

2024 Report on Suicide Prevention Activities



Office of
Mental Health





**Office of
Mental Health**

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A Letter from the Commissioner

One of the highest priorities at the New York State Office of Mental Health (OMH) is to save lives and reduce the devastating impact of suicide on individuals, families, and communities. Although New York State has one of the lowest suicide rates in the United States, our work is not finished. Preventing suicide is an ongoing effort, and we are constantly faced with new challenges and circumstances that can impact mental health.

This report will provide the Governor and Legislature an overview of state-wide suicide prevention programs and initiatives that have been overseen and supported by OMH during the 2022 and 2023 calendar years. These initiatives include:

- **Data and Research:** Our agency conducts research to better understand the factors contributing to suicide and to identify high-risk populations. Data collection helps in tailoring prevention strategies effectively.
- **Healthcare Related Suicide Prevention:** This is often referred to as Zero Suicide and involves helping healthcare organizations implement best practices in suicide care.
- **Public Health Suicide Prevention** which includes:
 - **Partnership and Collaboration:** OMH collaborates with various organizations, including mental health agencies, non-profits, and community groups, to coordinate efforts and resources for suicide prevention. This multi-agency approach strengthens the overall impact of suicide prevention efforts.
 - **Crisis Hotlines:** Our agency supports and promotes the 988 Suicide & Crisis Lifeline, which is available to everyone 24/7 in crisis. This crisis hotline provides immediate support from trained personnel to those in crisis or contemplating suicide. It is also available for those concerned for a loved one.
- **Cross-Cutting Activities**, including:
 - **Education and Awareness:** Our agency conducts awareness campaigns to educate the public about the signs of suicide, mental health issues, and available resources for help. These education efforts can help reduce the stigma and encourages individuals to seek assistance.
 - **Training Programs:** OMH's Suicide Prevention Center of New York (OMH's SPCNY) provides suicide prevention training programs to healthcare professionals, educators and school staff, and community members on suicide risk assessments and prevention strategies. These training offerings empower more people to recognize and respond to individuals in crisis.
 - **Support for At-Risk Groups:** OMH recognizes the importance of addressing the unique needs of at-risk groups, such as Black youth, Latina adolescents, individuals residing in rural communities, members of the LGBTQ+ community, first responders, and Veterans. Tailored programs and services are designed to reach these at-risk populations.
 - **Evaluation and Improvement:** OMH continually evaluates the effectiveness of its suicide prevention programs and makes necessary adjustments to ensure they remain responsive to evolving needs. Through these comprehensive strategies, we can play a crucial role in championing suicide prevention, striving to reduce suicide rates and improve mental health outcomes in the state.

While the activities described in the attached occurred in 2022 and 2023, it is important to know that the work continues and expands.

In the Fall of 2023, Governor Hochul announced the reconvening of the Suicide Prevention Task Force. In total, 31 taskforce members participated in the inaugural meeting, which was conducted on May 1st, 2024. The agency will conduct six additional virtual sessions on a bi-monthly schedule. The reconvened Suicide Prevention Taskforce's first meeting set the stage for a renewed commitment to suicide prevention in New York State, with a focus on inclusivity and addressing the needs of vulnerable populations. The task force will continue to align its recommendations with the New York State Prevention Agenda and facilitate data sharing to direct statewide, regional, and local actions to prevent suicide.

In November 2023, OMH announced the availability of \$15 million in funding (\$3 million annually over a 5-year period) for non-profit agencies and tribal organizations serving at-risk youth and/or young adults from historically underserved, racial and ethnic minoritized populations, and/or LGBTQIA+ groups, including those in rural areas. The funding is intended to assist with the development of innovative treatment-adjacent programming to provide culturally relevant suicide prevention interventions.

Also in November 2023, OMH announced the availability of \$5 million in funding (\$1 million annually over a 5-year period) for innovative treatment-adjacent programming to provide culturally relevant suicide prevention interventions for transgender, gender non-conforming, and non-binary youth (TGNCNB) youth and young adults. In April 2024, OMH announced that these awards were conditionally made to three service providers.

And finally, a component of the 2024-25 executive budget is the addition of \$2 million in funding for suicide prevention, peer-to-peer training, and other mental health supports and services for veterans and first responders, including disaster relief workers. This will expand the existing work with uniform personnel through the [CARES UP program](#) that aims to strengthen resiliency and wellness for this population of the workforce.

We look forward to working closely with you on our efforts to reduce the lives lost to suicide and provide the support and services necessary for all New Yorkers to achieve the optimal mental health and wellness they deserve.

Ann Marie T. Sullivan, M.D.
Commissioner

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Overview

In accordance with Chapter 626 of the Laws of 2019, the New York State Office of Mental Health has prepared this written report for the Governor, Speaker of the Assembly, and temporary President of the Senate on the progress of all development of plans, programs, and services in the areas of research and prevention of suicide, the reduction of suicidal behavior and suicide through consultation, training, implementation of evidence-based practices, and use of suicide surveillance data. Program initiatives to address suicide prevention within high-risk groups including Black youth, Latina adolescents, individuals residing in rural communities, members of the LGBTQ+ community, first responders, and Veterans are contained within this report.

The New York State Office of Mental Health’s Suicide Prevention Center of New York (SPCNY) works collaboratively with State and local partners to provide technical assistance to localities across New York State in their efforts to reduce suicide death. This assistance takes many forms and will be outlined in the details of this report. SPCNY was founded in 2009 by OMH and developed to be the community-based presence of suicide prevention within New York State. SPCNY advances statewide and county-specific suicide prevention initiatives. SPCNY has developed a strong community-based infrastructure that supports local efforts to prevent suicide, including promoting suicide prevention in schools, early identification through gatekeeper trainings, and local support for individuals through fostering competent caring communities. When a community is affected by a suicide death, SPCNY facilitates responses and activities to address the loss and limit contagion effects through its collaborative efforts with OMH regional field offices and local organizations.¹ In addition to implementing numerous projects and pilots, technical assistance, consultation, and trainings are provided to numerous stakeholders by SPCNY staff in the following domains:

- Data and Research
- Healthcare– assistance provided to behavioral health and healthcare providers
- Community suicide prevention, including:
 - Coalition Building
 - Gatekeeper Training
 - School District consultation and training
 - Consultation to OMH program bureaus and other state agency partners
 - Support for at-risk groups

¹1,700 Too Many <https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>

Suicide At-A-Glance In New York State

Epidemiology of Suicide

- Suicide is the 15th leading cause of death in New York, it's also:
 - the 3rd leading cause of death for ages 10-24
 - the 2nd leading cause of death for ages 25-34
 - the 5th leading cause of death for ages 45-44
 - the 7th leading cause of death for ages 45-54
 - the 10th leading cause of death for ages 55-64
 - the 18th leading cause of death for ages 65+

1,660 New Yorkers died by suicide in 2021. Males died by suicide at 3.6 times the rate of females.

At 7.9 suicides per 100,000 residents, New York State's suicide rate is among the lowest in the nation (49th out of 50).

| Suicide Rates by State | | | |
|------------------------|------|--------------|------|
| Bottom 5 | | Top 5 | |
| State | Rate | State | Rate |
| New Jersey | 7.1 | Wyoming | 32.3 |
| New York | 7.9 | Montana | 32.0 |
| Massachusetts | 8.0 | Alaska | 30.8 |
| Maryland | 9.7 | New Mexico | 25.0 |
| Connecticut | 10.0 | South Dakota | 23.2 |

Source: CDC WONDER

New York's suicide rate in recent years (2019-2021) is 30 percent higher than it was two decades prior (Source: wonder.cdc.gov).

Suicide Prevention by the numbers

The New York State Collaborative Care Medicaid Program has completed 15 million depression screenings since being launched in 2015.

There are 165 outpatient mental health clinics— along with their 280 satellite clinics— caring for about 100,000 New Yorkers annually, implementing best practices in suicide safer care. Running from 2016-2019, this initiative remains the largest Zero Suicide demonstration project conducted in an outpatient setting in the nation. Evaluation data from this project is being analyzed for lessons learned and is part of a grant through the National Institute of Mental Health. Though the project has ended, many of the clinics continue to utilize Zero Suicide procedures as part of their standard care.

New York State clinicians completed 15,132 suicide prevention trainings between January 2022 and June 2023. There have been 73,209 trainings completed since 2016.

There were 11,728 school and mental health professionals who completed suicide awareness trainings since January 2022.

Sources of Strength training (see page 18 of this report for additional information) was provided to 5,037 student peer leaders and 1,068 adult advisors since January 2016. Prevention messaging was delivered to 37,581 secondary students during the 2022-2023 school year. Gatekeeper suicide prevention training was given to 6,325 New Yorkers since 2022. Suicide prevention training was completed by 11,864 New York State employees in 2022. There have been about 179,000 Crisis Text Line conversations with New Yorkers since January 2021. The 988 Suicide and Crisis Lifeline routed more than 185,000 calls directly to New York State 988 Crisis Contact Centers in 2022, and more than 31,000 former service members were connected directly to the Veteran’s Crisis Line.

