Van Buren
Community Mental Health Authority
Ends Monitoring Report
October 2019

SUBJECT: Suicide Rate will Decrease

- The suicide rate in Van Buren County will decrease.

CEO Interpretation:

The Board of Directors desires that VBCMH take actions to prevent the tragedy of suicide in the county.

Monitoring report

The VBCMH Board adopted the end of the suicide rate will decrease in 2009. In Van Buren County, the five-year moving average from 2013-17 decreased to 10.6 per 100,000 population compared with the non-overlapping five-year average of years 2008-2012 when it was 11.8 per 100,000 population. Comparing these five-year periods, the rates decreased for all ages. However, the five-year moving average from 2013-2017 increased slightly when compared to 2012-2016 for all ages and ages 25 to 74; the rate remained the same for those under 25 and for those 75 years and older. (Chart is attached at the end of this narrative.)

Michigan rates have increased over time since 1999 for every age level. The decrease in rates for Van Buren while Michigan rates have increased is a hopeful sign that our efforts begun in 2009 are having an impact, but ongoing efforts are needed. (More information on Suicide rates in the country and state as well as on risk and protective factors is included in the Incidental Information section of the Board packet.)

The federal Substance Abuse and Mental Health Services Agency (SAMHSA) in its National Strategy for Suicide Prevention (National Strategy) does warn that "local suicide rates, due to the significant fluctuations that occur in small populations, are often not useful in evaluating the effectiveness of suicide prevention programs, in the short run." Thus, an examination of the means, or processes employed to reduce the rate of suicide may be the closest proxy measure for monitoring of this Board End.

The Center for Disease Control (CDC) recommends a public health approach to suicide prevention that involves healthcare, employers, education, public health, business, government and other community organizations to work together to prevent suicide. Guidelines include:

- Identify and support people at risk of suicide.
- Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together, so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary help for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.

Since the adoption of the End statement in 2009, VBCMH successfully implemented a 2.5-year communitywide Youth Suicide Prevention grant that ended September 30, 2012. The grant funding allowed VBCMH to form a community coalition to work on youth suicide prevention and gain expertise in this area. With the end of the grant, the coalition decided it wanted to continue on and to include all age groups in the community's efforts to utilize the public health approach to prevent suicide. The grant coordinator designated as the VBCMH Suicide Prevention Coordinator remains with VBCMH and active in this role. The Coalition has continued to grow.

Van Buren Suicide Prevention Coalition is coordinated by VBCMH Program Supervisor, Becky Fatzinger, and its members include those who attend meetings as well as people who have requested to be on the email list but are unable to attend meetings. Preventing suicide involves everyone in the community. The Coalition is a broad-based group which has grown to over 230 people on the email list. Coalition members represent local schools, private and public human service agencies, Family Court, the faith community, law enforcement, and people who have directly experienced loss related to suicide. Coalition members are regularly sent nationally developed materials of interest, links to free webinars, as well as information on local suicide prevention efforts. A Facebook page for the Coalition is also used frequently to communicate information.

The Coalition completed the Van Buren County Suicide Prevention Plan early in 2011, and continues to review and update it periodically. The plan continues to guide the work of the Coalition and addresses prevention for all age groups. It has been widely distributed to the Coalition and human services agencies and schools.

The Van Buren Suicide Prevention Coalition focuses on raising awareness about suicide and suicide prevention; reducing stigma associated with mental health and substance abuse treatment; building leadership among adults and youth in community-based suicide prevention efforts; identifying people at risk of mental health problems and referring and linking them to appropriate community resources; and identifying and strengthening protective factors that reduce or mitigate mental health problems. Recent research, best practices and guidelines are routinely presented and shared with coalition members.

In 2012, VBCMH began training staff throughout the agency on the impacts and treatment of trauma. The Adverse Childhood Experiences (ACE) study conducted over a ten-year period and involving more than 17,000 people looked at effects of adverse childhood experiences (trauma) over the lifespan. The ACE Study revealed a powerful relationship between our experiences as children and our physical and mental health as adults.

