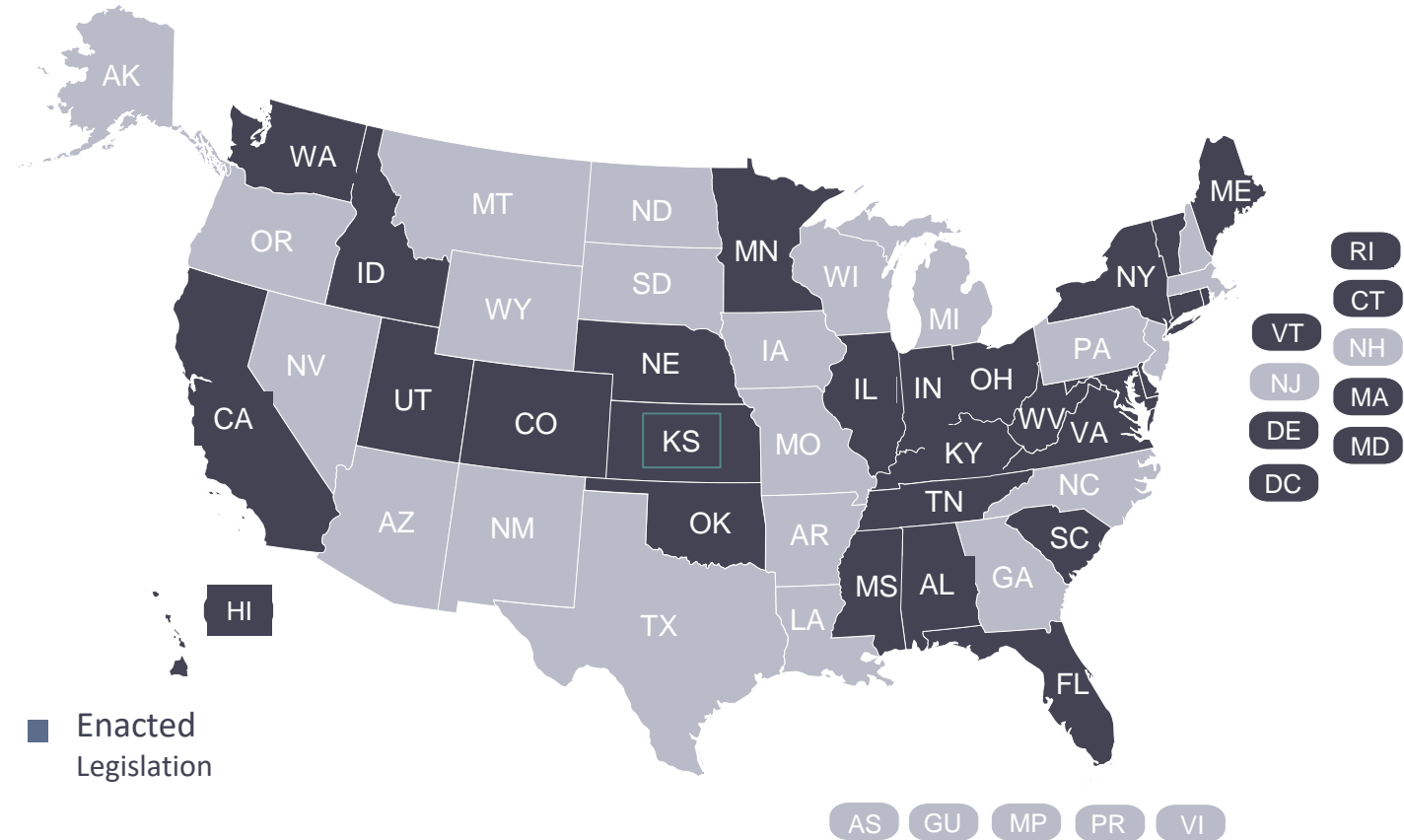


Trends in Suicide Prevention Legislation

- In 2022 so far...
 - State legislatures have enacted 73 bills on suicide prevention
 - Legislation enacted in 30 states
- Common Topics
 - Youth Suicide Prevention
 - The 988 Lifeline
 - Restricting Access to Lethal Means
 - Veterans
 - First Responders/Emergency Workers



Suicide and Crisis Lifelines

Crisis “hotlines” or “lifelines” are phone numbers that people considering suicide or self-harm can contact to speak to a trained intervention specialist about their situation.

Some hotlines enable users to text with the person on the other end of the line.