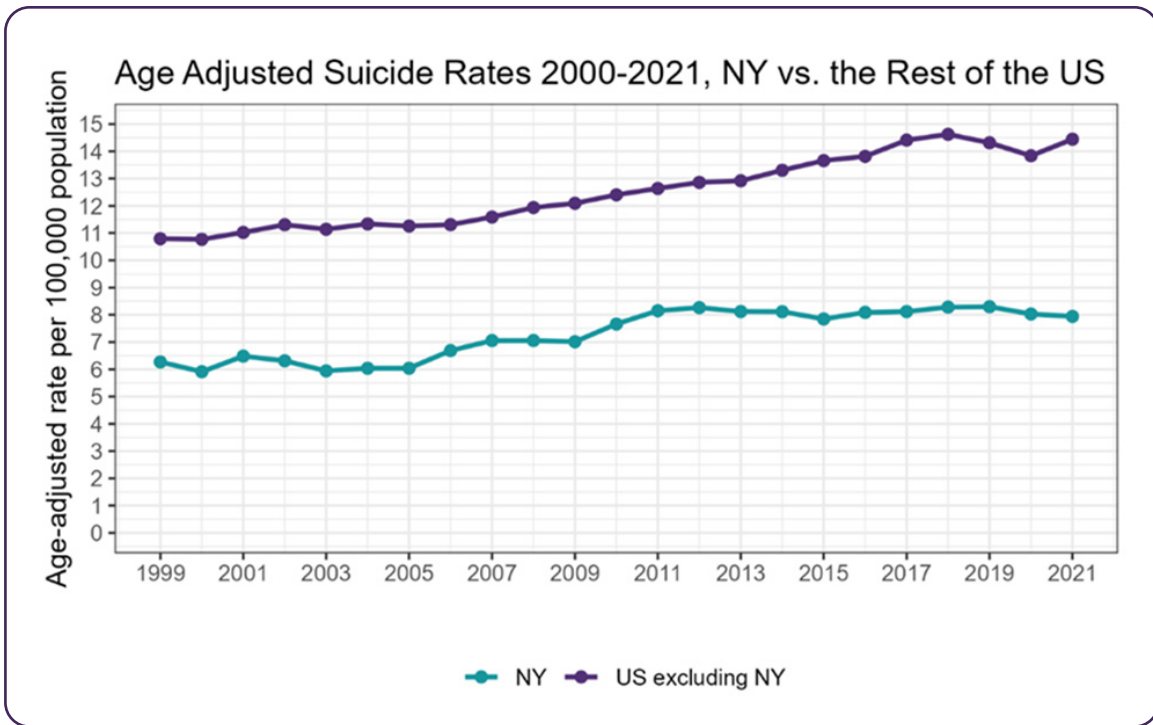
Impact Statement

As the nation approaches 50,000 suicide deaths annually— including nearly 1,700 in New York State alone— suicide continues to have a major impact on public health. In 2021, an estimated 41,500 New Yorkers attempted suicide. Between 40 percent and 50 percent of the population has been exposed to suicide over their lifetime (Feigelman et al., 2017). Suicide materially impacts New Yorkers at the individual, family, and community level. In recognition of this growing public health problem, OMH created the Suicide Prevention Center of New York in 2009 to provide technical assistance and training, and implementation support for best practices, especially in schools and health systems.

A hallmark of OMH SPCNY’s approach is closely following emerging trends in suicide to guide programming. As detailed in this report, programming has been developed for subpopulations identified at elevated risk —from outpatient mental health service recipients, to Hispanic, Black and LGBTQ+ youth, and other at-risk groups. In the United States and New York, greater than three out of four suicides are male. From 2018 to 2021 in New York, 52 percent of suicide deaths were working aged men between the ages 25-64. Prevention efforts are unlikely to be successful without addressing this group. For this reason, SPCNY has begun workplace suicide prevention programs, beginning with WAM sub-populations with the highest suicide rates: first responders and construction workers.

Randomized controlled trials are the gold standard for evaluating outcomes and are cost prohibitive and rarely deployed in suicide prevention outside of a very limited number of research studies. In the absence of randomization, scientifically inferring causality of prevention activities on suicide deaths at the state level is challenging.

Time trend analysis comparing suicide rates in New York and nationwide, however, does provide helpful context. Unlike the steady growth in the national rate, the suicide rate in New York has remained relatively stable. Rates were stable with a non-significant annual percentage of -0.13 between 2012 and 2021. Had New York rates increased at the U.S. average annual percentage of 1.1, we estimate that more than 1,000 New Yorkers would have died by suicide.



Foundational Efforts through the Suicide Prevention Center of New York (SPCNY)

The New York State Suicide Prevention Plan ‘1,700 Too Many: New York State’s Suicide Prevention Plan 2016-2017’ was published in September 2016 following the convening of a Suicide Prevention Task Force. This plan still serves as a roadmap for guiding the State’s efforts in this area. In the Fall of 2023, Governor Hochul announced the reconvening of the Suicide Prevention Task Force to take place in 2024 which will help to inform the development of an updated plan in 2024.

The New York State Suicide Prevention Council is comprised of statewide experts and leaders in the field of suicide prevention, representing academia, state agencies, health care systems, local county leaders and coalition members. The Council is facilitated by SPCNY and serves as a consulting body for statewide activities pertaining to suicide prevention and the development of the New York State Suicide Prevention Plan.

Integrating Suicide Prevention in Health Care

Helping health care providers adopt a systematic approach to suicide prevention – often referred to as the Zero Suicide model – is a priority. The goal is to assist healthcare systems in adopting standardized protocols focused on the assessment, treatment, and monitoring of individuals who are at-risk for suicide. OMH research and activities support this priority through:

The New York State Collaborative Care Medicaid Program

This is an evidence-based approach for behavioral health integration into primary care settings and helps a practice build the capacity to treat behavioral health conditions while maintaining the ability to manage co-morbid chronic diseases. As of December 2021, 306 primary care physician practices participated in this program. Sites have conducted nearly 15 million depression screenings since the program's inception in 2015, with 1.5 million individuals screened annually.

Project TEACH

This initiative strengthens and supports the ability of New York State Primary Care Providers and perinatal care providers to deliver care to children and families who experience mental health concerns through access to psychiatric consultation, education and resources, and assistance with referral and linkage at no cost. More than 5,600 providers across New York State have enrolled since the project began in 2010 and have been provided more than 26,700 consultations.

Maternal Depression Screening and Treatment

The state Department of Financial Services amended regulations requiring all commercial health insurance policies in New York State to provide reimbursement for maternal depression screenings, including all policies covering the child but not the mother in May 2018. In support of this change and building upon the success of the Project TEACH services provided to pediatric primary care providers, OMH launched the Project TEACH Maternal Mental Health Initiative to provide support and education to providers, obstetricians, psychiatrists, and nurse practitioners in treating the maternal mental health concerns of their patients through consultation, education and resources, and assistance with referral and linkage. OMH also launched a State-operated intensive outpatient program focused on maternal depression at Hutchings Psychiatric Center in June 2018.

High-Risk Quality Collaborative for Emergency Rooms

The Psychiatric Services and Clinical Knowledge Enhancement System –or 'PSYCKES' –team initiated this initiative in (2019-2023), which is an OMH, Office of Addiction Services and Supports, and Department of Health partnership. This effort has engaged emergency rooms and Comprehensive Psychiatric Emergency Programs (CPEPs) statewide in a voluntary improvement initiative to support identification and management of emergency rooms and CPEP patients who have high behavioral health related risk, including suicide. Participating hospitals across New York State first focused on implementing PSYCKES, an award-winning health information technology application developed by OMH, to better identify patients at risk.

In 2021, the Hospital Best Practice Workgroup successfully developed consensus practices for emergency department screening, assessment, interventions, and follow-up for high-risk patients, including suicide risk screening and assessment, co-creating a safety plan when risk has been identified,

and providing follow-up phone calls and caring contacts after discharge. In 2022, participating emergency rooms and CPEPs assessed performance and developed plans to implement or refine operational approaches for each of these best practices. In 2023, hospitals continued to implement their action plans, and engaged in individual consultation meetings to develop action steps, troubleshoot barriers, and review progress. Hospitals share their strategies and innovations in implementing best practices for high behavioral health risk patients with other hospitals statewide via monthly learning collaborative calls. The High-Risk Quality Collaborative is slated to conclude by the end of 2023.

New Yorkers Advancing Suicide Safer Care

This SAMHSA grant project (2017-2022) is aimed at reducing suicide attempts and deaths by implementing the Zero Suicide model in health systems regionally and across Onondaga County. The purpose of the project was to reduce suicide attempts and deaths by 20 percent in those ages 25 years and older by advancing adoption of Zero Suicide across New York State. The project successfully implemented the Zero Suicide model in several health and behavioral care systems across New York State, which included both psychiatric and substance use disorder treatment settings such as inpatient, CPEP, outpatient psychiatry, detox, inpatient and outpatient programs, opioid treatment, and community residential programs. Based on implementation, SPCNY is disseminating the New York State version of the Zero Suicide model, known as the Assess, Intervene, and Monitor or AIM Model, in other projects and activities.

Attempted Suicide Short Intervention Program

Developed in Switzerland and being piloted in Syracuse and Rochester, this intervention is a first-in-the-nation initiative designed for individuals who have made a recent suicide attempt and has been shown in one study to significantly reduce repeat suicide attempts. The program is now being offered statewide via telehealth. Through partnerships with several hospitals in the Capital Region, SPCNY is working to increase referrals to the program.

OMH's Division of Forensic Services

This division operates freestanding forensic psychiatric centers and forensic units across the State, as well as prison-based services. OMH also provides training and consultation to local corrections and police departments. Over the past year, Forensic Services has reviewed suicide prevention protocols and developed new programs to assist individuals assessed to be at elevated risk for suicide.

Peer Supporter Program

The program is a collaborative effort between OMH and the Department of Corrections and Community Supervision, providing peer support for those recently discharged from the correctional crisis unit. The program is intended to offer support from trained peers, as the incarcerated individual accepting services adjusts to their assigned housing unit (i.e., general population, the intermediate care programs, and transitional intermediate care programs). The pilot program has been underway in four facilities –Bedford Hills, Wende Attica, and Green Haven Correctional Facilities –and recently expanded to include plans for implementation in the general population as well as the residential crisis treatment program at the Elmira Correctional Facility, with a longer-term goal of expanding to additional correctional facilities. Experience so far has shown the dedication of trained peer supporters and their ability to provide valuable input for boosting participation and raising awareness in relevant areas of the DOCCS system.

Inpatient and Corrections-Based Operations Risk Mitigation Strategies

A biweekly meeting is regularly held to provide clinical leadership and administrative staff the opportunity to review and offer consultation on incarcerated patient care for those who have been identified as elevated risk for suicide as well as those who utilize the highest levels of care. This approach has resulted in the coordination of treatment strategies across Central New York Psychiatric Center programs which enhances continuity of care and assists incarcerated individuals with safely reaching their treatment goals. In addition, CNYPC has been working on assessing the current therapeutic amenities utilized across treatment services with the goal of expanding the use of safe and effective therapeutic strategies designed to support the reduction of suicide risk.

