suicide because they fear it will cause suicides and they will be liable. There is a great fear of the unknown.”

4. Training for the key people needed to maintain the effort

Key informants from both “successful” and “less successful” counties stressed the importance of providing training for core group members as well as other key stakeholders, gatekeepers, and individuals whose roles involve interacting with youth. Training can both help them become secure in their knowledge about the topic, and give them the skills needed to incorporate prevention into their daily work. This factor is consistent with one of the strategies in the Surgeon General’s 1999 *“Call to Action to Prevent Suicide”*—to institute training for all health, mental health, and human service professionals concerning suicide risk assessment; and to develop and implement effective training programs for family members of those at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk.¹³ YSSP was identified as an excellent source of training and training materials. [See **Attachment D** for information about informants’ familiarity with/utilization of YSSP materials.]

5. Ongoing structure to facilitate communication and collaboration

The presence of a structure to facilitate communication, coordination, and decision-making is an important factor—particularly in efforts that involve more than one agency or organization. The structure can involve regular meetings with a designated chairperson, agendas, minutes of proceedings, and subcommittees to oversee various aspects of the work—as in the larger “successful” counties; or be a less formal mechanism that allows

¹³ Natural community helpers are people such as educators, coaches, and faith leaders, among others.

networking, decision-making, and coordination of activities. Regardless of the form that the structure takes, people actively involved in youth suicide prevention efforts benefit from having regular contact and a systematic mechanism for communicating, planning, and working with others in their community.

Successful Counties:

Task forces and groups in three of the “successful” counties reported a formal structure and regular meetings. The Kitsap Task Force has become a 501(c)3 and has a board of directors, and meets monthly. Kitsap Life is Valuable (LIV) has a designated president and secretary, maintains an e-mail listserv that reaches all of its members, and produces agendas and minutes for its meetings. The Spokane Coalition meets monthly and has a part time staff person who coordinates the meetings. Minutes are kept of Coalition meetings and other small groups have branched out from the Coalition. In Clark County, the Task Force meets monthly and has established subcommittees for specific projects. This Task Force works to combine agencies and providers and schools—there are monthly agency meetings and monthly workgroup meetings. The workgroups plan the activities and the agencies discuss the logistics and funding. Cowlitz county informants reported that there is not a formal structure for efforts in the schools; however, the community college and the mental health sector have established a structure and meetings.

Less Successful Counties:

Most informants from the “less successful” communities did not indicate the presence of a formal structure. Instead they reported on activities occurring in the community, pointing out individuals who coordinate those activities and/or indicating some groups that meet on varied schedules. However, in Benton County the Teen Contact Line was reported to have a formal structure; and in Skagit County the mental health representative reported a committee made up of representatives from agencies, juvenile justice, the school system, and the mental health system. In Skagit County and Pierce County there is a structure associated with the Natural Helpers organization.

6. Some level of funding

In addition to staff and in-kind support provided by, volunteers, agencies, and organizations, informants reported that some level of funding is needed to support community awareness campaigns and to purchase educational materials and trinkets (e.g., key chains, Frisbees) to pass out to kids of all ages. Funds also are needed at the county or community level to provide services for youth who are not Medicaid eligible and therefore can’t access resources, and to provide long-term therapy for students without financial resources. An informant pointed out that suicide prevention is not institutionalized as a health and safety issue, saying that, “*Funding tends to follow tragedy. We have not made the case for sustainable prevention programs. We need training, legislation, competency in assessing youth, and measurable outcomes. Funding should be provided for all of that.*” Another said, “*In small communities money is a very real issue. Resources are stretched pretty tight.*” And, another person said, “*Schools don’t have the funding to address all the things they are expected to do.*”

“Funding tends to follow tragedy. We have not made the case for sustainable prevention programs.”

Successful Counties:

Sources of funding and support in “successful” counties include fundraisers, donation jars, memorial donations, and in-kind donations; paid staff support and financial support from within sponsoring agencies and organizations; funding and materials from YSPP; and funding from sources such as Medicaid, school districts, the division of substance and alcohol abuse, community health centers, and mental health centers. Clark County has a community mental health grant (federal funding) that will last one more year. Informants reported a variety of ways in which decisions about how resources will be used are made. These ranged from administrative authority, to discussion and voting on issues at meetings, to decisions being made by committees or chairpersons, to decision-making based on requests.

Less Successful Counties:

Sources of funding in “less successful” counties include YSPP, county Violence Prevention funds, Medicaid dollars, funding from Safe & Drug Free Schools, ESD funds, individual donations, and in-kind support. In two counties, informants reported that decision-making regarding activities and how resources are used is shared. For example one person said, *“Everyone at the school—counselors, administrators make the final decisions.”* In other instances, decisions are made on the basis of requests—*“If someone has an idea, we’ll do it, especially if it is community oriented.”*

7. Access to support regarding best practices and materials (e.g., from the state YSPP)

Informants from both groups of counties pointed out the importance of having current “how to” information. This includes what is occurring that is working in other communities, how best to garner the support of stakeholders, effective approaches for providing training and disseminating information, and the best materials to use. At least one informant from each county identified the support they received from YSPP as a key factor in what they have been able to accomplish. One person said, *“YSPP is a great program. I notice the difference even between Washington and Oregon and how advanced Washington is because we have a state plan.”* Another person said, *“Sue Eastgard’s [at YSPP] work has been critical in giving us a common sense approach, and bringing the pieces together.”* And, another commented, *“Sue Eastgard was a great cheerleader and stayed engaged and kept people’s enthusiasm up. That is even more important than money.”*

8. Foundation of adequate mental health services and emergency/crisis services in the community

A number of informants stressed the necessity of having an adequate base of services available to at-risk youth and their families as part of a comprehensive prevention plan. If resources such as crisis and referral services, mental health counseling, and emergency services are not available; gatekeepers and families may have nowhere to turn when youth that are at-risk are identified. The importance of services is nationally recognized. Among the protective factors in preventing suicide identified by the National Center for Injury Prevention and Control are effective clinical care for mental, physical, and substance abuse disorders; easy access to a variety of clinical interventions and support for help seeking; family and community support, and support from ongoing medical and mental health care

relationships.¹⁴ An inventory of county services and communicating a description of resources to those actively involved in prevention is another element of this component.

9. A plan with realistic goals and strategies

Having a well-formulated plan provides the framework for all activities. A plan outlines not only what is to occur, but also identifies timelines, persons responsible, and milestones by which to measure progress. Having realistic goals and strategies is an important part of planning and a cornerstone of success. “Realistic” means having both the power to carry out the activities (e.g., support needed from stakeholders, policy authority, access to students), and the resources needed (e.g., trainers, volunteers, materials, funds) to implement the plan. Developing a plan is a means of assuring a common vision and reaching agreement on what needs to be done, what strategies will be used, and who will be responsible; but it is only effective if carried out. Only two of the “successful” counties reported having a comprehensive plan in place; however, the comments of informants from other counties supported the importance of planning. One of the “less successful” counties initiated a planning process in 2001-2002 that was not completed but is now being resumed.

Successful Counties:

Groups in Kitsap County reported having developed mission statements. However, only Spokane County and Clark County reported having a comprehensive written prevention plan. The Spokane Suicide Prevention Coalition plan focuses on four areas: 1) suicide prevention in the workplace, reaching employees; 2) general education, gatekeeper training, attending health fairs; 3) reaching physicians to do depression screenings for all; and 4) supporting other agencies in their prevention efforts. A Spokane County informant also reported a plan has been written between the school districts, crisis response, and mental health. Clark County’s plan describes the background and purpose of the Youth Suicide Prevention Task Force, and includes six strategies with action steps and timelines. One Cowlitz County informant reported developing a plan for the schools that is filed with YSPS each year.