People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences.

- Physical, emotional and/or sexual abuse
- Neglect or abandonment
- Divorce/loss of contact with parent
- Alcoholism or drug addiction in the family
- Family violence
- Poverty, homelessness, lack of food and basic needs
- Family member in prison
- Family member with mental illness

These experiences raise the individual's risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties. An adult who had experienced 4 of the adverse childhood experiences had a 1200% increase in attempted suicide when compared with those adults who had none of these experiences. "The ACE Study found that between 66% and 80% of all attempted suicides could be attributed to adverse childhood experiences." (http://www.liftchildren.org/show_page.asp?page_id=1)

VBCMH has trained our staff and partner agency staff (including Van Buren Department of Health and Human Services (DHHS), courts, and school personnel throughout the county) in the impact of trauma and importance of a trauma informed approach.

The VBCMH focus on treating trauma and working with community partners to reduce the occurrence of trauma and its impact are important ongoing pieces of our community's suicide prevention plan as these actions are aimed at reducing risk factors and increasing protective factors for suicide prevention.

In addition to regular meetings and ongoing communication with Coalition members, **other activities related to suicide prevention include:**

- VBCMH **Youth Intervention Screening** began in May 2017. This mental health screening program is for youth who are at risk of becoming formally involved in the juvenile justice system. The project staff members work closely with local schools, and the Juvenile Court to identify youth. The screening includes a brief mental health screen, trauma screening and a CAFAS (Child and Adolescent Functional Assessment Scale.) Youth are referred to appropriate services as indicated by the results of the screenings. Thus far in FY 2019, 82 youth have been screened; 72 received referrals to mental health services and 19 received referrals to non-mental health services. 54 youth avoided a formal petition to Juvenile Court as a result of the screening and services provided. The risk for involvement in juvenile justice is broadly defined and recent efforts have encouraged more referrals from schools before youth have committed a crime. (More information on this service is presented in the packet under Board Education and staff will present at the meeting.)
- Last year, through the work of the newly formed Health Subcommittee of the Human Services Collaborative Council, we started a new initiative that promotes and markets the Crisis Text Line. The **Crisis Text Line** is a free, 24/7 support for those in crisis. Text HAND to 741741 from anywhere in the US to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis. Every texter is connected with a Crisis Counselor, a real-life human trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving. Through the use of a specific keyword by people in our area, we will have access to data that will be potentially useful in better understanding the needs and concerns of those in crises.
- **Question, Persuade and Refer (QPR**) training – this national evidence-based model focuses on teaching lay persons to recognize the warning signs of suicide, know how to offer hope, and how to refer someone to help. The training is conducted by a CMH master's level therapist. In the past fiscal year, 44 adults and 20 teens were trained in QPR. Since 2010, approximately 439 adults and 244 youth have been trained.
- Recently 41 VBCMH staff participated in a **training** provided by Dr. Lia Gaggino, Bronson's System Director for Behavioral Health, on use of a nationally accepted Suicide Safety Planning process that is recommended by the Suicide Prevention Resource Center (SPRC), National Suicide Prevention Lifeline and the Veterans Administration. In the past, VBCMH staff and community partners have participated in a number of gatekeeper and suicide treatment trainings that include ASIST (Applied Suicide Intervention Skills Training); AMSR (Assessing and Managing Suicide Risk), Suicide Assessment Management and Treatment; and

CAMS training (Collaborative Assessment and Management of Suicidality). Almost 100 local professionals have been trained in these models. The CAMS training was co-sponsored by Bronson Healthcare and SWMBH (at the urging of VBCMH.)