Policy Updates Related to Treatment Services

CNYPC has identified temporary moves from one correctional facility to another as a specific point in time with the potential to increase suicide risk. To support ongoing efforts to decrease suicide risk, CNYPC has begun a survey of patients to learn from their experiences during these transitional times. In addition, CNYPC has revised and enhanced the Mental Health Screening – Structured Interview process utilized in Reception areas to fully align with current suicide risk screening and assessment standards utilized in all areas of CNYPC services.

Suicide Prevention Clinical Skills Training

CNYPC continues to work toward the enhancement and implementation of evidence-based training opportunities for all clinical staff targeting the assessment and treatment of suicide risk. In addition, CNYPC continues to pursue methods of enhancing clinical competency evaluations of all staff completing suicide risk assessments. These competency assessment strategies have helped to identify where improvements in clinical competency have been attained as well as to inform plans for incorporating training content in the furtherance of enhanced patient care strategies.

Suicide Prevention Awareness

CNYPC continues to explore and incorporate new strategies for educational and informational messaging provided to both staff and incarcerated individuals to continue raising awareness regarding the importance of recognizing suicide risk, reaching out for help, creating increased access to services, and promoting an environment which reduces the stigma of suicide and mental health care.

Youth Nominated Support Team

This new suicide prevention pilot program is located at OMH's Hutchings Psychiatric Center and Upstate Medical University in Syracuse and launched in Fall 2021. The program utilizes new research indicating that building a circle of trusted adults around a suicidal teen helps to support them during vulnerable times. An initial orientation session for the three-to-four adults nominated to be on each teen's support team is conducted prior to discharge. A program-trained social worker then provides weekly coaching calls on how to support the teen for three months. A rigorous study evaluating participants for 12 years on average and the impact of the program shows fewer overdose and suicide deaths among teens receiving the intervention. SPCNY started partnering with program developers and a technology company specializing in evidenced-based interventions as part of a federal youth suicide prevention grant. Through another grant, the program has expanded to Ellis Hospital, Samaritan Hospital, Four Winds-Saratoga, and Saratoga Hospital in the Capital Region and the mobile crisis services provided by Northern Rivers.

Strengthening Public Health Prevention Efforts

Also referred to as the community prevention approach, the goal is to forge stronger partnerships with local communities through the provision of resources and expertise to assess local needs and implement research-informed prevention programs designed to meet the needs of individual communities and at-risk populations in each county.

Comprehensive Crisis Response System

OMH is developing a comprehensive crisis response system that includes someone to call, someone to come, and a place to go.

Someone to call.

Launched in July 2022, 988 provides New Yorkers with immediate access to a trained crisis counselor to call, chat, or text when experiencing a mental health or substance use crisis. 988 is part of a nationwide network, ensuring a consistent level of service quality. It operates 24 hours a day, seven days a week, providing around-the-clock support to individuals in crisis. When someone calls or texts 988 or chats online, they are connected to trained crisis counselors who can provide immediate support and intervention. This swift response can be crucial in preventing suicides and addressing crises effectively. It can also help limit unnecessary emergency room visits, which can be costly and may not always be the most appropriate response for mental health crises.

The Suicide and Crisis Lifeline is now fully operational in every county in New York State and is available in English and Spanish, routing more than 185,000 calls directly to contact centers in 2022. More than 31,000 former service members were also connected directly via the Veteran's Crisis Line.

The transition to the 988 number from longer, more complex crisis hotline numbers has made it much easier for individuals in crisis or those seeking help for someone they know to remember and dial. This simplification improves accessibility during critical moments. It also helps reduce the stigma associated with seeking help for mental health or crisis situations. The messaging in our marketing efforts surrounding 988 sends a message that "it's okay" to ask for assistance during difficult times.

In New York State, as in other parts of the country, 988 has proven beneficial by improving access to mental health support, reducing stigma, and saving lives through timely intervention and support for those in crisis, ensuring that help is never out of reach. Our goal is to make New Yorkers as familiar with 988 as they are with dialing 911 in an emergency. Everyone deserves access to the right support when coping with emotional distress.

We will continue to spread the word about 988 in every community in New York State, collecting and analyzing data to identify trends and areas of concern related to mental health and crisis situations. This data-driven approach can inform policy and resource allocation.

988 also provides a coordinated connection to other components of the crisis response system including mobile crisis services, crisis residential programs, and Crisis Stabilization Centers.

Someone to come.

Mobile Crisis is a component of NYS' comprehensive crisis response system. Mobile Crisis provides immediate short-term interventions, 24 hours a day, 365 days/year to children, youth, and adults experiencing or at risk of experiencing a behavioral health crisis. These voluntary services are delivered telephonically and face to face based on need where individuals live, work, learn and socialize. Mobile Crisis programs are composed of multidisciplinary staff that include licensed behavioral health practitioners, qualified and/or credentialed behavioral health service providers, individuals with lived experience, and Certified or Credentialed Peers.

A place to go.

Crisis Stabilization Centers provide voluntary urgent care services for individuals experiencing symptoms of mental health and/or substance use crises that need immediate stabilization or treatment. Centers will be operational 24/7/365 and available to children, adolescents, adults, and families. Services may be provided to each individual for up to 24 hours. All services are person-centered, and trauma-informed, with an emphasis on using peers and recovery-oriented support. Crisis Stabilization Centers will coordinate and collaborate with local Mobile Crisis providers, law enforcement, telephonic triage lines, and community treatment and support services. If further treatment is needed, staff will connect individuals to resources within their community to provide continued support, including Crisis Residences.

There are two types of Crisis Stabilization Centers being developed in New York:

- **Supportive Crisis Stabilization Centers (SCSC)** are similar to the living room model, providing support and assistance to individuals with mental health and/or substance use crisis symptoms. Services are for recipients experiencing challenges in daily life that do not pose the likelihood of serious harm to self or others.
- **Intensive Crisis Stabilization Centers (ICSC)** provide urgent treatment to recipients experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at an SCSC while also providing rapid access to services for acute symptoms, assisting in diversion from a higher level of care, and prescribing medications to manage substance use and mental health symptoms.

Crisis Stabilization Centers are an additional component of the comprehensive crisis response system, providing New Yorkers with a safe place to go when experiencing a behavioral health crisis. In 2021, MHL Article 36 established the authority for the development of Crisis Stabilization Centers to be jointly licensed by OMH and the Office of Addiction Services and Supports (OASAS). Since then, OMH and OASAS have been working collaboratively to develop Crisis Stabilization Center Regulations, Title 14 NYCRR Part 600, Program Guidance, and other joint processes for the development and implementation of Crisis Stabilization Centers.

Article 9 of Mental Hygiene Law was recently amended to authorize the diversion of individuals experiencing a mental health crisis to Crisis Stabilization Centers instead of hospital emergency departments if they voluntarily agree and the Center determines care there is appropriate

Crisis Residence programs are an integral part of the behavioral health continuum of care and a coordinated crisis response system. Located in the community and providing a home-like setting, Crisis Residence programs offer a safe place for the stabilization of symptoms related to mental health and/or emotional crises. They operate 24/7 and provide a range of services for children and adults, including respite, peer support, safety planning, medication management and monitoring, case management,

assistance in personal care and activities of daily living, facilitated engagement with natural supports and providers, linkages to community services, and comprehensive assessments. Participation in a Crisis Residence program is voluntary on behalf of the care recipient.

Crisis Residence options include Children’s Crisis Residences, which are available to individuals up to age 21, and two Adult Crisis Residence programs: Intensive Crisis Residence and Residential Crisis Support, which are available for people ages 18 years and older who are currently experiencing a mental health crisis. Both the children and adult Crisis Residence programs provide a level of short-term support (up to 28 days) with the goal of having individuals return to their home and prevent the need for a more intensive level of care.

The Comprehensive Psychiatric Emergency Program (CPEP) is a set of hospital- and community-based services that include emergency observation, evaluation, and care and treatment. Emergency visit services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program. Triage and referral emergency visits require a psychiatric diagnostic examination and may result in further evaluation or treatment activities, or discharge to another level of care. Full emergency visits, which result in a CPEP admission and treatment plan, must include a psychiatric diagnostic examination, psychosocial assessment, and medication examination.

Program objectives include: providing timely triage, assessments, and interventions; controlling inpatient admissions; providing crisis intervention in the community; and providing linkages to other services. CPEPs are designed to directly provide or ensure the provision of a full range of psychiatric emergency services, seven days a week, for a defined geographic area. Triage and referral emergency visit services and full emergency visit services are Medicaid reimbursable.

Suicide Prevention Conference



The 2023 New York State Suicide Prevention Conference

The Transportation for Life Summit 2023 was a conference co-hosted by the New York State Bridge Authority and OMH at Dutchess Community College in September 2023. The conference focused on building a coordinated and comprehensive transportation and public health approach to suicide prevention in public spaces.

The 2022 New York State Suicide Prevention Conference was hosted during Suicide Prevention Month in September 2022. The conference was titled “Fostering Connection Across the Lifespan” and brought together internationally recognized experts to discuss the latest in suicide prevention science. More than 1,100 New Yorkers participated in the virtual conference, which featured a diverse group of speakers, including clinicians, researchers, service providers, and individuals with lived experience. The 2023 New York State Suicide Prevention Conference was hosted in October and titled Changing the Conversation on Youth Mental Health: From Crisis to Prevention.”



The Transportation for Life Summit 2023

The New York State Garrett Lee Smith Grant/New Yorkers Advancing Suicide Safer Care for Youth: Awarded to SPCNY in July 2019, the grant –also known as New Yorkers Advancing Suicide Safer Care –is a five-year comprehensive clinical, school-based, and community level suicide prevention project for youth ages 10-24 in New York State. This project model is being demonstrated in Onondaga County with resources and guidelines refined for statewide utilization and recommendations for expansion by 2024.



New York State school administrators, school psychologists, social workers, and school counselors attending a **Creating Suicide Safety In School Workshop** hosted by SPCNY.

Areas of focus include:

- **Clinical Services:** where behavioral health systems, hospital systems, and school-based mental health clinics will develop and implement the New York State AIM model which includes suicide-specific screening and assessment, evidence-based interventions, and structured follow-up and monitoring:

- The Youth-Nominated Support Team Intervention was started in August 2021, and has received 172 referrals. This community-based intervention program for youth begins during inpatient care and supports youth and their families during this high-risk post discharge time.