Less Successful Counties:

In 2001-2002 the Pierce County health department initiated a suicide prevention planning process to develop a countywide plan. Multiple stakeholder groups including Native American tribes and other cultural/ethnic groups were involved. The participants identified needs with respect to suicide prevention specific to the populations they served, and helped identify, select, and prioritize prevention strategies. The department is now working to renew the community planning process where it left off. A Pierce County informant also reported that mental health providers have written guidelines for screening and caring for clients. A Yakima County informant reported that “*Prevention plans are out there, but they are not implemented.*” Neither of the smaller “less successful” counties reported having a written prevention plan although Benton County reported that the schools have developed procedures.

¹⁴ Centers for Disease Control, National Center for Injury Prevention and Control Suicide Fact Sheet.
<http://www.cdc.gov/ncipc/factsheets/suifacts.htm>

10. Media focus on suicide prevention

The Surgeon General’s 1999 strategies call for promoting public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its prevention. Both “successful” and “less successful” counties reported difficulty gaining the involvement of media in promoting prevention messages. One person said, “*They [the media] say they can’t be part of the committee because they need to stay objective.*” Another said, “*The media contacts us after a suicide. We have a proposal to them that we educate them beforehand, but they haven’t responded.*” And, another commented that media messages are often focused more on popular culture and less on prevention saying, “*The media seem more interested in things like the Kurt Cobain suicide anniversary.*” A few informants reported receiving support from the media— “*They [the media] are doing a good job, especially [one person] who has published some very good articles on the topic. We also get information out through the Hispanic radio station.*” A person from Spokane County said, “*Last year a boy held a youth suicide stand off that gained the attention of the media; which lead the media to contact us and we now have formed a relationship and know who to contact if anything like that ever occurs again.*”

“The media contacts us after a suicide. We have a proposal to them that we educate them beforehand, but they haven’t responded.”

11. Involvement of survivors

Many informants believe that the involvement of survivors can be an important factor in raising awareness and promoting suicide prevention—“*Their personal stories make others want to get involved.*”

Successful Counties:

Informants in Kitsap County reported that having survivors involved has been “somewhat critical” in their efforts, especially at the local level, but that it depends upon the venue. “*A task force can be formed without survivors but it is powerful for an audience to hear from a survivor.*” Almost all informants in the other three “successful” counties reported that the involvement of survivors has been “very critical” although a one person reported a high rate of “burnout” among the survivors who participate. The primary roles that survivors have played in those counties have included serving as active members of coalitions and task forces; providing not only leadership, but passion and long term commitment; and being speakers at events and doing presentations for parent and community groups.

“A task force can be formed without survivors but it is powerful for an audience to hear from a survivor.”

Less Successful Counties:

Similarly, in the “less successful” counties all but two informants reported that the involvement of survivors has been “critical” or “very critical.” One person who believed survivors have not played a critical role stated, “*It shouldn’t take a tragedy to provide the impetus for this work.*” The primary roles that survivors have played have been in doing presentations and providing the energy behind the work. In Pierce County, the father of a teen suicide victim helped produce a videotape in which he answers questions about his tragedy. The informant reported that viewing the videotape has helped make the issue “*more real for the kids.*” Other survivors have played a role through their own support groups. “*We*

get them through the grief, and they go out into the community to do their part. One woman, who lost her daughter, counsels young people through the Internet.”

12. Commitment of community leaders

The commitment of community leaders was generally rated higher in “successful” counties than in “less successful” ones. Several informants pointed out the importance of educating key leaders and policy makers in the community and getting their buy-in in order to garner resources and support for the effort. One person said, “*Counties and cities must prioritize this in their strategic planning processes.*” Another said, “*Right now the funds we have, such as tobacco settlement funds, are being used on more ‘glamorous’ issues, such as obesity.*” Even in grassroots efforts, having the commitment of community and county leaders lends credibility to the effort and helps leverage other support.

Successful Counties:

When asked about the level of commitment to this effort by key leaders in the community, nearly half of the informants from “successful” counties reported it to be “very high.” One person qualified this rating saying, “*Very high right now, but sometimes youth suicide prevention falls off the radar and then I would have to say the level of commitment is somewhat high.*” Another who said commitment was very high commented, “*Most of the people involved are involved because they have a passion to help the youth population, but then I know some are there because their job requires it.*” Slightly over half indicated that commitment is “somewhat high,” with one person saying that “*it depends on the key leader.*” Another county-level informant rated the commitment “somewhat high” because of the differences between the major communities in the county—“*one is more standoffish while the other embraces the program.*” Only one informant [Spokane County] said that commitment is “*not very high at this moment in time.*”

Less Successful Counties:

In the “less successful” counties the level of commitment to this effort by key leaders in the community was thought to be “very high” only within isolated sectors—in a church, among mental health community leaders. Only Skagit County informants indicated that commitment was “somewhat high” or “very high” overall among key leaders in the community. Other counties indicated that (outside of the sectors mentioned above) commitment is “not high at all.” One person commented, “*Government leaders have other priorities.*”

D. Challenges

All of those interviewed agreed that youth suicide prevention is challenging work. Informants identified a long list of challenges but reported that, while progress is often slow, efforts are underway to address many of them. Most informants were positive about their ability to meet the challenges. One person said, “*Our current effort is only two years old—the work goes slowly, but I am sure we will see definite outcomes in the next five years.*”

“Our current effort is only two years old—the work goes slowly, but I am sure we will see definite outcomes in the next five years.”

The major challenges included overcoming misconceptions and working to have youth suicide prevention seen as an important issue, both in the public’s view, and among community leaders

and organizations. Other areas that present challenges are fostering collaboration among varied stakeholders, keeping people interested and involved, keeping the issue visible in the absence of crises, and sustaining activities once they have begun.

The specific challenges identified were:

- Overcoming the public’s reluctance to talk about suicide. *“There is such a stigma about mental health and shame around suicide. It is still a taboo subject. This issue does not get discussed or talked about enough. People think that this won’t happen to them but in reality it could very easily happen to anyone.”*
- Convincing the public that youth suicide needs to be addressed at the level of the entire community, not just in the schools.
- Debunking the myths, helping people learn there are skills everyone can use for intervention.
- Being involved in the community and listening to what they want. *“What we hear they want is ASIST training; and more support by churches, doctors, and key community leaders.”*¹⁵
- Elevating youth suicide prevention to high priority status within the health department and other agencies and organizations.
- Promoting community collaboration. *“We continue trying to convince agencies to work together.”*
- Presenting the programs to schools and obtaining their buy-in.
- Getting people involved. *“There are only a small number of people working on very large goals. People will say they are interested, but don’t take action, or step up.”*
- Getting gatekeepers to attend trainings. *“When the community wants education and information it works smoothly, but when suicide prevention drops off the radar we always have a low turn out.”*
- Keeping student volunteers interested and involved. *“All of the students involved have to give up most of their lunch and free time to be a part of the group.”*
- Being able to get kids out of class to do presentations.
- Making sure follow up is done. *“Once we have talked about suicide there are many questions that students have and if we don’t follow up with them what’s the point?”*
- Dealing with the confidential nature of the topic.
- Keeping it at the forefront without a current crisis. *“It floats under the surface until something happens. After something happens—we have the horse pushing the cart instead of pulling it.”*
- Sustaining the momentum and the resources to get the work done.

<i>“When the community wants education and information it works smoothly, but when suicide prevention drops off the radar we always have a low turn out.”</i>

¹⁵ Applied Suicide Intervention Skills Training (ASIST) is a 2-day workshop prepares gatekeepers to integrate principles of intervention into everyday practice.

E. Outcomes

Informants were asked for examples of things they had observed that indicate that their efforts are making a difference. Two informants from “successful” counties reported that they did not know if their efforts had directly made a contribution, but that their counties were experiencing fewer youth suicides. Informants from all eight counties were able to identify things they have observed in their communities that indicate success. These included increased awareness and greater comfort in talking about the issue, more events and presentations as well as increased attendance, increased awareness of community resources, more referrals and utilization of the services that are available, and changes in media coverage. Some informants also reported anecdotal information about youth helping other youth or youth talking to an adult if they have a friend or acquaintance that is contemplating suicide. Specific outcomes identified for each county are shown in **Table 5**.