- **Youth Screen** (formerly Columbia University TeenScreen) is an evidence-based mental health screening that provides early detection of potential risks for suicide and requires signed parent/guardian consent and youth assent. Screenings are done by a trained master's level CMH therapist. Teens with positive screens are referred to appropriate services and have a follow-up contact with the screener at 2 weeks and 3 months. Since 2010 when the screenings began, over 1400 youth have been screened. Approximately 33% of the screens were "positive" indicating possible mental health concerns. Of those with positive screens, referrals were made to appropriate resources, as indicated by the screening results and clinical interview after the screening was completed. Previously funding and partnership with the Van Buren Intermediate School District (VBISD) allowed this screening effort to grow. The VBISD has implemented their own internally provided suicide prevention program at the Tech Center approximately 4 years ago.
- **Teen Resource Cards and Posters** – developed by VBISD Technology Center students. Over 2,000 have been broadly distributed throughout the county over the last several years.
- Suicide Prevention Coalition brochures – distributed to other agencies and at community fairs and events. Includes CMH crisis line and Suicide Prevention Lifeline phone numbers.
- **"How Stress and Trauma Affect Your Health"** – brochure developed and distributed at all agency sites, coalition members, and other community partners for further distribution to people throughout the county. Includes CMH crisis line and Suicide Prevention Lifeline phone numbers.
- **Parent / Caregiver Resource Training** – trainings that teach impact of trauma on children's mental health and behavior; and strategies for helping those children and their caregivers to better manage concerns. This fiscal year, 20 parents/caregivers and 57 community members have participated in the training. In prior years, over 280 other people attended this training.
- **Critical Incident Stress Management** (CISM) team was re-established in 2013. There are over 25 people trained in the county in this model, including 7 CMH staff. The focus of this team is to provide an organized and cohesive response to schools or community after a crisis. Additional VBCMH staff are scheduled to be trained in the coming months.
- Written information about **safe storage and disposal of medicines** has been widely distributed throughout the county, at pharmacies, agencies, and in the media. The flyer was recently revised and is being broadly distributed throughout the county. The flyers include the Suicide Prevention Lifeline number and the Crisis Text Line number.
- **Internal VBCMH procedures** changed to improve process of providing more regular follow-up with customers with suicide risk factors.
- VBCMH adopted a **"Trauma Informed System of Care Policy"** – there is a strong correlation between trauma and suicide, as cited above in the discussion about the ACE Study. Reducing trauma related symptoms helps to reduce suicide risk. VBCMH recently did a staff survey to help identify continuing needs of staff in this area. There was robust response to the survey indicating a strong interest in continuing growth in providing trauma informed care and enhancing a trauma informed work environment. Next steps include operationalizing staff suggestions for further growth in our trauma informed system of care.
- Bronson Healthcare Community Partners suicide prevention initiative began meeting in 2017 and involves several partners from around the region. The Initiative **seeks to improve the referral network and collaboration in the region** as well as improve the assessment and treatment of those who are suicidal. The group has met three times, most recently in June 2019, providing opportunity for networking and discussions about how to continue to enhance

collaborative care between primary care and specialty physicians and mental health providers.

- Naloxone training (also known as **Narcan**) for non-first responders began in FY 17. Since then, 179 people have been trained, including 74 this fiscal year. Naloxone is used to treat a narcotic overdose in an emergency situation by blocking or reversing the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. Recent research indicates there is a strong correlation between opioid misuse and suicidality. Often, it is unknown if the overdose was accidental, purposeful and/or related to an overwhelming sense of hopelessness about the future. Everyone who completes the training receives a Naloxone kit and a certification of completion for the training. First responders in Van Buren County have been trained through SWMBH for several years, including training internal trainers, with approximately 148 kits currently being carried by local law enforcement (not including Michigan State Police). There are 11 officers in Van Buren County who have trained as in-house trainers for their own agencies.
- The **documentary movie "Resilience: The Biology of Stress & The Science of Hope**" was purchased through a Great Start mini-grant last year. Since then the movie has been shown to approximately 244 people in the county. We will continue to host showings of the film to interested partners and the community at large, with the goal to raise awareness about the negative impact of toxic stress and the power of building and strengthening resiliency to disrupt cycles of violence, addiction, and disease.

