

Suicide Prevention

WEST VIRGINIA

Council for the Prevention of Suicide 



Annual Report

July 2010 – June 2011

The Mission of the Council is to reduce suicides in West Virginia and address the needs of survivors of suicide loss through evidence-based programs and practices in order to prepare communities, recognize, and support those at risk for suicide and survivors of suicide loss.



Bob Musick, MSW/LCSW
Executive Director

Patrick Tenney, BA
Suicide Prevention
Coordinator

Barri Sky Faucett, MA
Director of ASPEN
Project

Lora Humphrey, BS
Administrative
Assistant

August 13, 2011

Greetings from the Director:

The West Virginia Council for the Prevention of Suicide just completed our most successful year since our program started. The attendance at our workshops this past year was over 1,200 participants, which is outstanding. We co-sponsored two Bullying Conferences this past year. One was in October 2010 and the second one was in March 2011. Both workshops were well attended and the evaluations from each workshop were outstanding.

West Virginia University's Division of Social Work invited us back to teach another semester of our Lifespan Curriculum on Suicide Prevention and we are scheduled to teach the course again in Fall 2011. We are also continuing our presentations at the West Virginia State Police Academy in Institute, WV.

The Bureau for Behavioral Health and Health Facilities has continued to provide funds for some of the special workshops we have organized over the past several years. Deputy Commissioner Kim Walsh has been the person that has directed funds for the Council that has enabled us to be so successful over the past several years.

Our National Suicide Prevention Lifeline has been very active again this past year and Valley HealthCare System in Morgantown is to be congratulated on the professionalism from their staff in answering the phones and directing all of the calls they received. The National Suicide Prevention Lifeline is under the direction of Mr. Mark Musick, Program Manager of Crisis Services at Valley. Our Council also wants to thank Ms. Cheryl Perone, Chief Executive Officer of Valley HealthCare System, which allows our Council to maintain our crisis line with Valley and their staff.

West Virginia Council for the Prevention of Suicide

National Suicide Prevention Lifeline 1-800-273-8255 (TALK)

Funded by the West Virginia Department of Health & Human Services

301 Scott Ave Morgantown, WV 26508-8804 Phone (304) 296-1731 ext 4181 Fax (304) 225-2288

www.wvsuicidecouncil.org

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I want to take this opportunity to thank all of our volunteer board members for their attendance at our board meetings and their suggestions and ideas on new projects for our Council.

In closing, I am looking for another outstanding year in educating our citizens on early signs of depression/suicide and where to go for assistance. Every life is valuable to our organization and we do not want to lose anyone to a completed suicide.

Sincerely,



Bob Musick, MSW/LCSW
Chief Executive Officer

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Suicide:
A PREVENTABLE
DEATH IN OUR
STATE