**Table 5
Outcomes Reported by County**

<i>Successful Counties</i>	<i>Less Successful Counties</i>
<p><u>Kitsap</u></p> <ul style="list-style-type: none"> • Greater awareness of the issue among community residents, both parents and youth. • Increase in the number of public events, presentations, and workshops. • Greater awareness of resources. • More efforts in the schools and support in the school system. • Training occurring in juvenile detention facilities. • Increasing attendance at meetings each year. • More extensive advertisement of the Suicide Walk and more walkers enrolled each year. • Kids getting into therapy faster, especially after parents attend a presentation and learn about the signs. <p><u>Spokane</u></p> <ul style="list-style-type: none"> • Increased attendance at community meetings and the yearly Candlelight Vigil. • Events now being publicized in the local papers. • More people utilizing the services available to them. • Anecdotal evidence about kids who were able to help other kids because of the curriculum. <p><u>Clark</u></p> <ul style="list-style-type: none"> • Growing interest in the topic from professionals, and the social services such as the police departments. • School district policy requiring all staff members to work with and refer to school counselors if a youth comes to them. • More referrals to counselors from students concerned about their peers after student presentations in the classrooms. • Personal stories about how people were helped and accessed resources (source: depression and alcohol screenings). • People are more comfortable about asking kids about suicide, and what to do if the kid says yes (source: ASIST evaluations). • Positive responses to the Teen Talk Line and how it has helped open more doors for teens to talk about issues. <p><u>Cowlitz</u></p> <ul style="list-style-type: none"> • More involvement from community members each year. • Students more willing to talk to an adult if they have a friend or an acquaintance that is contemplating committing suicide—<i>“they don’t keep it a secret.”</i> 	<p><u>Pierce</u></p> <ul style="list-style-type: none"> • 7th grade presentations always go much longer than planned due to questions and concerns of the students. • At the high school level, more kids express their concerns about peers and more referrals are made. • Positive responses from community members about messages on the school reader board. • More awareness in the media about suicide in general—<i>“They seem to provide more information about mental health counselors.”</i> <p><u>Yakima</u></p> <ul style="list-style-type: none"> • Referrals from teachers who have talked to other teachers who have worked with us. • More referrals from primary care physicians. • More word of mouth referrals, and positive feedback from referral sources and clients. <p><u>Benton</u></p> <ul style="list-style-type: none"> • Remarks of the youth indicate we are getting the messages across. • Personal testimony from teens that made a connection to an adult who helped prevent suicidal actions. • Parents who have seen changes in their teens after their child has been connected with an adult mentor. • An increase in media coverage. <p><u>Skagit</u></p> <ul style="list-style-type: none"> • Youth expressing confidence in their skills to help friends. • Kids come in with information about other kids much sooner. <i>“It’s easy to talk with them because of the training.”</i> • Increased awareness throughout the schools and intervention specialist. • School personnel and at-risk personnel in the schools are more confident about identifying youth at risk for suicide. • Able to present materials in our schools without major objections from parents and community members. • Very positive feedback regarding training.

F. Sustaining the Effort

Informants commented that some youth suicide prevention efforts get started out of pain, panic, and/or passion, and then as time goes by interest often wanes. As one person said, *“After a suicide, there is a flurry of activities, but then it fades away.”* Maintaining the momentum and assuring sustainability involve “institutionalizing” programs into schools, agencies, and communities—work that requires making permanent changes in systems.

Sustaining activities and programs that demonstrate success is a goal of all prevention programs. Yet, this can be a significant challenge in the case of youth suicide prevention—although youth suicide rates are very high, incidents in a given community may appear infrequent and prevention efforts compete with many other issues affecting community residents. One Yakima County informant said, *“At first there was a lot of focus on it. Anytime there was a suicide attempt or completion the press gave lots of attention, and the community rallied. In the last one to two years that has died down. Suicide prevention is not a high priority. We have had two youth suicides in the last six months and both were enrolled in school.”* Despite the challenges, informants were optimistic that the efforts and activities begun in their counties and communities will be sustained.

All informants from “successful” counties indicated that they expect the prevention efforts in their county/community will continue over the next three years, although some expressed uncertainty about at what level. One person commented that it will continue, *“but only if we continue to get community members involved and continue to keep the county aware that youth suicide is a problem that will always need to be addressed.”* Another county reported that, *“Some [activities] will continue indefinitely, but some may not without a paid coordinator.”*

“Some [activities] will continue indefinitely, but some may not without a paid coordinator.”

Six informants from “successful” counties cited funding as one of the major factors that will affect the continuation of their efforts in the future. In addition to funding, five other major factors were identified:

- Continuing to spread the word about the efforts underway, and continuing to increase knowledge through education.
- Continuing to be connected with other agencies for support.
- Assuring that school district administrators, counselors, and intervention specialists are included and supportive.
- Continued access to paid staff time.
- Continued support from the state YSPP.

Informants from “less successful” communities also were optimistic about their prevention activities continuing over the next three years; however, three informants qualified their responses saying they may continue only in a limited way. One person from Pierce County said, *“Only if I stay on, or my successor is contacted by YSSP and encouraged to continue the work.”* And a person from Yakima County said, *“We will continue to try to do some pieces. We have worked hard to train staff and would like to take it more into the health community. Staff [is] eager, but it will require some support.”*

The factors that will most influence continuation of activities in “less successful” counties were thought to be sustained leadership; ongoing support for the program by the schools, the county, and ESD; funding; and time. One informant said, *“Time is a bigger need than money. Everyone’s plates are full.”*

“Time is a bigger need than money. Everyone’s plates are full.”

G. Mobilizing Communities

Many communities in Washington State have not identified youth suicide prevention as a priority issue and/or not begun a youth suicide prevention effort. When asked what would need to occur in order for other communities to begin this work, many informants said that it unfortunately might take the occurrence of suicides before a community initiates any form of prevention planning. However, one informant’s comment reflected the feelings of many—*“A community can not wait until a suicide occurs and then start the process; they need to be educated now so if a suicide does occur then that community will be prepared.”* Informants identified 12 steps or actions that a community can take to begin planning for an organized effort.

1. Disseminate data and statistics including rates of suicide ideation and how this impacts a community, in order to boost recognition of the need and interest on the part of the community—instead of waiting for the problem to happen. [*“It is like waiting for too many accidents before you put a traffic light at the intersection.”*]
2. Find a champion to bring it together—someone with influence or power willing to take the initiative to make it happen, and who would make it a priority. [*“A person who will light a fire and get things going and open doors to the community.”*]
3. Identify an initial, core group of people (multidisciplinary) committed to teens and this issue and willing to commit to this work. Provide training (e.g., ASIST training) for group members to help them become secure in their knowledge about the topic.
4. Conduct a needs assessment to serve as a basis for planning the campaign. Assess the resources and systems of support for youth and families that are in place in the community, and assure a foundation of adequate mental health services and emergency services before you begin raising awareness. [*“If a community does not have that in place or does not implement those services they will stumble.”*]
5. Work with school districts and administrators to gain their buy-in and commitment of school time for education and student involvement. [*“They have the kids as a captive audience and can develop prevention plans and commit funds, staff, and time.”*] [*“Get a cross-section of youth involved and participating in the effort—not just the popular kids.”*]
6. Research what has worked for other communities (e.g., the best approaches, ideas, and education) and seek their consultation. Look at other communities’ plans, adapt the plans to your own needs, and set realistic goals. [*“You can’t prevent all suicides, but you can build awareness of the topic.”*]

“It is like waiting for too many accidents before you put a traffic light at the intersection.”