- The Jaspr application was launched at the Upstate Community Emergency Department in January 2023 and standardizes evidence-based care for individuals in suicide crisis presenting to a healthcare facility. This digital tool is transforming natural wait times into immediate, empowered self-care and support, improving patient access to recommended interventions, decreasing agitation and distress, and improving the patient experience. So far, 13 patients, ages 10-24 years old have utilized Jaspr. Between June 2022 and July 2023, 125 clinicians received Zero Suicide-specific training. Additionally, 3,465 youth ages 10-24 years were screened for suicide risk during this time.

- **Elementary and secondary schools:** where training, support and guidance will continue to be provided with the goal of developing and facilitating customized action plan to create suicide safer schools. This includes:

- Creating Suicide Safer Schools, Helping Students at Risk for Suicide Safety for Teachers and School Staff and the newly released Building the Response to Traumatic Death and Suicide - School Crisis Team training. Discussions are underway with Onondaga County to develop a sustainability training plan.
- DBT STEPS-A², a curriculum designed to help adolescents develop coping strategies and decision-making abilities, especially under emotional distress. As of May 2023, this innovative and upstream suicide prevention approach has been implemented in eight school districts. A formal evaluation process of the efficacy of the program is currently being conducted with the help of partners at the University of Rochester, led by Dr. Peter Wyman and Dr. Anthony Pisani.
- Higher education, where the goal is to increase awareness and identification of suicide risk for college aged youth. Additionally, in April 2020, New York State partnered with Crisis Text Line to launch a unique keyword for higher education students. New York State higher education students are encouraged to text “Got5U” to 741-741 to connect to a trained Crisis Text Line counselor. There were 383 conversations among the 10–24-year-old age group in Onondaga County between July 2022 and June 2023. Among these conversations, there were three suicidal de-escalations and three active rescues. There were 148 texts sent marking a 49 percent increase. The top issues discussed were around anxiety/stress (41.9 percent), depression/sadness (36.6 percent), and school (32.4 percent). Most texts were sent by individuals who are Caucasian (89.40 percent), Hispanic/Latinx (7.7 percent), and Black (5.8 percent). Most texts from the 10–24-year-old age group were from individuals between the ages of 14-17 years (53.0 percent), followed by 18-24 years (40.9 percent), and 13 years or younger (6.1 percent). The majority of texts were sent by females (73.3 percent), followed by males (18.8 percent), and transgender persons (10.9 percent). Of these individuals, 61.1 percent identify as LGBTQ+, while 38.9 percent identify as straight. Since the partnership with SUNY launched, 2,647 students, faculty, staff, and campus police have received the suicide prevention gatekeeper training, “Question, Persuade, Refer”.
- Community-Based, where targeted training and support has been provided to out-of-school-time programs and youth-serving systems, including Boys & Girls Clubs, juvenile justice, foster care, and LGBTQ+ centers to ensure that at-risk youth are being identified and referred for appropriate care by participating in gatekeeper training. This is in addition to developing policies and procedures around screening and referring high-risk youth. One example includes the training of 18 individuals from the Syracuse City School District, in March 2023, in Applied Suicide Prevention Skills training.

The New York State Coalition Academy was developed in 2016 by integrating knowledge from existing coalition research, as well as lessons learned from existing coalitions. Drawing on the ‘Communities That Care’ model developed by Hawkins and Catalano, and the Suicide Prevention Resource Center’s ‘A Strategic Planning Approach to Suicide Prevention, the academy helps guide communities toward developing locally supported best practice interventions and continues to provide ongoing technical assistance and support to coalitions statewide.

Technical Assistance for Postvention: This series of planned interventions for those affected by suicide is aimed at facilitating the grieving process, stabilizing the environment, reducing the risk of negative behavior, and limiting the risk of contagion. Postvention provides assistance to the bereaved and to anyone suffering negative effects from exposure to suicide, including first responders, school personnel, and professional caregivers. This is especially important when schools, communities, or

²“DBT In Schools” September 27, 2023, <https://www.dbtinschools.com/>

clinical and non-clinical organizations experience multiple losses. Postvention assistance provided to agencies, schools and communities often leads to a commitment to adopt and develop a comprehensive suicide prevention strategy in accordance with best practices and the Zero Suicide framework. A portion of this technical assistance includes skill based and organizing workshops for communities, agencies, and schools to help them take a proactive approach in the event of a suicide that impacts their agency.

Additional Content: Creating content helps an agency or community develop local capacity to respond to a suicide using knowledge and best practices to help reduce contagion and promote healing. Furthermore, OMH published ‘The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors’ and ‘A Guide for Communities, Organizations & Coalitions in New York State for Responding to a Death by Suicide.’ Both are available on the [SPCNY website](#).

Increasing public awareness and outreach: OMH’s Public Information Office distributes news releases on new suicide prevention programs, initiatives, and grants, in addition to distributing internal and



The Office of Mental Health table at the New York State Fair.

OMH’s Community Outreach and Public Education Office has also distributed brochures and other educational materials at conferences, community meetings and fairs across New York.

Family Connections: Managing Suicidality and Trauma Recovery: This partnership between SPCNY and the National Education Alliance for Borderline Personality Disorder is aimed to help families with a relative that has attempted suicide or engaged in self-injurious behavior. Participants are educated and provided with skills and support to effectively manage stress and other challenges associated with an attempted suicide or self-harm. While offered nationwide, a New York State-specific cohort of the program will be facilitated with donation support from the Michelle Shafer Fund.

A GUIDE FOR SUICIDE PREVENTION IN NEW YORK SCHOOLS



Guide for Suicide Prevention in NY Schools³: This guide was developed and published by the Schools and Youth Workgroup of the Suicide Prevention Council in 2019 and was updated with new active weblinks and improved usability on the SPCNY website in 2021. This guidance document outlines best practices for school districts in New York State to help protect the health and safety of all students, and to guide school districts in developing policies and procedures to prevent, assess the risk of, intervene, and respond to youth suicidal behavior. It is a trusted resource at the New York State Education Department, which published guidance for school personnel consistent with the SPCNY Guide in March of 2022. The Education Department's Division of Student Support Services has partnered with SPCNY staff to host a series of presentations to school leaders on the joint guidance. The Center for School Health and Center for School Safety have been engaged in promoting the guides as well.

Local Outreach to Suicide Survivors Team: This evidence-based program is designed to help suicide loss survivors. In September 2021, the Warren Washington County Suicide Coalition, Montgomery County, and Monroe County received a grant to establish a team, with a goal to connect suicide loss survivors to local suicide survivor groups and other healing resources immediately following a death by suicide. This is a targeted strategy designed for suicide prevention that ultimately helps all those impacted by a suicide loss. SPCNY provided a continuation of funding for a second year and offers quarterly support and technical assistance to the sites. Project management and related funding began Jan. 1, 2022, and ended Dec. 31, 2023.

Training for Schools, Community, Providers, and the State Workforce

SPCNY host training statewide, enrolling 34,000 individuals in 2022. To support this work, SPCNY began using a new Learning Management System in January 2023. The new system provides a more user-friendly experience, in addition to providing improved data management.

Suicide Prevention for the State Workforce: The Suicide Prevention Task Force recommended training as a mechanism for suicide prevention in the state workforce and expanding the understanding of suicide. SPCNY collaborated with the Center for Practice Innovations to develop a module for state employees through the Statewide Learning Management System. The training provides information on how to recognize signs of depression and distress as well as how to create safer workplaces and neighborhoods in New York State. Available since 2020, the module has been completed by more than 28,600 employees.

Training and Resources for School Staff: OMH is developing a comprehensive approach to school-based suicide prevention, while SPCNY is designing a strategy to ensure all school districts are aware of available resources. Training is being offered both virtually and in-person. Free virtual training is hosted on a nearly monthly basis to ensure all areas of the state have access.

³ A Guide for Suicide Prevention in NY Schools <https://www.preventsuicideny.org/wp-content/uploads/2019/08SchoolsSuicidePreventionGuide.pdf>

CDC Comprehensive Suicide Prevention Grant: SPCNY is offering additional professional development training opportunities in a four-county catchment area. Schools are using this training to assess strength and weaknesses around crisis-related services and to create an action plan for moving forward. The grant is also helping to train school staff as trainers in these professional development programs to increase their sustainability. Representatives from 16 school districts attended this training and created action plans. SPCNY staff provide regular consultation and training to support the Office of School Safety and Prevention Initiatives at the New York City Public Schools. This project:

- Designated a staff member, at each school, to be a suicide prevention liaison and to receive annual training.
- Updated the Chancellor's regulations regarding crisis and suicide prevention. Developed awareness training to be provided by a designated suicide prevention liaison for all school staff.
- Provided Creating Suicide Safety in School Training and ongoing support to student services managers at each of the 44 school districts to provide prevention guidance to student services personnel.
- Ensured all 1,800 public schools in New York City prominently display a poster with common warning signs of suicide, 988, and the contact information for the designated prevention liaison.
- Required crisis teams in each building to meet monthly for training.
- Developed 12 new Helping Students at Risk trainers that provided training to 800 staff and is developing the capacity to deliver this workshop citywide.

Creating Suicide Safety in School: The six-hour workshop is designed to assist school administrators, school-based mental health and health professionals, school safety staff, and school counselors with planning suicide prevention activities. Implementation teams come together to spend the day learning about suicide and best practices in prevention. Small and large group discussions facilitate the development of a customized action plan. The workshop was attended by 442 individuals in 2022, which grew to 2,630 as of June 2023. A model to train trainers was developed in 2022, with five sessions offered for 85 prospective trainers. The workshop was updated with the support from suicide prevention consultants in 2023, highlighting new data and emphasizing family engagement and community partnerships.

Suicide Safety for Teachers and School Staff: This training designed to meet the basic needs of school administration, faculty, and staff, with an emphasis on recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff. The 60-to-90-minute training was developed in 2017 and a brief refresher course disseminated in 2020. The workshop was attended by 5,246 individuals in 2022 and grew to 32,765 attendees by June 2023. SPCNY hosted 13 trainer events for 182 candidates.