Conclusion

The National Suicide Prevention Plan notes that "suicide will not be reduced through implementation of short term, one-time efforts. Suicide prevention efforts are more effective when programs are long-term, with repeated opportunities to reinforce targeted attitudes, behaviors, and skills in settings where people normally spend their time: schools, community events, faith communities, and the workplace."

The guidelines presented in the CDC's June 2018 report articulate the importance of suicide prevention from a public health approach. Commitment, cooperation, and leadership from numerous sectors, including mental health, public health, education, justice, health care, social services, business, labor, and government can bring about the successful implementation of these recommended guidelines.

In a research article published in September 2012 in the American Journal of Public Health, epidemiologists determined that suicide now kills more Americans than car crashes. In the past decade, comprehensive traffic safety measures have successfully reduced the national death rate due to vehicle crashes. The authors conclude that similar efforts will be required to diminish the burden of suicide. The Institute of Medicine has found that spending in suicide prevention nationally is disproportionately low, given the magnitude of the problem. "A substantial investment of funds is needed to make meaningful progress."

Although many effective strategies have been launched, much remains to be done. The budget for VBCMH for 2020 fiscal year despite the challenging funding conditions retains the ongoing work of the Suicide Prevention coordinator and the efforts of VBCMH discussed in this report.

The Board is asked to deliberate the questions asked when an Ends report is given

1. Is the interpretation by the CEO reasonable?
2. Is the evidence relevant and compelling?
3. Does this information lead the Board to believe they need to refine their Ends?

Intentional Self-harm (Suicide) Deaths and Death Rates
Van Buren County Residents, 1989-2017