7. Explore the resources available and acquire the materials needed to provide public education and training. Involve YSSP and plan to utilize their training, speakers, and Toolkit.¹⁶
8. Lobby and educate community leaders and policy makers to get suicide prevention perceived as an important issue. [*“Figure out a vehicle to get the issue higher on the radar screen of policy makers: identify a credible high-level stakeholder in the county to champion the cause and to act as a convener of other high level players. Perhaps continue contact electronically, host a lunch to bring them together, use political campaign strategies.”*]

<p><i>“Figure out a vehicle to get the issue higher on the radar screen of policy makers...”</i></p>

9. Promote a constructive media focus on the issue.
10. Conduct community activities such as national screening days that build awareness.
11. Begin building partnerships with other organizations and agencies and link with groups already working on issues connected to suicide (e.g., “Lock it Up” campaign for firearms).
12. Plan ways to assess activities as they are implemented, make improvements, and report back to community.

Informants identified five specific resources they believe would be needed to support a newly organized effort:

- Time from school classes for students to participate.
- Allocation of paid staff time.
- Dynamic volunteers.
- Funding for education and materials (e.g., stickers, information packets, brochures, pen/pencils). [*One person commented that the costs are really minimal.*]
- Access to county and community services (e.g., Teen Talk Line, crisis teams, counseling)

When asked what obstacles they anticipate a community would encounter in planning and implementing a youth suicide prevention effort, informants identified many of the same challenges they have faced in their own communities:

- Overcoming people’s fear in talking about the issue.
- Finding enough leaders to make this issue a priority. Figuring out ways to communicate to stakeholders about the importance of the issue, and that prevention can be successful.
- Changing the priorities in agencies and schools, and gaining cooperation from school administration and a commitment for student time.
- Getting staff assigned [within agencies and organizations] to do the work needed.
- The turnover of staff at the county level and state funded mental health community.
- People finding time to participate. [*“Time is our greatest enemy and our greatest beneficiary. As people with their heads in the sand retire, new people with more knowledge and improved attitudes will come in, allowing the issue to be addressed in the schools. In the meantime, we will continue to lose kids.”*]
- Identifying the best strategies and initiating a community wide strategic planning process.

¹⁶ The YSPP Toolkit and Toolkit Workshops assist students and faculty to design and deliver a youth suicide prevention campaign.

IV. Recommendations

As demonstrated in the eight counties included in the assessment, initiating and sustaining a successful youth suicide prevention network is challenging work. It involves not only working proactively to garner interest and support in multiple sectors of the community, but also overcoming numerous obstacles. Informants commented that in many instances youth suicide is not seen as a large problem. One person said, “*It is not seen as affecting lots of people like drugs and gangs are seen.*” In addition, suicide is often a difficult topic for people to discuss—old stigmas and myths about this issue persist. Interest levels often center around crises, making sustaining prevention efforts difficult. Clearly communities and counties are working hard to meet these challenges.

YSPP has a vital role in communities with current prevention activities as well as new communities just beginning efforts to address this issue. Many informants commented on the valuable role YSPP has played in helping initiate and sustain the momentum of their efforts. The knowledge, training, resource, and materials YSPP provides are considered important factors for success.

The following are recommendations for communities and YSPP based on the input of informants and the Evaluation Team’s knowledge of other successful community-based health promotion efforts.

Promoting Recognition of the Problem

- Informants reported that statistics about youth suicide are not widely disseminated, particularly in the absence of a crisis. The first step of any health promotion effort is recognizing and defining the problem. This requires access to information about the incidence of youth suicides and non-fatal suicide behavior and the impact that it has on families, peers, and the community; as well as information about how the problem can be addressed. YSPP along with local health departments are sources of this information. One county reported their effort began because of the involvement of YSPP and department of health sponsored training, which provided information and statistics on adolescent suicide. Likewise, reporting suicides and suicidal behavior on death certificates and by health professionals is important to maintaining accurate statewide data.

YSPP could develop and maintain a list of key individuals in each county in the state (e.g., a key person in the health department or ESD) to be part of a formal statewide network and receive frequent updates, including statistics and information about best practices in prevention and services. The selection of individuals to participate in the network should be based on a) their interest in the issue, b) the extent to which “prevention” fits into their current job role, and c) the mechanisms they can access to further disseminate the information throughout their county. The network might include annual regional meetings or teleconferences/Web conferences on topics of interest. Having an organized, systematic way of reaching each county, and keeping information about youth suicide highly visible with local people in a position to bring it to the attention of others could expand the scope of prevention activities around the state. This would require a large effort on the part of YSPP; therefore, it could be implemented gradually—starting with a select group of individuals or a

region of the state. YSPP could provide support to members of the network to identify strategies for dissemination (and motivation) within their individual counties.

Designing the Program

- ***Organizing local efforts.*** Several informants from “less successful” as well as the “successful” counties reported having a “network,” although counties varied in how and the extent to which they were organized. Having some type of formal structure to provide linkages and coordination, and to serve as a locus for planning and implementation was a key factor identified in “successful” counties. Regardless of the type of structure and “working style,” identifying a core group willing to commit to the effort over time, defining leadership, and providing training for key people are important steps common to the formation of a partnership (network). The work needed to then maintain a partnership is complex. Also, communities where there are multiple task forces or groups working on this effort (e.g., school sponsored, health department sponsored, volunteer groups, private organizations) may need help finding ways to link these efforts in order to share information. YSPP currently provides assistance in building a collaborative resource network as part of the ASIST training, yet more technical assistance and tools for community organizing and partnership development may be warranted. This assistance may include topics such as strategies for garnering support, models for governance, templates for planning, procuring resources, sustaining the momentum, decision-making, conflict resolution, recruiting new partners, engaging youth and community volunteers, and tracking and evaluating their efforts. A stable, organized base from which to operate will increase the likelihood of sustainability and lend to the visibility of the effort among stakeholders, community leaders, and community residents.
- ***Conducting community assessments.*** A foundation of adequate support services in the community and information about how to access those resources is important to successful prevention efforts. It is suggested that core groups conduct an assessment of county and community services and assure that information about resources is communicated to those actively involved in prevention efforts. If assessment models do not currently exist, YSPP could take a lead role in developing guidelines for communities in how to conduct an assessment and how to use the information gathered. The guidelines could include ways to assess broader factors such as support within stakeholder groups, community/school policies and procedures, venues for sharing information, and informal networks of support.
- ***Building a multi-channel approach.*** Most “successful” counties reported involving multiple sectors of the community—schools, health departments, mental health providers. Other “channels” for prevention activities and services included drug and alcohol programs, health care systems, churches, law enforcement, emergency medical services, and the media. Interest among sectors will vary from community to community, but each offers an opportunity to broaden the reach of the effort. It is recommended that the core group assess the interest and commitment of other stakeholders, targeting those with the greatest potential for long-term commitment and institutionalization of prevention practices. Starting small often can be the best approach—developing and implementing specific strategies in selected channels gains visibility for the issue and sets a precedent for involvement on a broader scale. Each channel has a different role and thus will require different strategies, but starting with

realistic goals and selecting channels with the highest potential for early success can help sustain motivation and provide a solid foundation from which to grow. Communities should consider all channels that have a role with youth and families, including those not reported in the counties surveyed. This could include things like Boys and Girls Clubs and other youth organizations, parks and recreation programs, after school programs, professional organizations, and civic organizations.