West Virginia Suicides by county

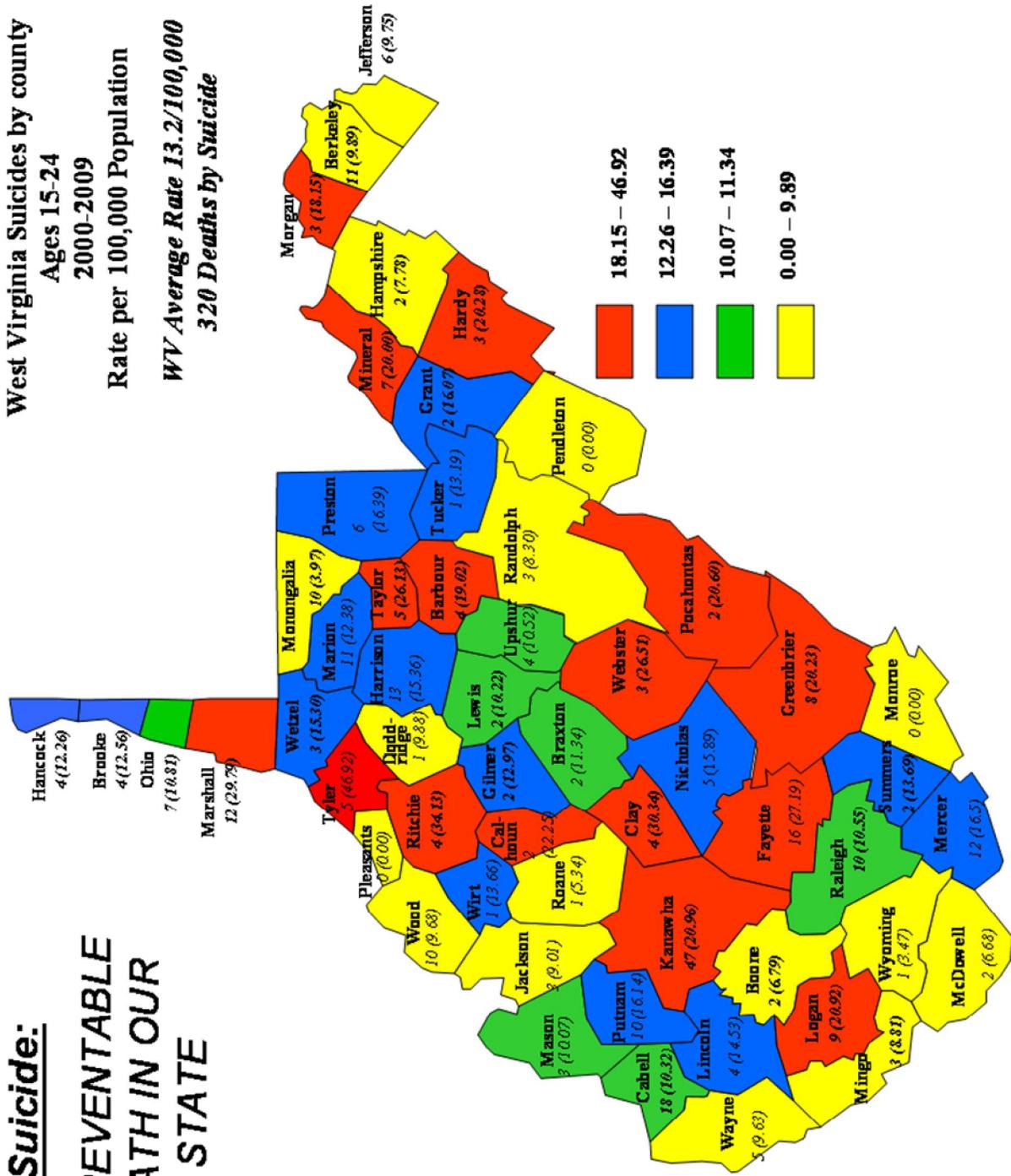
Ages 15-24

2000-2009

Rate per 100,000 Population

WV Average Rate 13.2/100,000

320 Deaths by Suicide



HISTORY OF WVCPS

In 2001, Valley HealthCare System responded to an Announcement of Fund Availability from the Children's Division of the Office of Behavioral Health Services in the West Virginia Department of Health and Human Resources Bureau for Behavioral Health and Health Facilities. Valley HealthCare System proposed the development and implementation of a public awareness and information project to create awareness and understanding of a "silent epidemic": suicide among adolescents in West Virginia.

The small grant, funded through the Community-Based Mental Health Services Block Grant, enabled the creation of the Helping Our Teens Thrive (HOTT) Coalition. This coalition was composed of representatives of health and behavioral health providers, educators, and interested individuals. In the beginning years, several seminars and workshops were provided to alert school personnel and the interested public in the number of children who were dying by suicide in West Virginia as well as what was needed to prevent such untimely and tragic deaths.

The workshops and seminars were well received and the HOTT Coalition was reformed and expanded into the West Virginia Council for the Prevention of Suicide. The WVCPS understood that people of all ages die by suicide. The target population addressed by the WVCPS was expanded to include adults and the Council began providing bi-annual conferences which attract the attendance of several hundred health and behavioral health providers and other individuals. A Website (<http://www.wvsuicidecouncil.org>) has been created, providing statistics and information on suicide and offering help for individuals in crisis. The Council has developed awareness curriculums covering all age groups, and currently provides workshops covering the entire lifespan.

In addition to information and education, the Council sponsored the development of protocols for suicide assessment with Dr. William Fremouw from the WVU Department of Psychology. The Council along with Dr. Fremouw has developed suicide risk assessment for three age groups, the Adolescent Screening and Assessment Protocol-20 (ASAP-20), the Suicidal Adult Assessment Protocol (SAAP), and the Suicidal Older Adult Protocol (SOAP). These instruments have been published in the Book, *Innovation in Clinical Practice*.

HIGHLIGHTS FROM FY 2010 – 2011

- ❖ In July 2010, the Council hosted a Police Suicide Prevention T4T training. This 3 day workshop was held in Morgantown and was presented by Bob Douglas, the founder and CEO of the National P.O.L.I.C.E Foundation.
- ❖ In July 2010, Council staff traveled to Nashville to meet with members of the Jason Foundation to discuss ways in which to collaborate for adolescent suicide prevention in West Virginia.
- ❖ In September 2010, the Council was again asked to teach a suicide prevention class for the WVU Division of Social Work.
- ❖ The Council sponsored an Out of Darkness Walk for Suicide Prevention in Bluefield, WV. Staff was asked to present at the walk and to talk about what is being done in West Virginia to combat suicide.
- ❖ In October 2010, the Council held a Children's Conference in Charleston. The keynote speaker for the conference was Jodee Blanco, who is a bestselling author, and has written two books on bullying. Also presenting at the conference was the WV ASPEN program.
- ❖ In November 2010, Council staff collaborated with four high schools in Monongalia County to do follow up with adolescents who scored as high risk as part of depression screenings that were done.
- ❖ The Council collaborated with Valley HealthCare System to start a program for continuing education and acquire permanent provider numbers.
- ❖ The Council continued their work with Law Enforcement by continuing to teach a suicide prevention class at the WV State Police Academy and continued to have quarterly meetings with the Mon County Police Task Force to discuss suicide prevention and mental health issues among officers.