National Suicide Hotline Designation Act of 2020

Key Details for States

- The Legislation and Federal Communications Commission allow for a 2-year transition.
 - Allows for widespread network changes and to provide time to prepare for an expected increase in calls.
- Shorter, 3-digit number intended to be easier to remember.
- Builds off existing infrastructure of the National Suicide Prevention Lifeline.
- Allows states to impose a surcharge to support local call centers.
 - Similar to funding model in place for “911” calls.
- Hotline will also include the Veterans Crisis Line.

Other State Hotline Models

Colorado

- Operates the “Safe 2 Tell” program.
- Colorado created the “Safe 2 Tell” program in 2007 allowing anonymous reporting of threats, bullying and students considering suicide.
- Colorado revised the program in 2012 and allowed for students to make reports by phone, the program’s website and via the program’s app.

Utah

- Operates the “Safe UT” program.
- The **SafeUT** Crisis Chat and Tip Line is a statewide service that provides real-time crisis intervention to youth through live chat and a confidential tip program.
- In 2015, Utah created the SafeUT program and the app activated in early 2016.

Gatekeeper Training

Learning to identify the signs that someone may be experiencing a mental health crisis and the strategies to intervene can help prevent suicide and connect those with unmet mental health needs to the appropriate care.



Mental Health First Aid

- Mental Health First Aid (MHFA) is an intensive training to identify and intervene in people experiencing suicidal thoughts.
- Supported by the National Council for Behavioral Health and others in the United States.
- Acknowledges role everyone can play in suicide prevention.
- States have implemented MHFA in different ways, including requiring first responders, teachers and other professions to receive training.



Applied Suicide Intervention Skills Training

- Applied Suicide Intervention Skills Training (ASIST) is another program that helps hotline counselors, emergency workers and other gatekeepers identify and connect with suicidal people and connect them to available resources.
- One study of 1,410 suicidal individuals who called 17 lifeline centers found that callers who spoke with ASIST-trained counselors were significantly more likely to feel less depressed, less suicidal and more hopeful by the end of their call.
- Counselors trained in ASIST were also more skilled at keeping callers on the phone longer and establishing a connection with them.
- *ASIST* is a two-day, two-trainer, workshop designed for members of all caregiving groups. Family, friends, and other community members may be the first to talk with a person at risk, but have little or no training.
- The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.
- SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP).

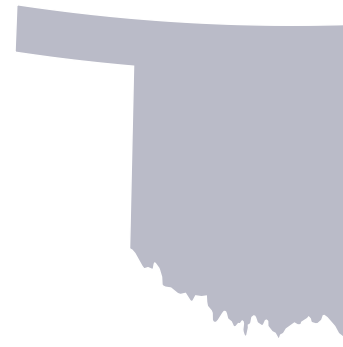
State Examples



Maine



Florida



Oklahoma



Rhode Island

Zero Suicide Initiative

- The Zero Suicide initiative is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems.
- About 85% of people who die by suicide sought some form of health care in the four weeks prior to their death and up to 45% of individuals who die by suicide visited their primary care physician within a month of their death.
- The framework stresses the importance of continued health care quality improvement, follow-up for patients considering or at risk of suicide, and counseling
- More information can be found at www.zerosuicide.sprc.org.



Colorado

- Colorado's [SB 16-147](#) requires the Office of Suicide Prevention to create and implement a Zero Suicide plan involving health care providers from across the health care system.
- Improves training for health care providers, emergency first responders and other stakeholders.

Louisiana

- Louisiana's [HB 18-148](#) established the state's Zero Suicide Initiative.
- Requires the state health department's Office of Behavioral Health to use data to identify priority patients, improve the quality of care and provide a basis for measuring progress.

Addressing Access to Care

Many communities lack access to mental/behavioral health providers.

Rural communities may be especially impacted by workforce shortages.

Lack of insurance coverage or other insurance coverage issues may also contribute to a lack of access.

About 37% of Americans live in an area with a shortage of behavioral health providers



State Policies Workforce

- States including Colorado, Illinois, Maryland, Minnesota, Oregon, Pennsylvania, Texas and Washington recently enacted legislation to study behavioral health trends and develop plans to address workforce challenges.
- Washington - apprenticeship programs
- South Dakota - licensure by endorsement for counselors and marriage and family therapists
- Minnesota - Health Professionals Service Program
- More from our [State Strategies to Recruit and Retain the Behavioral Health Workforce](#) report.

Questions?

Charlie Severance-Medaris
charlie.severance@ncsl.org