- ***Promoting a range of prevention strategies.*** The counties studied sponsored a range of activities including universal (e.g., school-based public education campaigns, educating the media), selected (e.g., gatekeeper training, crisis intervention services), and indicated prevention strategies (e.g., support groups for at-risk youth and families). Along with having realistic goals, having information about alternative ways to meet those goals and “how to” advice for effectively carrying them out simplifies the work of core groups. Activities can be selected and tailored to the needs of the community, but having models as the basis of decision-making, planning, and implementation is beneficial. YSPP provides direct support to communities as well as Toolkits and resources for training and education. Although information about YSPP’s services and resources are available on their Web site and packets are shared directly among communities and upon request, broad dissemination of a “catalog” of the services and resources seems warranted. This might occur as part of the statewide network mentioned above, or in conjunction with a broad promotion/marketing campaign.
- ***Building on other efforts.*** Youth suicide prevention efforts may have broader appeal if carried out in conjunction with prevention efforts aimed at other issues affecting youth. For example, one county expanded its effort by participating in a community event that addressed broader topics that apply to youth such as depression and relationships. In another instance, activities were done jointly between the suicide prevention group and the “Lock it Up” campaign for firearms safety. Partnering or building upon the established efforts of others can lend both visibility and acceptance to the issue of youth suicide prevention.
- ***Building formative evaluation into the design.*** The most convincing reason for becoming involved in a community effort is knowing that it works. Setting milestones and tracking the program’s accomplishments, the audiences reached, and the intermediate outcomes that are achieved is an important part of program implementation. In addition, soliciting the opinions and suggestions of stakeholders and participants can strengthen the effort and assure it is meeting the needs of the community. Other factors that may be included in the evaluation are utilization of resources and cost information to improve overall management of the program and provide a framework for seeking future funding and support. YSPP can play a role in providing guidance and tools to communities for designing and carrying out a basic formative evaluation.

Engaging Key Organizations

- ***Soliciting schools as a key partner.*** During 2003-2004, YSPP worked with 67 high schools and middle schools around the state on suicide prevention campaigns, and all eight counties reported some level of prevention activities in the schools. However, many informants reported that it is a challenge working within schools. The buy-in of school boards is critical in order for communities to access the opportunity schools provide. YSPP in conjunction

with the ESD and local core groups could develop a long-range plan to reach all school boards in the district with information and training about youth suicide and the role schools can play to impact this problem. In addition, ESDs and core groups should work to identify a “champion” within each local school district and encourage communication across districts about best practices (e.g., presentations, curricula, procedures) and successes. In the ideal world, suicide prevention activities would be an ongoing part of the curriculum and/or school events, and include resources to follow-up and provide support and referrals for students at risk. The first steps in this type of systems change are overcoming the myths about suicide by educating educators about the problem, and empowering them with access to the resources and tools that allow them to take some action. Schools reportedly take action when a suicide occurs, but efforts compete with other priorities and are not always sustained. The fear that “*if we talk about it, it will happen,*” can be converted to the belief that “*if we don’t talk about it, it will happen,*” but this will require an active campaign to pursue the support of school boards and administrators to make this a high priority. Focusing more attention on the extensive group of students at-risk and the incidence of non-fatal suicide behaviors may elevate the importance of this issue, as administrators may not feel the incidence of completed suicides in their district warrants an ongoing school campaign.

- ***Using student organizations.*** Some counties reported the involvement of student organizations like Natural Helpers, a youth suicide prevention club, SMILE, Students Sharing Solutions, and a youth advisory group. Core groups that involve students as participants, leaders, and advisors as well as to provide information to other students add an important element of the overall effort. Students provide a distinct perspective and add a voice that lends credibility to the issue among their peers. Taking an active role in addressing issues that affect their lives and the lives of others also contributes to youth development and helps build skills that can benefit them and their community in the future.
- ***Building relationships with the media.*** Informants gave mixed reviews of the role that the media has played in their county’s efforts, but most reported that working with the media poses a challenge. Among the activities of YSPP is promoting collaboration with the media to assure balanced and informed portrayals of suicide and its prevention. The media represents a powerful medium with the ability to reach broad audiences with prevention messages, yet also has the potential of harm if incidents of suicide are not covered appropriately. YSPP has developed *Guidelines for Media Coverage of Suicide* that is shared with local groups and media outlets. This is an area where there should continue to be a concentrated effort; both to support core groups in how best to work with the media, and directly educating media personnel about the potential impact, both positive and negative, that their reporting can have.
- ***Recruiting new partners.*** As efforts mature networks may seek new partners to bring in new perspectives or expand the reach of their effort. A factor that can boost recruitment of additional channels is having a clear role in mind for new representatives. Agencies and organizations are more likely to participate if they understand specifically how they can be of service, how this service relates to the work they currently do, what the costs will be both in terms of time and resources, and how their participation can make a difference. An open announcement to join the network is a good strategy, but recruitment by invitation to an

agency or organization representative for a specific purpose may yield more results. In recruiting community residents as volunteers, having a variety of levels of participation and roles that they can choose from allows them to select what best suits their interests, skills, and available time. In the case of survivors in particular, sensitivity must be shown to the “burnout” factor in negotiating the roles volunteers assume.

Planning For the Long Term

- ***Working toward systems change.*** In its early stages, a partnership may focus on procuring the resources needed to carry out individual activities; however, resources are maximized when the effort becomes part of the fabric of schools, agencies, and communities—work that requires making permanent changes in systems. Examples of systems changes are the integration of prevention activities in school curricula; the adoption of policies and procedures for identifying, responding to, and following-up with at-risk youth; routine screening by health care providers; permanent establishment of crisis teams within schools and mental health agencies; law enforcement and EMS policies and procedures; new services for youth and families; designated funding to support services for low-income families; incorporation of suicide prevention into agency staff job descriptions; systems for referral; and, within the boundaries of confidentiality, mechanisms for sharing information across disciplines. Systems change enhances the strength and sustainability of efforts, but requires the cooperation of people such as community leaders, policy-makers, school administrators, and agency directors. YSPP can have a role in helping local efforts understand the value of systems approaches, assess when the time and conditions are right, and identify ways to engage key leaders and policy makers.
- ***Actively planning for sustainability.*** Reducing the incidence of youth suicide behaviors is the long-term goal of prevention efforts. Incremental outcomes may be achieved, but realizing the ultimate goal will take many years of effort. Informants’ comments related to sustaining their community’s efforts focused largely on maintaining a high level of interest among agencies and partners, retaining leaders and volunteers, and securing ongoing funding. These factors seldom occur spontaneously, but rather require foresight and planning. Several factors come into play. First is having clearly defined and agreed upon responsibilities and holding programs and individuals accountable for following through. More than one community effort has failed to continue because of a failure of those involved to meet their commitments. Second, strive to maintain continuity of leaders and staff, and develop a plan to build the capacity of new leaders that can fulfill these roles in the future. Again, many efforts have failed to be sustained when key people left the partnership. Third, evaluate the effort not only to assure you are investing in activities that work, but also to have information readily available to potential supporters and funders about the impact of your effort. Fourth, seek out opportunities for pooling resources across agencies that provide a “win-win” situation for both your effort and the agency. A survey of stakeholders conducted throughout the state of Colorado by the Colorado Trust identified a lack of funding as the major barrier to the expansion of suicide prevention programs.¹⁷ Similarly, informants indicated funding as a major factor in sustaining their efforts. In-kind support is provided by

¹⁷ *Suicide in Colorado*. The Colorado Trust, 2002. www.coloradotrust.org

many agencies and organizations and fundraising events occur, but other funds (e.g., grants) are often time limited and may not be renewable. Assess the funding levels needed to sustain the various elements of the effort and seek funding opportunities well in advance of grants ending. When looking for funding, ask yourself if your effort fits into a larger effort or helps meet a larger community goal that might expand the pool of funders. Lastly, build in flexibility so that the most critical activities can continue during changes in leadership or times of limited funding. The strongest defense against this threat to sustainability has already been discussed—working toward systems changes so that activities become an integral part of the ongoing work of schools, agencies, and organizations in the community.