Helping Students at Risk for Suicide: This six-hour professional development workshop is designed to improve skills, processes, and protocols for helping students at risk for suicide by:

- Equipping educators with tools, knowledge, and skills to assist students having thoughts of suicide or engaging in suicidal behavior.
- Understanding the necessity of pre-planning and standardized procedures for safety planning.
- Identifying the importance of collaboration and shared decision making between school mental health professionals, administrators, community providers, the student, and his or her family in managing students at risk for suicide.

- Viewing examples of documenting risk of suicide and safety planning; and
- Being more prepared to develop and implement standardized procedures in their school districts that reflect best practices.

Demand for this intervention workshop has remained high and was provided to a total of 2,779 as of June 2023. To meet demand, a train-the-trainer model was developed in 2022 and six sessions were offered, resulting in 57 trainer candidates. An evaluation of the effectiveness of this model is now underway.

Building the Response to Traumatic Death and Suicide– School Crisis Team Curriculum: Developed in 2021, this training is based on the Lifelines Postvention Curriculum and is a practical, non-proprietary curriculum that can be offered at low or no cost. The curriculum is grounded in crisis and grief theory, and is designed to spark discussion, allowing teams to practice postvention principles, and plan responses to situations that include complex variables. The training has been piloted with five cohorts of facilitators since 2021 and is now being disseminated wider.

Sources of Strength™⁴: This universal, public health-oriented suicide prevention program was developed to utilize the influence of natural adolescent opinion leaders working in partnership with adults, who provide mentoring and guidance. In secondary schools, peer leaders nominated by school staff and students are trained in the Sources of Strength curriculum to develop positive coping norms and resources and increase their connections to capable adults. They are trained to spread these norms and practices through their naturally occurring social networks, to increase school-wide healthy coping practices and to connect peers to adults –particularly students who are suicidal and/or isolated. The overall objective is to decrease suicidal behavior and long-term, suicide mortality. A randomized trial of Sources of Strength in schools found that four months of peer leader activities increased school-wide coping norms and youth-adult connections. The study also found that it is the first peer leader program to positively change the social-ecological protective factors that are associated with lower suicidal behavior.⁵

With support from OMH, University of Rochester Professor Peter Wyman and his team have focused on bringing the Sources of Strength program to schools where mental health resources are limited, and youth suicide rates are highest. Wyman’s research has shown that Sources of Strength increases peer leaders’ positive coping skills and connectedness to adults, and that their activities, in turn, strengthen the school-wide culture and behaviors surrounding help-seeking as it relates to suicide.⁶

A total of 69 schools have implemented these peer-led programs since January 2016: 57 Sources of Strength, 12 Above the Influence. There were 5,037 student peer leaders and 1,068 adult advisors from 46 participating schools who were trained and are now receiving ongoing technical assistance, along with orientations for school faculty and staff. Approximately 37,581 secondary students were provided strength-based prevention messaging during the 2022-23 school year.

⁴ Sources of Strength™ <https://sourcesofstrength.org/>

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

⁶ Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health.* 2010; 100:9 1653-1661.

Community Gatekeeper and Brief Intervention Training

Gatekeepers are individuals strategically positioned to recognize a crisis and the warning signs that someone may be contemplating suicide. They can be anyone –parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others. There were 6,325 New Yorkers who received gatekeeper suicide prevention training since 2022. Individuals from more than 30 counties were trained in either Applied Suicide Intervention Skills or Suicide Alertness for Everyone-Tell Ask Listen Keepsafe during the first half of 2023:

Applied Suicide Intervention Skills Training: This two-day, in person, practice-dominated course helps caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide. The workshop drew participation from 926 individuals in 2022 and had trained a total of 4,739 as of June 2023. SPCNY sponsored a five-day train-the-trainer event for 13 candidates in 2022.

Suicide Alertness for Everyone– Tell Ask Listen Keepsafe: Also called SafeTALK, this half-day in-person alertness training is aimed at preparing individuals 15 or older to recognize warning signs and effectively communicate with individuals who are contemplating suicide to connect them with life-saving intervention resources. In 2022, 782 learners participated in the workshop and 9,941 had received this training since June 2023. SPCNY sponsored a Training of Trainers in 2022 for an additional 23 trainer candidates. An additional two SafeTALK train-the-trainer events are slated for 2024 to grow the expand the network.

Question, Persuade, Refer: This emergency mental health intervention demonstrates how to recognize signs of emotional distress or signs that someone is struggling with thoughts of suicide. Participants learn how to appropriately engage and connect people to resources. Anyone can practice this intervention in any setting, and it is appropriate in all relationships. There is no need for clinical training, only a willingness to listen, care, and help. The one-hour training teaches participants to recognize the signs of a suicidal crisis and how to question, persuade, and refer someone for help. There were 2,358 individuals receiving this training in 2022, with that number growing to 8,506 by June 2023.

Center for Practice Innovations Online Learning Management System

These 35 individual courses are designed for individuals employed by OMH/OASAS-licensed agencies, or for agencies participating in state grants or special projects. There were 15,132 courses completed between January 2022 and June 2023, with a total of 73,209 cumulative courses completed since the launch of the statewide system. Seven new courses were also launched on the platform during this period, including modules and webinars focused on advanced topics in suicide safety planning, best practices for suicide prevention in LGBTQ+ youth and adult communities (two-part series), safety planning intervention with youth, substance misuse and suicide risk, suicide prevention for first episode psychosis, and trauma informed care for suicide prevention.

CPI Course offerings January 2022 – September 2023

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| Adaptations to the Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP) Model of Suicide-Safer Care for Children and Adolescents |
| Advanced Topics in Suicide Safety Planning (Live Webinar launched in July 2022) |
| Advanced Topics in Suicide Safety Planning (Archived Webinar) |
| Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP): Introducing a Suicide-Safer Care Pathway for Clients at Elevated Risk |
| Best Practices for Suicide Prevention in LGBTQ+ Youth and Adult Communities: A Two-Part Series (Live Webinar launched June 2022) |
| Best Practices for Suicide Prevention in LGBTQ+ Youth and Adult Communities: A Two-Part Series (Archived Webinar launched August 2022) |
| Comprehensive Suicide Risk Assessment |
| Engaging Families and Other Supports in Working with Suicidal Individuals |
| Foundations in Suicide Management: Risk Assessment and Safety Planning |
| Functional Analysis of Suicidal Behavior: A Clinical Intervention for Suicide Prevention |
| Intervention and Monitoring with Suicidal Individuals combined course |
| Intervention and Prevention of Suicidal Behavior |
| Introduction to Cognitive Therapy for Suicide Prevention (CT-SP) - Part 1 |
| Introduction to Cognitive Therapy for Suicide Prevention (CT-SP) - Part 2 |
| Introduction to Cognitive Therapy for Suicide Prevention (CT-SP): A Two-Part Series |
| Means Reduction Counseling for Suicidal Individuals |
| New Yorkers Advancing Suicide Safer Care Initiative |
| New Yorkers Advancing Suicide-Safer Care for Youth (NYASSC-Y) |
| Optimizing Clinical Care of Suicidal Individuals |
| Problem-Solving Strategies for Suicidal Clients |
| Safety Planning Intervention for Suicide Prevention |
| Safety Planning Intervention for Suicide Prevention with Youth (Launched December 2022) |
| Safety Planning Intervention for Suicide Prevention: Challenges and Special Populations |

CPI Course offerings January 2022 – September 2023

Safety Planning Intervention for Suicide Prevention: Challenges and Special Populations

Structured Follow-Up and Monitoring

Substance Misuse and Suicide Risk: A Two-Part Webinar Series (Live Webinar Launched February 2022)

Substance Misuse and Suicide Risk: A Two-Part Webinar Series

Suicide Is Everyone's Business (New York State Employees)

Suicide Prevention for First Episode Psychosis (EPINET R34)
(Live Webinar Launched September and October 2022)

Suicide Prevention for First Episode Psychosis (EPINET R34)

Suicide Prevention for Healthcare Workers

Suicide Prevention in First Episode Psychosis: A Two-Part Webinar Series

Suicide Prevention Initiative in New York State: The "Zero Suicide" Model

Suicide Risk Assessment

Suicide Screening and Risk Assessment combined course

Suicide Screening and Risk Assessment with Youth

Telehealth with Suicidal Clients During the COVID-19 Crisis

Telehealth with Suicidal Individuals

The Columbia Suicide Severity Rating Scale (C-SSRS): A Tool to Detect and Assess Suicidal Risk

Trauma Informed Care for Suicide Prevention- (Live Webinar launched November 2022)

Trauma Informed Care for Suicide Prevention

Treatment Engagement and Motivational Enhancement with Suicidal Clients

Two Foreseeable Changes

Timely Sharing of Data for Surveillance and Planning

In addition to using data to identify demographics and high-risk groups in each community, it is important to gather and track data on regional trends in suicide rates and related behaviors in order to implement a high-quality, public health prevention approach. The Suicide Fatality Review pilot is an example of a promising program that has led to innovative strategies and prevention approaches.

The Suicide Fatality Review Grant: *“Learning from Loss: Using Suicide Fatality Reviews for Effective Prevention Activities”* was awarded to SPCNY in Spring 2019. Teams from Erie, Onondaga, Suffolk, and Westchester counties implemented a formal in-depth suicide review process.

The purpose of the grant was:

- To ensure accurate and complete data collection by medical examiners’ offices during investigations of suicide deaths by completing a tool called the Suicide Consolidated Risk Assessment Profile; and
- To identify systemic patterns while conducting in-depth community reviews of suicide deaths that can be leveraged for targeted prevention.

The New York pilot is based on an innovative program successfully implemented in Washington County, Oregon, where a multidisciplinary team of representatives from the medical examiner’s office, healthcare providers, law enforcement, crisis workers, clergy, and other community partners share information during in-depth reviews of suicides after obtaining permission from next of kin.