Five-Year Moving Averages

Open Graph

Year	All Ages		Age Under 25		Age 25 - 74		Age 75 and Older	
	Average	Age-Adjusted Rate	Average	Age-Specific Rate	Average	Age-Specific Rate	Average	Age-Specific Rate
2013-2017	10.6	13.7 ±3.8	0.8	*	9.0	19.5 ±5.7	0.8	*
2012-2016	10.2	13.5 ±3.8	0.8	*	8.6	18.6 ±5.6	0.8	*
2011-2015	10.8	13.6 ±3.8	1.2	4.9 ±3.9	8.8	19.1 ±5.6	0.8	*
2010-2014	10.4	13.4 ±3.8	1.4	5.7 ±4.2	8.2	17.8 ±5.4	0.8	*
2009-2013	10.8	13.8 ±3.8	1.2	4.8 ±3.8	8.8	19.0 ±5.6	0.8	*
2008-2012	11.8	15.4 ±4.0	1.4	5.5 ±4.1	9.2	19.9 ±5.8	1.2	26.3 ±21.0
2007-2011	12.0	15.6 ±4.0	1.0	*	9.8	21.2 ±5.9	1.2	26.5 ±21.2
2006-2010	11.0	14.1 ±3.8	0.6	*	9.4	20.3 ±5.8	1.0	*
2005-2009	11.4	14.4 ±3.8	0.6	*	9.6	20.8 ±5.9	1.2	26.9 ±21.5
2004-2008	11.0	14.2 ±3.8	1.0	*	8.8	19.1 ±5.6	1.2	27.1 ±21.6
2003-2007	10.6	13.8 ±3.8	1.0	*	9.0	19.6 ±5.7	0.6	*
2002-2006	11.4	15.0 ±3.9	2.2	8.2 ±4.8	8.6	18.8 ±5.6	0.6	*
2001-2005	11.6	15.4 ±4.0	2.8	10.3 ±5.4	8.2	18.1 ±5.5	0.6	*
2000-2004	10.2	13.8 ±3.8	2.4	8.8 ±5.0	7.6	16.8 ±5.4	0.2	*
1999-2003	9.4	12.7 ±3.6	2.0	7.3 ±4.5	6.6	14.7 ±5.0	0.8	*
Note: The manner in which underlying cause of death is coded and classified was revised in 1999 to reflect changing medical opinion and practice. The comparability between classification schemes for this particular cause of death is high (1.00), meaning that the change should have little or no impact on the comparisons of mortality statistics over time.								
1998-2002	8.8	11.9 ±3.5	1.8	6.6 ±4.3	6.2	13.9 ±4.9	0.8	*
1997-2001	7.4	10.0 ±3.2	0.8	*	5.4	12.2 ±4.6	1.2	28.1 ±22.5
1996-2000	7.6	10.3 ±3.3	0.2	*	5.8	13.1 ±4.8	1.6	37.7 ±26.1
1995-1999	7.0	9.6 ±3.2	0.2	*	4.8	10.9 ±4.4	2.0	47.5 ±29.5
1994-1998	7.4	10.2 ±3.3	1.0	*	5.0	11.5 ±4.5	1.4	33.5 ±24.8
1993-1997	8.2	11.4 ±3.5	1.2	4.4 ±3.5	5.6	13.0 ±4.8	1.4	33.8 ±25.0
1992-1996	7.4	10.4 ±3.4	1.0	*	5.6	13.1 ±4.9	0.8	*
1991-1995	7.4	10.4 ±3.4	1.2	4.5 ±3.6	5.6	13.3 ±4.9	0.6	*
1990-1994	8.4	12.1 ±3.7	1.4	5.2 ±3.9	6.2	15.0 ±5.3	0.8	*
1989-1993	8.8	12.9 ±3.8	1.0	*	6.8	16.7 ±5.6	1.0	*
1988-1992	8.8	13.0 ±3.9	0.8	*	6.6	16.5 ±5.6	1.4	36.1 ±26.8
1987-1991	9.4	13.9 ±4.0	1.2	4.6 ±3.7	6.6	16.8 ±5.7	1.6	42.1 ±29.2
1986-1990	8.6	12.9 ±3.9	1.2	4.6 ±3.7	6.0	15.5 ±5.5	1.4	37.6 ±27.9
1985-1989	9.0	13.4 ±4.0	1.4	5.4 ±4.0	6.8	17.9 ±6.0	0.8	*
1984-1988	10.6	15.9 ±4.3	2.4	9.2 ±5.2	7.0	18.7 ±6.2	1.2	33.4 ±26.7
1983-1987	10.8	16.5 ±4.5	3.0	11.4 ±5.8	6.6	17.9 ±6.1	1.2	33.7 ±27.0
1982-1986	11.8	18.5 ±4.8	3.0	11.2 ±5.7	7.8	21.3 ±6.7	1.0	*

Notes:

The underlying cause of death is the condition giving rise to the chain of events leading to death. Between January 1, 1979 and December 31, 1998, the underlying causes of death were classified in accordance with the Ninth Revision of the International Classification of Diseases (ICD-9), a coding structure developed by the World Health Organization. Starting January 1, 1999, causes of death were classified using the Tenth Revision of the International Classification of Diseases (ICD-10). With each revision there are differences in classifying the underlying cause of death. Therefore, health statistics based on one revision are not directly comparable to the other revision without the use of comparability ratios.

Intentional Self-harm (Suicide) Deaths: Before 1999, deaths were classified with ICD-9 codes E950-E599. Starting in 1999, deaths were classified using ICD-10 codes *U03,X60-X84,Y87.0.

Intentional Self-harm (Suicide) Death Rates: Rates are per 100,000. Computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000. The true rate lies between the lower and upper bounds of the interval with 95% statistical confidence. If the confidence interval is large for a single year comparison, it is suggested that you use the three year and five year moving average rates.

Geocoded Residence: Between 2000 and 2017, the residence reported on the death certificate was recoded by geocoding the decedents' reported addresses of residence. As a result, counts of deaths by county may differ from previously published figures.

Source: 1989 - 2017 Michigan Resident Death Files. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Population Estimate (latest update 6/2018), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories

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