Washington State Youth Suicide Prevention Program
 Evaluation of Community Networks
Youth Suicide Data for Selected Counties

**Completed Suicides and Non-fatal Suicidal Behavior Rates
 by County and Age Group—1997-2001¹⁸**
 (Rate per 100,000 age-adjusted population)

County	1997-2001 Rates (by age group)												Total (All age Groups)
	Completed Suicides				Non-fatal Suicidal Behavior				Combined Completed/Non-fatal				
Age:	10-14	15-17	18-19	20-24	10-14	15-17	18-19	20-24	10-14	15-17	18-19	20-24	
Cowlitz	32.41			19.83	126.51	300.98	337.16	301.43	126.51	333.40	337.16	321.26	1,118.3
Spokane	7.29	14.84		12.96	51.35	155.19	93.49	73.64	51.35	162.48	108.33	86.60	408.8
Kitsap			22.38	22.99	28.68	108.79	83.14	81.15	28.68	108.79	105.53	104.14	347.1
Clark	8.97	13.75		18.89	10.95	48.70	71.06	79.77	10.95	57.67	84.82	98.67	252.1
Benton			25.31	12.87	62.58	136.55	111.35	138.95	62.58	136.55	136.65	151.82	487.6
Skagit					23.16	136.84	103.41	68.41	23.16	136.84	103.41	68.41	331.8
Yakima	8.56	23.12		19.38	45.02	92.42	72.25	88.59	45.02	100.97	95.37	107.97	349.3
Pierce	1.85	11.46	18.55	17.17	15.18	86.57	81.04	62.24	17.03	98.03	99.59	79.40	294.1

¹⁸ Data source: Washington State Department of Health, Center for Health Statistics, Death Records (August 2002 release), and Washington State Department of Health, Office of Hospital and Patient Data, CHARS (February 2003 release). Population source: Washington State Office of Financial Management with DSHS/DOH Adjustments.

**Youth Suicide Prevention Program – Community Assessment
KEY INFORMANT INTERVIEW PROTOCOL – 2-18-04**

Id # _____ Name: _____ Date: _____ Interviewer: _____
County/Community: _____ Sector: _____

Introduction:

Thank you for participating in this interview. The information collected will increase our understanding of the actions communities are taking to prevent suicide among young people. The interview will take 30-45 minutes, and all responses will be strictly confidential. Your comments will be aggregated with those of others—no individual responses will be shared with any audiences.

Thanks for participating in the interview. Are there any questions before we begin?

Additional information:

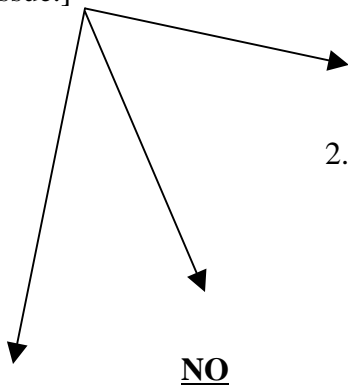
What is the Youth Suicide Prevention Program (YSPP): YSPP was created by the Department of Health in 1995 to implement components of the state’s *Youth Suicide Prevention Plan*. The program works in partnership with faculty in the School of Nursing at the University of Washington.

Who we are: the Evaluation Team at the Group Health Community Foundation has many years experience evaluating community-based health improvement programs. YSPP has contracted with us to conduct this evaluation.

Purpose: This survey seeks to identify 1) factors that contribute to establishing an organized suicide prevention effort in a community or county, 2) the key components of success, and 3) recommendations for improving and sustaining the efforts.

Screening:

1. Does (*community/county*) have any type of organized effort aimed at youth suicide prevention? [**Probe:** any group of individuals or agencies that are working together on this issue.]



DON'T KNOW (*these should have been screened out when the scheduling contact was made*)

2. Is there someone else that you think may be familiar with suicide prevention efforts in (*community/county*) that you suggest I talk to? (*If yes – get name, affiliation, and contact information.*)

Thank you -- Conclude interview

Proceed to Q. #3

YES
Skip to Q. #20

An organized effort does not exist:

3. Although there is not an organized effort, are you aware of any youth suicide prevention activities that have occurred in (*community/county*) in the past 3 years? (Yes/No)



YES

4. (*Ask for a detailed description of each individual activity*)
- What was (is) the nature of the activity?
 - When did the activity occur—or if it is ongoing, over what time period has the activity occurred?
 - What audience(s) in (*community/county*) was (is) it intended to reach?
 - Who has sponsored or had primary responsibility for the activity?
 - What role, if any, did (do) others play in the activity?
 - How was (is) it supported? [**Probe**: funding, in-kind support, other resources.]

Skip to Q. #10.

NO

5. Are you aware of any individuals or organizations that are ready to take some action in this prevention area? (Yes/No)



YES

6. Who are the individuals or organizations?
7. What has prompted their interest?
8. What, if any, steps have been planned to act on this “readiness”?

Skip to Q. #10.

NO

9. In your opinion why has been little interest in addressing this issue in (*community/county*)? [**Probe**: what has prevented this from happening?]

Proceed to Q. #10.

10. a) Are people who might play a key role (e.g., schools, public health, clergy, mental health/health care providers) aware of how many youth suicide or suicide attempts have occurred in (*community/county*) in the past 5 years?
b) (*If yes*) Who are the people that are most aware, and what is the source of their interest in this issue?

11. In your opinion how important is it to have a coordinated youth suicide prevention effort? Is it ***very important***, ***somewhat important***, or ***not very important at all***? [**Probe** for comments on their response.]

12. What do you think is the biggest concern communities or schools have when thinking about putting together a coordinated youth suicide prevention effort?

13. In your opinion, what would need to occur in order for a coordinated effort to be planned and implemented?
14. What resources would be needed to support this effort?
15. What obstacles do you anticipate you could encounter in planning and implementing such an effort, and how might they be addressed?
16. a) How familiar are you with the state's Youth Suicide Prevention Program? [**Probe** for specifics of what they know about the program.]
b) (*If not familiar*) Would you like to receive a packet of information about the state program?

17. [**For County Level Interviews Only**]

We would like to talk to some key people who are involved in youth suicide prevention at the community level.

[Communities] Are you aware of communities in (*county*) that have local activities aimed at youth suicide prevention?

[Individuals] (*If yes*) Who would you suggest we contact that would be knowledgeable about the effort in their own community? [Get names, affiliations, and contact information.]

18. [**For Community Level Interviews Only**]

Are there other people in (*community*) that you suggest we contact that would have knowledge about this issue? [*If yes* – get names, affiliations, and contact information.]

19. Is there any other information that you would like to share with me about youth suicide prevention in your (*county/community*)?

THANK YOU -- CONCLUDE INTERVIEW

An organized effort does exist:

History:

20. When did this organized effort begin?
21. What provided the impetus for the community's action? [**Probes:** Was there an individual or organization that got it started by championing this cause? Was there was a specific incident(s) of suicide or attempted suicide that prompted or boosted the effort? *If so, what was the age of the victim and were they enrolled in school at the time?*]

22. a) Are you directly involved in the youth suicide prevention activities?
 b) (*If Yes*) When did you become involved and what is your role?
23. How has the youth prevention effort changed since its beginning days? [**Probe:** How has it evolved—e.g., how the people/organizations involved changed.....how the activities changed over time?]
24. a) What role, if any, have survivors of youth who have committed suicide played in initiating the effort? ...in maintaining the effort?
 b) (*If they have played a role in either*) Would you say their involvement been ***very critical, somewhat critical, or not at all critical*** to the effort overall?

Structure/Activities:

25. a) How is this work in (*county/community*) organized—by that I mean is there some type of formal structure set up to coordinate and support the activities and the people involved? [**Probes:** advisory board, regular meetings, minutes, committees/workgroups]
 b) (*If there is a formal structure- probe for detail.*) e.g., How often are meetings held? What committees or workgroups have been established?
26. Who provides leadership for the group? [**Ask for** name and organization/affiliation.]
27. Is there a designated administrator or paid staff?
28. What neighborhoods, communities or cities does the youth prevention efforts reach? [**Probe** for whether it is a community, regional, or countywide effort.]
29. What “community partners” are currently involved? What are their roles? [**Probe** regarding any of the following that are not mentioned:]
- Schools
 - Public Health
 - Law enforcement/EMS
 - Mental health/drug & alcohol organizations or providers
 - Other health care organizations or providers
 - Church/faith community or other types of community groups
 - Media
30. What individuals or organizations have taken the most active role in planning and implementing the program?
31. a) Is the group actively recruiting new partners?
 b) (*If Yes*) From what sectors of the community?