Since being launched in 2019 until its conclusion in April 2022, the four counties collected data on more than 560 decedents and reviewed 50 cases. An evaluation of the pilot was completed by SPCNY staff and presented to the VA/SAMHSA Suicide Mortality Review Academy in July 2023. A toolkit was created to provide step-by-step instructions and resources for other counties interested in implementing this model. In 2024, SPCNY will partner with two national consultants to provide training to New York State medical examiner and coroners on how to use the risk assessment, ensuring accurate and complete suicide death data collection.

Infusing Cultural Relevance Throughout Suicide Prevention Activities

Suicide Prevention Programs for Special Populations of Youth and Young Adults: OMH is providing funding for suicide prevention programs for young people belonging to underserved communities, including racial and ethnic minorities and LGBTQ+ youth and young adults. In Fall 2022, the agency awarded grants to five different ‘grassroots’ or community wraparound agencies to develop innovative treatment-adjacent programming to provide culturally relevant suicide prevention interventions for Hispanic/Latino, Black/African American, Asian American/Pacific Islander, American Indian/Alaskan Native and LGBTQ+ youth and young adults. Recipients must partner with behavioral health providers in their respective communities to facilitate access to treatment services for individuals in need. Each community program offers counseling, family education, community engagement and outreach, academic/vocational support, wellness activities, risk assessment, crisis management and referral to needed resources. The five programs include:

- Visiting Nurse Service of New York’s “Safe Pathways” program in the Bronx, which has a particular focus on reaching LGBTQ+ youth and young adults.
- Brooklyn Community Services’ “Community Health and Mindfulness Program” for young adults in the Canarsie neighborhood and in downtown Brooklyn.
- NYC Health + Hospitals-Elmhurst’s “Elmhurst Suicide Prevention in Youth” program in Queens for socioeconomically under-resourced young people, including many who are part of the LGBTQ+ community.
- Rise Life Services’ “Enrichment Experience Suicide Prevention Program” in Suffolk County, which provides person-centered services to youth and young adults with a focus on strengthening protective factors to prevent suicide.
- Communilife’s “Life is Precious” program, which focuses on suicide prevention in Latina youth in the growing Hispanic immigrant communities in Poughkeepsie and Yonkers.

Black Youth Suicide Prevention: OMH created a workgroup comprised of the Office of Diversity and Inclusion, SPCNY and subject experts to develop recommendations to advance suicide prevention among Black youth. Select activities of the Black Youth Suicide Prevention Workgroup include increasing anti-stigma messaging specifically related to reducing the effects of stigma on help-seeking behaviors in the Black community and incorporating the unique needs of this population into curriculums for mental health education in schools. Additionally, SPCNY has partnered with researchers to pilot upstream suicide prevention in several Black churches. This workgroup continues to meet to discuss the ongoing crisis of Black Youth Suicide and provide recommendations on culturally appropriate curriculums and programs.



Dr. Sherry Molock led the research team for the Black churches suicide prevention work.

Latina Adolescents Suicide Prevention: OMH has been engaged in a long-term partnership with the New York City Department of Education’s Office of Safety and Prevention Partnerships and the city’s Office of School Mental Health to bolster school suicide prevention, interventions and postvention training. In addition to providing training, nearly 1,300 suicide designated liaisons - one at each school –received a 3-hour course in suicide prevention, and a crisis team leader was designated in every building. Latino adolescents make up about a quarter of the student population in New York City.

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

OMH provided basic suicide prevention awareness training for all school staff, a one-day professional development workshop for all school-based and school employed mental health staff, and crisis team curriculum training. The agency also provided “Introduction to DBT informed school counseling

strategies,” a two-day professional development workshop; and evaluated the implementation of DBT in Schools.

LGBTQ+ Suicide Prevention: Training has been provided and is ongoing for state operated psychiatric center staff to enhance children and youth facility staff’s understanding of gender identity and transgender individuals. The training is aimed at increasing an understanding of the concepts of sexual orientation, assigned sex, gender identity and expression; providing information on trends and barriers for youth in care; identifying tools for improving communication, programs, and physical care in the hospital setting; and increasing provider confidence and competence in serving transgender, gender-nonconforming and non-binary youth.

OMH has partnered with the Trevor Project on developing “A Guide for Suicide Prevention in New York Schools”. Since September 2020, SPCNY’s Suicide Prevention Council has convened a multi-stakeholder LGBTQ+ Suicide Prevention workgroup. SPCNY worked with the University of Maryland’s Center for Excellence for LGBTQ+ Behavioral Health Equity to develop educational content and resources for schools, youth serving organizations and mental health providers. This included a web-based landing page where people can access webinars, tip sheets, resources, and self-directed learning. The LGBTQ+ Suicide Prevention Workgroup is developing a plan to make Family Acceptance Project posters available for schools and youth-serving organizations statewide.

Rural Suicide Prevention: A Workgroup on Rural Suicide Prevention was launched in December 2019 and includes individuals with expertise or experience in addressing suicide prevention or services to rural areas. The group also includes representatives from OMH, OASAS, the state Department of Veterans’ Services, state Office for the Aging, FarmNet, rural hospital administrators, the New York Center for Agriculture Medicine and Health, Rural Schools Association of New York State, local public health and mental health leaders from rural counties, veterans, and those with lived experience. Dr. Carrie Henning-Smith, the deputy director of the University of Minnesota’s Rural Health Research Center and renowned expert in the field, is conducting a review of research and scholarly articles to orient and inform the workgroup. In 2021, the workgroup released Rural Suicide Prevention in New York: Overview Report and Recommendations for County and State Partners. Work supporting coalitions across rural areas of New York State continues on a regular basis, including efforts to develop local lethal means safety initiatives.

Veterans, Law Enforcement, and First Responders: In Fall 2020, SPCNY created a steering committee comprised of veterans, military, law enforcement, corrections officers, EMS, and firefighters to help prevent suicide in New York State. This committee developed the CARES UP Initiative, which stands for Changing the Conversation-Awareness, Resilience, Empower Peers, Skills Building for Uniformed Personnel. CARES UP focuses on suicide prevention efforts for uniformed personnel, including law enforcement, firefighters, EMS, corrections officers, and military veterans.

SPCNY developed three new community integration coordinators through the Expiration of Terms of Service initiative, bringing the statewide total to nine. This program helps to connect service members transitioning back into the community who opt into the program with trained sponsors.

SPCNY also continues to participate in the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. As a result of this work, a [website](#) focused on helping family members navigate discussions around firearms and suicide safety was developed. Additional funding was secured to develop an in-person workshop based on the content from the website, culminating in a train-the-trainer course being hosted in October 2023.

OMH’s Division of Community Outreach and Public Education participates in transitional events for military personnel and their families to help them plan for the adjustment to deployment or

reintegration following deployment. Furthermore, direct case referrals are made for service members or families, when necessary, by working with the Veterans Affairs Medical Centers, veteran centers, Dwyer Programs, local departments of mental health and community providers. Community Outreach is also increasing their collaboration with the Department of Veterans Services at these events and venues throughout New York State, and recently participated in a statewide training to educate DVS staff on accessing local mental health services and OMH assistance.

In May of 2023, Veterans Services unveiled its eighth 'Veterans Welcome Center' digital kiosk in rest areas on the New York State Thruway to help veterans find the help. OMH partnered with this agency to provide quick access to mental health information for veterans and their families. Also, in 2021, the bureau began to partner with Police Organizations to work National Night Out events that bridge law enforcement and the communities that they live and work in, to help build safer communities. Additionally, partnerships have been forged with the New York State Police EAP to expand resources and support for their employees. OMH further seeks to connect with EMS and firefighter populations by attending conferences, trainings, wellness days, and seminars, and working directly with attendees to provide exposure to materials on mental health education, wellness, psychological first aid, and how to access mental health services in any part of the State.

CARES UP Initiative: This program has utilized \$1 million in annual funding to award 11 first responder departments and three veteran serving organizations for a two-year grant period. Grantees have utilized funding to increase suicide prevention efforts and wellness programming in their agencies. First responder grant sites received training from national consultants on topics such as resiliency, mental health/wellness, and peer support.

Each site has worked closely with their SPCNY project manager to implement additional agency specific actions to address their unique departmental needs. Examples include purchasing mental health/wellness apps for their staff and families, hosting additional training, and expanding internal peer support resources. The three veteran serving organizations utilized funding to implement the [ETS Sponsorship Program](#), which promotes the social welfare of services members transitioning back to their communities.



CARES UP grant awardees gathered in Albany in February 2023, to discuss the many initiatives that are underway to help boost resiliency and wellness for first responders in New York State. OMH Commissioner Dr. Ann Sullivan also attended to thank these organizations for their commitment to mental health and improving the lives of first responders.

an opportunity to earn the HOPE Certification, which tracks nine practices around worker wellbeing, mental health, and suicide prevention.

[A CARES UP website](#) was launched in Fall 2023 and houses the model toolkit, which walks first responder agencies through a step-by-step process on how to increase suicide prevention efforts and wellness programming at work. A targeted suicide prevention media awareness campaign will also launch during this timeframe, encouraging traffic to the new website. SPCNY relaunched the grant application process in Fall of 2023 and has issued additional awards.