32. What funding and resources does (*community/county*) have to support the effort?
33. a) Is there a written prevention plan outlining the activities and services?
 b) (*If Yes*) What is included in the plan?
34. How are decisions made regarding activities and how resources will be used?
35. Which of the following activities have occurred in the past 3 years as part of the coordinated effort? [**Ask** about each item in the list.]
- a) Informal networking
 - b) Needs assessment
 - c) Media campaign or other type of public education about youth suicide
 - d) Teen education
 - e) Gatekeeper training/professional education (*gatekeepers are professionals who work with risk groups like crisis workers, school personnel, clergy, physicians, police officers*)
 - f) Outreach, screening, and resource referrals
 - g) Crisis teams or support for youth and families
 - h) Other professional services (*specify*)_____
 - i) Evaluation of the effort [*If evaluation has occurred—**Probe:** What type of evaluation has been done? How is the information used?*]
 - j) Other (*specify*)_____
36. a) Are any new activities being planned?
 b) (*If Yes*) Explain.
37. What have been the biggest challenges in doing this work, and how were they addressed?
38. a) Are you familiar with the resources and materials available from the state Youth Suicide Prevention Program?
 b) (*If Yes*) What, if any, have you used? (*If used materials*) Have you used them in their original form, or modified them in some way to make them more suited to your particular community? (*If modified*) Explain.

Successes/Outcomes:

39. Can you give me examples of things you have observed or heard that indicate that the effort is making a difference?

[Probe: If unable to provide examples, may use any of the following as probes.]

Do you believe there has been?

- An increase in awareness of this issue?
- An increase in people's commitment to address the problem?
- A more supportive atmosphere in the schools/community – increased priority of prevention efforts?
- An increase in media attention or media campaigns?
- An increase in public events or presentations in public settings?
- An increase in availability of workshops/training?
- Any new policies/procedures or other organizational/governmental changes?
- Any new or enhanced services?

40. What have been the key factors that have contributed to the effort's success to date?

Sustainability:

41. Would you say the current level of commitment to this effort by key leaders in (*community/county*) is **very high, somewhat high, or not high at all?**

42. a) In your opinion, will the prevention efforts in (*community/county*) continue over the next 3 years?
- b) (*If Yes*) What are the most important factors that will support the effort's continuation?
(*If No*) What will prevent the effort from continuing? What would be needed in order for the effort to continue?

Recommendations for initiating, improving, and sustaining:

43. a) Many communities have not begun a youth suicide prevention effort. What factors do you think would be important or influential in mobilizing other communities to begin this work?
- b) (*If they state having a crisis as the major factor*) What about in a community that has not experienced a crisis?

44. What do communities (with or without crisis) need in the way of support and resources to initiate and sustain this kind of work?

45. If you were asked to advise a community or county that was considering embarking on this work, what advice or recommendations would you give them to help assure they are successful?

46. **[For County Level Interviews Only]**

We would like to talk to some key people who are involved in youth suicide prevention at the community level.

[Communities] Are you aware of communities in (*county*) that have local activities aimed at youth suicide prevention?

[Individuals] (*If yes*) Who would you suggest we contact that would be knowledgeable about the effort in their own community? [Get names, affiliations, and contact information.]

47. **[For Community Level Interviews Only]**

Are there other people in (*community*) that you suggest we contact that would have knowledge about this issue? [Get names, affiliations, and contact information.]

48. Is there any other information that you would like to share with me about youth suicide prevention in your (*county/community*)?

THANK YOU -- CONCLUDE INTERVIEW

Washington State Youth Suicide Prevention Program
 Evaluation of Community Networks

Youth Suicide Prevention Activities in the Last 3 Years Reported by Individual Counties

<p>SUCCESSFUL KITSAP (High Incidence/Large)</p>	<ul style="list-style-type: none"> • Needs assessment survey. • Trainers who give seminars and trainings throughout the county. There is training available every month. We also are doing trainings in our juvenile detention facilities, and EMS training. • All of the high schools and most of the middle schools have been through the YSSP toolkit training. • Central Kitsap High School has a Youth Suicide Prevention Club that does presentations in 9th grade health classes at the junior highs and high schools. Last year the students teamed with the drama classes, which put on a play about suicide prevention. • Presentations at the schools. There are more efforts in the schools. We have added 5 more schools since last year. • Walk for Life in which two school districts are very involved. It gets bigger and bigger each year because it is known county wide. The word is spread through the schools, local newspapers, and other local media resources. • Speakers’ bureau. <p><i>Planned activities—</i></p> <ul style="list-style-type: none"> • In June, we have planned a fundraiser called McTake over; it is where we take over the community with the support of McDonalds; as well as a teacher workshop. • We will be doing another fundraiser in the future with “Tell-Us” who is a car club. We will be at the car show passing out information packets. • We are trying to develop an in-class curriculum for teachers. • We are hoping to implement Teen Screen in Bainbridge Island Schools, but to do that you need available and accessible mental health resources. • We are also starting a joint project with the epidemiology dept. to look at deaths in the county over the past 2 years
<p>SUCCESSFUL SPOKANE (High Incidence/Large)</p>	<ul style="list-style-type: none"> • Many youth suicide prevention activities throughout the year mainly to the junior and high school students. • This year we will be doing a play called “Nobody heard me cry”. • Spokane mental health routinely conducts activities and events for the YSPP. • We are at all the fairs that the Task Force holds. • We are the main contact for the crisis center. • Training with Paul Quinnett (QPR Institute) for our providers in the area.¹⁹ • Developed resources to help family, friends, and students to assist them in the grieving process. • Developed help card that inform kids to reach out to before attempting to commit suicide. • Mental Health and a co-partner that runs the overnight shelter have utilized street kids to give talks/presentations and educate other youth members on youth suicide and other youth problems.

¹⁹ The QPR Institute is a for profit organization that teaches suicide prevention and awareness nationwide—mostly focusing on adult suicide.