Suicide Prevention in The Construction

Industry: Data suggests construction workers die by suicide at a rate that is six times greater than the general population. OMH has partnered with United Suicide Survivors International's Dr. Sally Spencer-Thomas to provide construction companies and labor unions in New York State

Research Institutes

OMH operates two world-renowned Research Institutes, Nathan Kline Institute and New York State Psychiatric Institute. Nathan Kline Institute is affiliated with New York University and NYSPI is affiliated with Columbia University. These institutes are among the preeminent sources for psychiatric research in the United States and continue to break new ground in the worlds of research, practice, treatment, and policy. They include:

The Nathan S. Kline Institute for Psychiatric Research: Established in 1952, a major emphasis of the institute is to conduct innovative and interdisciplinary research with discoveries made in basic science laboratories, followed by translating these discoveries into clinical application. The goal is to develop more effective and tailored treatment for a variety of psychological problems and to enable those affected with a psychiatric illness to live more productive, happier, healthier lives, thereby reducing the impact of mental illness on families and society. Findings from the following research projects could inform the direction of suicide prevention activities in New York State. Some of the many ongoing research projects that impact suicide prevention are outlined below:

Neural Correlates of Emotion Regulation in Psychosis with Suicidal Ideation and Behavior:

Conducted by Matthew Hoptman, this study examined suicidal ideation and behavior in people with psychosis. The study was funded by the American Foundation for Suicide Prevention. He studied 17 people with schizophrenia spectrum disorder and high levels of SIB and 18 people with schizophrenia spectrum disorder and low levels of suicidal ideation and behavior. Participants were evaluated on several different aspects of suicidal ideation and behavior as well as on impulsiveness. Participants also received an MRI scan in which they were asked to perform a task that examines how they manage their emotions. Dr. Hoptman and his team found that emotion-based impulsivity was highly elevated in the high suicidal ideation and behavior group compared to the low suicidal ideation and behavior group, and that it explained the relationship between symptoms of depression and suicidal ideation. He also found, as expected, that the high suicidal ideation and behavior group had lower activation in frontal lobe regions of the brain than the low suicidal ideation and behavior group during the emotion regulation task. These activations were related to urgency measures. Dr. Hoptman is planning to study these findings in larger samples in a federally funded grant proposal in which he will compare these results to individuals with major depressive disorder, which is often seen as the prototypical disorder associated with suicidal ideation and behavior. By understanding the underlying mechanisms, theories on how to prevent suicidal ideation and behavior can be developed and potentially inform the development of novel prevention strategies for individuals with psychosis.

Advancing Community-Driven Approaches to Tackling Structural Racism Project: The U.S.

Department of Health and Human Services, through the Office of Minority Health, announced more than \$4.8 million in grants for a 3-year project to 10 organizations, represented nationally, under its Community-Driven Approaches to Address Factors Contributing to Structural Racism in Public Health initiative. This initiative was funded to identify new and innovative ways to address policies that may create or perpetuate health disparities and may contribute to structural racism. The only HHS-funded site in New York State, Flushing Hospital Medical Center, has partnered with Nathan Kline Institute's Division on Social Solutions & Services Research to assess the impact of existing policies and practices and the implementation of new or modified policies, practices and/or interventions to address factors contributing to health disparities and structural racism. Specifically, the goal of the project is to assess

structural racism impeding mental health services access/engagement among Asian and other minoritized communities and implement a multi-component and multilevel intervention to increase positive mental health outcomes, including reduction in suicide attempts and related deaths. As a recipient of this award, the project is also charged with evaluating the extent to which this project results in increased and sustained capacity of community coalitions to assess policy and practice impact within their communities over time.

Addressing Equity in Research Addressing Suicide: These ongoing efforts of Nathan Kline Institute’s Division on Social Solutions & Services Research are specifically focused on the lack of equity in suicide-related research efforts, and the need to identify opportunities for intervention and prevention that focus on cultural and social and experiences and contexts that buffer against suicide attempts and related deaths. Dr. Sharifa Williams recently identified moderating effect of social support among Black and Latinx adults who self-reported anxiety and depression problems. Further exploration of the context and quality of social support among minoritized communities is underway and will support intervention development.

Evaluation of Behavioral Health Disparities and the Role of Social Determinants Project: This project utilizes New York’s Statewide dataset to identify demographic trends in suicide attempts, and mental illness and substance use outcomes (diagnoses and treatment access) and linking data from 2005 to 2017 with vital records data to describe mortality trends resulting from suicide and overdose, and census data to integrate social determinants data alongside these trends with a focus on Black, Latinx, and Asian communities. This analysis is ongoing and is fully supported by the OMH-funded Center for Research on Cultural and Structural Equity in Behavioral Health.

The New York State Psychiatric Institute: Established in 1895, NYSPI was one of the first institutions in the United States to integrate teaching, research, and therapeutic approaches to the care of patients with mental illnesses. NYSPI plays a key role in promoting OMH’s Research and Practice agenda, whereby cutting-edge scientific knowledge and expertise are rapidly made available to inform decision makers, planners, and clinicians.

Under the umbrella of NYSPI, the Center for Practice Innovations supports the OMH’s mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. The center serves as a key resource to OMH by spreading those practices identified as most critical to accomplish the agency’s transformational initiatives.

Furthermore, the Suicide Prevention-Training, Implementation, and Evaluation program was established at NYSPI in 2014 and is an initiative within the Center for Practice Innovations. The mission is to increase the capacity of clinicians in the state to assess, manage, and treat suicidal individuals. In coordination with the SPCNY and OMH, this program selects, develops, implements, and evaluates evidence-based suicide prevention clinical interventions. It is responsible for developing suicide-safer care clinical training approaches and materials for clinicians across the state (e.g., risk assessment, safety planning, and evidenced-based interventions), identifying and targeting gaps in expertise and training, and conducting ongoing evaluation for training.

There are many suicide prevention activities at NYSPI that include research, education, and consultation. Some of the researchers and their projects include:

Maura Boldrini, MD, PhD, an associate professor of clinical neurobiology in the Department of Psychiatry at Columbia University and director of the Quantitative Brain Biology Institute at NYSPI. Her research focuses on neurobiological changes associated with suicide and mood disorders at the level of the brainstem, and serotonergic abnormalities at the regional and cellular level along the rostro-caudal axis of the raphe nucleus in depression and suicide. Dr. Boldrini's research in mood disorders and suicide has been continuously funded by private foundations, New York State and NIH since 1999. A selection of current projects include: a NIAD-funded study of the mechanisms of how COVID-19 produces neurological and neuropsychiatric symptoms; an NIMIF-funded study of potential pharmacological treatment targets based on molecular regulators of hippocampus cell viability and function in depressed and suicidal individuals; and an AFSP-funded study of hippocampal neurogenesis in decedents who died by suicide compared to those who died by other causes.

Beth Brodsky, PhD, an associate clinical professor of medical psychology in Psychiatry at Columbia University, a research scientist at NYSPI, and the interim co-director of the Suicide Prevention – Training, Implementation, and Evaluation Program at the Center for Practice Innovations. Her areas of expertise include research and psychotherapeutic treatment of self-destructive behavior and borderline personality disorder. She has published numerous articles and chapters on the topics of suicidal risk and treatment of suicidal behavior. She is trained in Dialectical Behavior Therapy and teaches DBT to psychiatry residents and psychology trainees, as well as develops online learning modules and webinars to disseminate best suicide prevention practices among mental health practitioners across New York State. Recent and current research projects include NIMH-funded studies of prospective predictors of suicidal behavior in individuals with borderline personality disorder; stress, inflammation, and emotion regulatory response in suicidal behavior; and the role of aggression, stress responsivity, and childhood adversity in suicidal behavior; and an AFSP-funded study to explore the feasibility and acceptability of training peer supporters in the Safety Planning Intervention.

Prudence Fisher, PhD, a research scientist at NYSPI's Division of Child and Adolescent Psychiatry and associate professor of clinical psychiatric social work in the Department of Psychiatry at Columbia University. Dr. Fisher's expertise is in the development, validation, and implementation of assessment methods for childhood and adolescent mental health conditions. She serves as a scientific advisor to AFSP and is widely acknowledged in the field at large as an expert in youth assessment. Dr. Fisher has been instrumental in the development of numerous versions of the Diagnostic Interview Schedule for Children (DISC) and the Columbia Suicide Severity Rating Scale (C-SSRS), among others. Recent projects include compiling and analyzing a database of diagnostic and symptom data on ~20K youth to address the validity of DSM-V diagnostic categories and criteria.

Madelyn Gould, PhD, MPH, the Irving Philips Professor of Epidemiology in Psychiatry at Columbia University and a research scientist at NYSPI. She has conducted extensive research in youth psychiatric epidemiology and suicide prevention on more than 25 federally funded grants from the National Institute of Health, Centers for Disease Control, and Substance Abuse and Mental Health Services Administration, as well as numerous grants from private, non-profit organizations such as the American Foundation for Suicide Prevention. Dr. Gould has served as a member or consultant on numerous state and federal suicide prevention initiatives, including as a Leadership Consultant on the Surgeon General's Working Group for the development of the first National Suicide Prevention Strategy. Her research focuses on suicide contagion/clusters; screening and assessment of suicide risk; and crisis interventions, particularly

the evaluation of traditional telephone crisis services, crisis interventions using new media (e.g., chat and text crisis services), and the National Suicide Prevention Lifeline. Dr. Gould has been the recipient of the Shneidman Award for Research from the American Association of Suicidology, the New York State Office of Mental Health Research Award, the American Foundation for Suicide Prevention Research Award, the New York State Suicide Prevention Center's Excellence in Suicide Prevention Award, the 2013 Dublin Award from the American Association of Suicidology, and the Lifetime Achievement Award from the American Foundation for Suicide Prevention. Recent projects include NIMH-and foundation-funded studies of the impact of the National Suicide Prevention Lifeline; evaluating effects of school-based suicide screening programs; and examining the epidemiological sequelae of suicide in schools.

Michael Grunebaum, MD, a research psychiatrist at NYSPI and associate professor of psychiatry at Columbia University, whose areas of expertise include the diagnosis and treatment of mood disorders, with a focus on suicidal behavior and clinical trial research. Dr. Grunebaum's research team conducted the pivotal trial of ketamine for rapid reduction of suicidal thoughts in depressed patients with clinically significant suicidal ideation, as well as an analogous pilot trial in suicidal bipolar patients. The team is also conducting early-stage studies using brain imaging (positron emission tomography and magnetic resonance spectroscopy) to uncover the molecular mechanism of ketamine's anti-suicidal ideation effects which will accelerate the discovery of safer, next-generation medications. They plan to study intramuscular ketamine as an easy-to-use rapid treatment for high-risk suicidal patients in the emergency department. Projects include NIMH-funded studies of ketamine for rapid reduction of suicidal thoughts in high-risk emergency patients and comparisons of ketamine and midazolam for rapid reduction of suicidal risk.

Jill Harkavy-Friedman, PhD, an associate professor of clinical psychology in psychiatry at Columbia University, co-principal investigator on a project at the Conte Center for the Study of the Neurobiology of Suicidal Behavior at NYSPI, and the senior vice president of research at the American Foundation for Suicide Prevention. Dr. Harkavy Friedman is a past grant recipient from the National Institute of Mental Health and the American Foundation for Suicide Prevention for the study of suicidal behavior in schizophrenia. Her research examines suicidal behavior among adolescents and adults, as well as psychiatric diagnosis, assessment, and research methodology.

Oscar Jimenez-Solomon, MPH, a pre-doctoral poverty research fellow at the Center on Poverty and Social Policy and Research Scientist at NYSPI, where he conducts a study to test the feasibility, acceptability, and initial efficacy of a peer-led intervention to reduce financial hardship and suicide risk. He developed a Financial Hardship Screening tool for veterans examining the intersect between financial burden and suicide risk and is working with SPCNY to pilot and study the screening tool.

John Keilp, PhD, an associate professor of clinical psychology (in psychiatry) at Columbia University and a research scientist at NYSPI. Dr. Keilp's research work has been funded by the National Institute for Mental Health, the National Institute for Neurological Diseases and Stroke, the Brain Behavior Research Foundation, and the American Foundation for Suicide Prevention. Dr. Keilp's research focuses on the neurocognitive deficits associated with depression and their relationship to risk for suicidal behavior, the manner in which neurocognitive deficits affect the likelihood of treatment response, and the degree to which neurocognitive performance is affected by treatment. Dr. Keilp also has conducted studies on characteristics of the stress response in suicide attempters, the role of multiple components of the stress response system, and the specific symptoms of depression that predispose to the development of suicidal thinking. Recent projects include a NIMH-funded study of neuropsychological dysfunction in suicidal behavior and whether these concerns remit after treatment.

Christa D. Labouliere, PhD, the interim co-director of the Suicide Prevention – Training, Implementation, and Evaluation Program at NYSPI and an assistant professor of clinical psychology (in psychiatry) at Columbia University. In collaboration with SPCNY, she is responsible for the design, implementation, and evaluation of statewide suicide prevention efforts, including the training of clinicians in empirically supported, suicide-specific interventions. Her research has resulted in numerous peer-reviewed publications and book chapters on the topic of mental health and treatment for emotional disorders and self-destructive behavior. Projects include NIMH-funded evaluations of the ‘Zero Suicide’ model in outpatient behavioral health and suicide-safer care for individuals with first episode psychosis, a PCORI-funded study comparing safety planning and ultra-brief IPT for suicidal adolescents in emergency-settings, and an AFSP-funded study to explore the feasibility and acceptability of training peer supporters in the Safety Planning Intervention.

J. John Mann, MD, the Paul Janssen professor of translational neuroscience (in psychiatry and in radiology) at Columbia University and director of the Molecular Imaging and Neuropathology Division at NYSPI. He is a past president of the International Academy of Suicide Research and the American Foundation for Suicide Prevention, and the director of the NIMH Conte Center for Suicide Prevention, where his research employs functional brain imaging, neurochemistry and molecular genetics to probe the causes of depression and suicide. Dr. Mann has published more than 794 peer-reviewed papers and edited 11 books on the subjects of the biology and treatment of mood disorders and suicidal behavior and has been continuously funded by the NIH since 1984. Dr. Mann has received numerous awards, including the American Association of Suicidology Louis I. Dublin Award, the New York State Office of Mental Health Research Award, the Stengel Award from the International Association for Suicide Prevention, the Morselli Medal from the International Academy of Suicide Research, and a Lifetime Achievement Award from the American Foundation for Suicide Prevention. Recent projects include NIMH-funded studies of the neurobiological underpinnings of different suicidal subtypes; short-term biological risk profiles for suicidal behavior in stress response and inflammatory pathways; and familial and non-familial biological mechanisms underlying suicidal behavior in young adults at acute risk; as well as an AFSP-funded study of neuroinflammation as an imminent risk factor for suicidal behavior in young adults.

Jeffery Miller, MD, associate professor of clinical psychiatry at Columbia University and director of Brain Imaging in the Molecular Imaging and Neuropathology division of NYSPI. His clinical and research interests focus on mood disorders and suicide risk, with goals of increasing our understanding their neurobiology, predicting treatment outcome with medication and psychotherapeutic interventions, and developing more effective treatments using functional brain imaging approaches such as Positron Emission Tomography and magnetic resonance imaging. Recent studies include a NIMH-funded study examining the neurochemical predictors of cognitive therapy outcomes and a Conte Center Award investigating markers of neuroinflammation and neurotransmitter catabolism in the pathophysiology of depression and suicide risk.

Laura Mufson, PhD, the Viola W. Bernard professor of medical child psychology (in psychiatry) at Columbia University, associate director of the Division of Child and Adolescent Psychiatry, and director of clinical psychology at NYSPI. Dr. Mufson is the developer of the adolescent adaptation of interpersonal psychotherapy for depression (IPT-A) and is the leading expert on its use with depressed and suicidal adolescents. She is coauthor of the IPT prevention model and the model for preadolescents. Recent projects include a NIMH-funded study examining a stepped care model of IPT for depressed and suicidal adolescents in pediatric primary care and a PCORI-funded study comparing safety planning and ultra-brief IPT for suicidal adolescents in emergency-settings.

Todd Ogden, PhD, an associate professor of biostatistics (in psychiatry) at Columbia University and a Research Scientist at NYSPI. Dr. Ogden has interests in a wide variety of topics in both statistical methodology and various application areas and is collaborating with researchers at NYSPI on various statistical modeling issues with the analysis of data from brain imaging studies relating to suicide risk. Projects include a NIMH-funded Conte Center award to study high dimensional brain imaging, genomic, and inflammasome data to develop statistical methods to measure suicidal risk.

Mark Olfson, MD, MPH, who seeks to identify gaps between clinical science and practice in behavioral health care including a focus on suicide prevention and improving the treatment of adults with serious mental illnesses and substance use disorders. Dr. Olfson has received numerous federal and private foundation grants and has published over 500 academic papers. Projects include NIMH-funded studies developing and interpreting machine learning suicide prediction algorithms in the emergency departments using electronic health records/claims and ‘big data’ techniques for the development of polygenic risk scores and their association to clinical outcomes and social determinants using large-scale integrated phenotype-genotype data.

Kelly Posner (Gerstenhaber), PhD, the lead developer of the Columbia-Suicide Severity Rating Scale, a widely disseminated, evidence-based tool for assessing and detecting suicide risk, and Founder and Director of the Columbia Lighthouse Project. She was commissioned by the FDA to lead a study to develop improved methods of suicide risk assessment, which have been recommended or mandated across many areas of medicine. Dr. Posner continues to work with the FDA, CDC, NIMH, military health care agencies, the U.S. Department of Education, and others on suicide assessment and surveillance. Through her advocacy, she has helped change local, national, and international policy. The Columbia Protocol is utilized across all 50 states, national agencies, and most countries, resulting in Dr. Posner being awarded the United States Secretary of Defense Medal for Exceptional Public Service.

Noam Schneck, PhD, an assistant professor of medical psychology in the Department of Psychiatry at Columbia University and a Research Scientist at NYSPI. Dr. Schneck’s research aims to identify unconscious processes of coping with suicide loss, using machine learning approaches to functional magnetic resonance brain imaging, with the goal of this research of developing treatment techniques to entrain greater unconscious loss processing.

Barbara Stanley, PhD, a principal investigator on numerous NIH, DoD, VA, and foundation grants and a co-investigator on a wide range of NIH-funded projects, including several multisite studies on suicidal behavior, self-injury, borderline personality, and depression. Dr. Stanley, along with Dr. Gregory Brown, developed the Safety Planning Intervention, a best practice brief intervention to manage acute suicide risk. Dr. Stanley has investigated the feasibility and effectiveness of this intervention’s implementation in VA emergency departments; community and state-operated outpatient behavioral health clinics, inpatient units, and comprehensive psychiatric emergency departments; jails; and suicide crisis lines. Dr. Stanley was past president of the International Academy for Suicide Research, served as editor-in-chief of the Archives of Suicide Research, and was the founding director of the Suicide Prevention – Training, Implementation, and Evaluation Program at the Center for Practice Innovations. Dr. Stanley passed away in January 2023.

M. Elizabeth Sublette, MD, PhD, an associate professor of clinical psychiatry at Columbia University and director of the Research Clinic in the Molecular Imaging and Neuropathology Division at NYSPI. Dr. Sublette’s research focuses on the neurobiological role of polyunsaturated fatty acids and other

inflammatory elements in mood disorders and suicide risk, using a wide range of approaches including neuroimaging, genetic and epigenetic, and clinical approaches. Projects include a NIMH-funded study of inflammatory, mitochondrial and serotonergic interrelationships in the pathogenesis of major depression and suicide risk leading the clinical evaluation core of the NIMH Conte Center for Suicide Prevention.

Mark Underwood, PhD, professor of clinical neuroscience in the Department of Psychiatry at Columbia University and a research scientist at NYSPI. He has been the principal investigator on numerous NIH grants and has had continuous funding for more than 20 years. Dr. Underwood investigates the anatomical and neurochemical underpinnings of suicide behavior and alcohol use disorder via a translational approach utilizing postmortem human brains. Recent projects include NIMH-funded studies of alterations in serotonergic signaling pathways in depression and suicide; and the role of childhood adversity, neuroinflammation, and genomics in the neurobiology of suicide.

Conclusion

While the activities being conducted in New York State for suicide prevention are comprehensive, this critical work needs to continue and expand. Governor Hochul announced the reconvening of the Suicide Prevention Task force in Fall of 2023. The task force will assist OMH in guiding strategic next steps for suicide prevention efforts in NYS. Additionally, awards for suicide prevention funding are underway for special populations of youth and uniformed personnel that will bring continued attention and focus to mitigate the risk of suicide for these at-risk populations.

The NYS OMH's goal is to reduce suicide statewide and ensure all New Yorkers get the support to avoid becoming a grim statistic. OMH will continue to strongly support populations that are at-risk for suicide and promote mental wellness by collaborating with state and local partners on suicide prevention efforts. This includes piloting evidence-informed interventions, improving protocols for local and state providers, conducting innovative research, and facilitating community planning. To learn more about the resources on many of the initiatives outlined in this report, please visit the [OMH website](#) and [SPCNY website](#).

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