	<ul style="list-style-type: none"> • Yearly candle light vigil —the purpose is for healing, and recruitment of volunteers to work in suicide prevention. • Provide information and materials for Yellow Ribbon Week—a prevention activity. • Presentations at rehab centers. • Prepared a curriculum that we hope to present to high school and college journalism classes within the next six months.
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SUCCESSFUL COWLITZ (High Incidence /Small)	<ul style="list-style-type: none"> • “Give 5 for Life” prevention program in elementary schools. The model teaches you that you can turn to/talk to 5 people before committing suicide. We pass out “Give 5 for Life” pamphlets at the schools and are trying to make this program part of the school curriculum. • ASIST training in the community. • Occasional QPR Institute trainings in the communities. • Yearly walk. • Created a video that is used throughout the county; we obtained rights from Christina Agulara to use her song “Beautiful.” • We started out presenting information to only the 6th grade classes but we now do a refresher course for the 7th & 8th grade classes.
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SUCCESSFUL CLARK (Lower Incidence/Large)	<ul style="list-style-type: none"> • Needs assessment and capacity mapping was done in the summer of 2001. • Started a youth hotline, which can be accessed via phone & intranet. • American Foundation for Suicide Prevention will be having the annual march in May; and a newsletter will be sent out to inform the community. • CAST Plus • ASIST training. We now have two trainers committed to do two trainings per year, with 30 adults per training. • Toolkit workshops in the community—the last one was on November 7. We’ve involved middle and high schools. • QPR training—we have three trainers in the community, including one who works extensively in the juvenile justice system. • We have a staff training coming up for all staff in which a mental health specialist will review how to assess and current referral resources. • Press releases about our trainings and send out information through the schools. We also work with Portland, which has put info on the TV stations. • Drug/alcohol intervention specialist at two high schools works with kids and runs groups for kids with co-occurring issues. Also works with school crisis manager to make them aware of at-risk kids, works with parents, and makes referrals to outside agencies. • Prevention Clubs (run by Drug/alcohol intervention specialists) in schools do presentations in classrooms on suicide prevention and awareness. • Teen Talk Helpline—kids are trained to listen and make referrals and know when to call for intervention • National depression screening in October and the Alcohol screening in April are annual and provide access to referral resources. Teen Talk also serves as a referral service • Hospital and schools have crisis teams, and there is Mobile Mental Health team. • Booth at the fair. • CAST Plus is doing a rigorous evaluation of their work, but that won’t be available until next year.
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<p>LESS SUCCESSFUL PIERCE (High Incidence/Large)</p>	<ul style="list-style-type: none"> • Orting school district has a suicide prevention program. • Annual or semi-annual gatekeeper training provided by YSPP. Several middle and high schools have done Toolkit training. • Most school counselors are trained in ASIST, and the health department offers training once a year—usually ASIST. • Greater Lakes Mental Health Center has had a Suicide Lifeline Institute affiliated with Pacific Lutheran University. They provide assistance to the schools when there is a suicide, or suicide attempt. • Using Federal Block grants, the county funds services at Rehman Hall (juvenile detention) to do a mental health screening, including suicide risk. Kids at risk are referred to mental health for intervention. • “Lock it Up” firearms campaign (sponsored by health dept.), which has the primary aim of preventing injury to children has changed its focus to being a method of suicide prevention by preventing access to firearms. We are trying to elicit participation from mental health agencies working with youth. • The county funds a Crisis Stabilization Service. Referrals are received from the county Crisis Intervention Team and/or DCFS. This is a community-based alternative to hospitalization. • The mental health division of the county human services dept. has a focus on suicide prevention and makes a concerted effort to meet with mental health contractors in the county. • Peninsula School District (Gig Harbor) had 2 recent suicides. The Gig Harbor Rotary asked for help, so we sent mental health professionals and drug/alcohol counselors to meet with the school district counselors and the Rotary chapter. • We put together a detailed suicide report that we disseminate where we can.
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<p>LESS SUCCESSFUL YAKIMA (High Incidence/Large)</p>	<ul style="list-style-type: none"> • In the past have had gatekeeper training provided by YSPP. • Yakima County has is a student driven prevention walk that is unique in the state. It is held on a school day (this year May 5th). The students walk three miles; have a gathering where they report on the prevention activities at their schools. The Rotary Club provides a lunch for them. • Staff at the Comprehensive Mental Health Center is required to attend training. • There are school based activities at many or the middle and high schools. What happens depends on the school. • There is also a group, Students Sharing Solutions, which meets to plan any countywide events such as our upcoming prevention walk. They do not meet on a regular basis—just to plan the event. • Conduct multi-agency trainings with Catholic Family & Child Services, Yakima Farm Workers’ Clinic, and Lutheran Family Services. • Open access, crisis evaluations, collaborating with Psychiatrists at Yakima Valley Hospital.
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<p>LESS SUCCESSFUL BENTON (High Incidence/Small)</p>	<ul style="list-style-type: none"> • One church works with over 150 high school students from all over Benton County. • A session has been held on how to conduct trainings, and students have given talks. • Programs in several schools, including Yellow Ribbon program. • YSPP has provided training for students and personnel with individual schools in the ESD. School personnel—counselors, teachers, and intervention specialists, lead the effort.
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	<ul style="list-style-type: none"> • School districts have carried out awareness days. • Southridge HS has hotline where kids can talk to other kids about their problems. They refer them to psychologists if they need more help. • Pasco hospital has a hotline also, but it is more about drugs and alcohol. • Health centers have presented information and given materials to parents on teen suicide.
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<p>LESS SUCCESSFUL SKAGIT (High Incidence/Small)</p>	<ul style="list-style-type: none"> • The Children’s Crisis Team works countywide. • The schools do assemblies and hand out the Yellow Card program • The community has a prevention program through the educational school district 189. • Training for educators, community members, and for the past two years we have provided peer-to-peer training. • Training for our Natural Helpers who train the other students. • Intensive crisis program for kids who ate threatening suicide due to family conflict—we do daily outreach for 21 days and help the family access counseling resources. • Parent information meeting was offered although it was not well attended • Oasis Teen shelter. • Natural Helpers conducts an annual survey is conducted which ranks the needs of the kids in school and is used to plan the resources for the next year.
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ATTACHMENT D

*Washington State Youth Suicide Prevention Program
Evaluation of Community Networks*
Utilization of YSPP Resources and Materials

When asked if they were familiar with the resources and materials available from the state Youth Suicide Prevention Program, informants said:		When asked what resources or materials they have used and whether they have been used in their original form or modified in some way to make them more suited to the particular community, informants said:
Kitsap	<ul style="list-style-type: none"> All but one person were familiar. 	<ul style="list-style-type: none"> We have used all of them, as is. We have added our own brochure and a placard of Kitsap County resources. We have used a variety of YSPP materials and have not modified them. They are posted everywhere. We always need more packets I have modified the order of use. I think the video “A Cry for Help” should be shown first, and used at every presentation. The kids often leave out the role-plays in their presentations because they don’t like to do them. They also change some of the language. Teacher materials on depression. We added the signs of depression to our Power Point presentation.
Spokane	<ul style="list-style-type: none"> All but one person were familiar. 	<ul style="list-style-type: none"> We have used all of them except the materials in Spanish. We have modified some to include local help numbers and resources. We have used some for adult audiences, too, so have changed the language a little on those. Dispensed to others, primarily the schools.
Clark	<ul style="list-style-type: none"> All were familiar 	<ul style="list-style-type: none"> We use a lot of their information. Use the materials in their original form. Haven’t been able to use them because of budgetary restraints.
Cowlitz	<ul style="list-style-type: none"> Two were familiar One knows it exists. [<i>“Mental health professionals seem unaware of the YSSP materials.”</i>] 	<ul style="list-style-type: none"> We have used their posters, pencils, and their business cards; however we have modified them to make the materials relevant to our local area. We use a lot of their resources and they help us get materials at a cheaper cost

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Pierce <ul style="list-style-type: none"> • Four were familiar. [<i>“It was the first state initiative in suicide prevention planning in the country. Other states use it as a model. It focused on gatekeeper training, enhancing crisis lines throughout the state.”</i>] • One was not very familiar. [<i>“I know they have brochures and hold trainings, and that they are available to come to communities to help debrief after a suicide or suicide attempt.”</i>] 	<ul style="list-style-type: none"> • I pass out flyers from them. • We added the number of our crisis line to the brochures.
Yakima <ul style="list-style-type: none"> • Three were very familiar. • One was not familiar. 	<ul style="list-style-type: none"> • Washington and national statistics. • Signs and symptoms. • Handouts for kids. • Used in original form—no need to change them.
Benton <ul style="list-style-type: none"> • Three were fairly familiar. • Three were not at all familiar. 	<ul style="list-style-type: none"> • I have taken kids through the Toolkit workshop twice.
Skagit <ul style="list-style-type: none"> • Two were familiar. • One was somewhat familiar. [<i>“I have seen it but I would not know it verbatim.”</i>] 	<ul style="list-style-type: none"> • I take them out to the schools. The warning signs, risk factors, how to work with teens handouts. • Changed for tribal personnel to look at –there are different risk factors for Native American youth. Modified the interventions to be friendlier to Native Americans. • All of the lessons and scripts. We modified them the first couple of years, but this year we used them as written. It was much better—the kids didn’t have to spend their energy with the modifications. • We would like more activities for the 8th grade; since this is the 2nd year they get the presentation. We use the video and a brochure from the Skagit County Response Team. They would like it to be more “fun”. • Videos, pamphlets, and posters. • Newsletter gives me information about events in our area .