- ❖ The Council exhibited at the Disability Awareness Day in Morgantown, the WV Social Work Conference in Charleston, The WV Institute on Aging in Morgantown, the Out of Darkness Walk in Bluefield, and at the opening of the Hall Neighborhood House in Buckhannon.

- ❖ In March 2011, the Council hosted a Bullying Conference at the Charleston Civic Center. The conference was attended by over 600 people. The keynote speaker for the conference was again, Ms Jodee Blanco. The conference also hosted presentations by the WV State Police Internet Crimes Against Children Task Force, the WV Aspen Program, and by Dr. Jessica Luzier from the WVU School of Medicine.

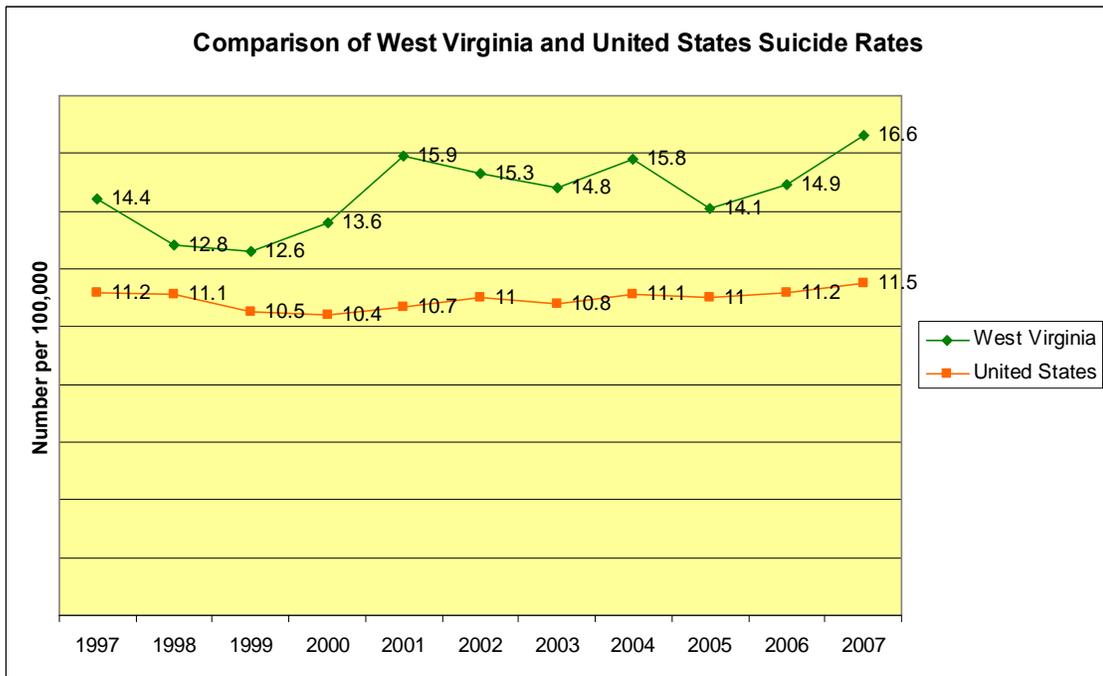
- ❖ The Council hosted workshops in: Morgantown, Martinsburg, Huntington, Bluefield, and Parkersburg.

- ❖ The Council hosted a workshop by Dr. William Fremouw in June 2011. The Workshop was on the Adolescent Suicide Assessment Protocol . 20 (ASAP . 20), which was developed by Dr. Fremouw and the Council.

- ❖ The Council began the process of updating the state suicide prevention plan. This plan will provide the framework for suicide prevention work over the next 4 years. The first planning meeting was held in Charleston in June 2011.

SCOPE OF THE PROBLEM

The Surgeon General's Report from 2002 calls suicide ***"the Silent Epidemic"***. In 2007, a report from the Centers for Disease Control and Prevention (CDC) in Atlanta shows the ten leading causes of death in West Virginia and for the age groups 15 . 24 (14.45) and 25 . 34 (19.88) suicide is the second leading cause of death behind unintentional injuries. Nationally for these age groups, suicide is the third leading cause of death.



From 2000 . 2009, 2,807 deaths by suicide have been reported in West Virginia for all ages. The leading counties for completed suicides in this ten year period were Kanawha with 310, Mercer with 134, Raleigh with 134, and Cabell with 133. If you go by rates per hundred thousand, then Pocahontas had the highest rate with 36.43, followed by Clay at 23.61, Tyler at 22.87, Mercer, 21.7, and Lincoln at 20.71. If you would like additional detailed information, including a breakdown by age and county, please contact the West Virginia Council for the Prevention of Suicide at (304) 296-1731 ext 4181 or ext 4197.

According to the most recent statistics in 2007, West Virginia is ranked 7th in terms of the overall rate of suicide in the United States. This is up from 2006 when West Virginia was ranked 12th. However, with a rate of 16.6 and 312 reported suicides, this is still high above the national rate of 11.0.

Former President Bush talks about suicide in the New Freedom Commission on Mental Health report (2003) when he states **“Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves. Many Americans are unaware of suicide’s toll and its’ global impact. It is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths”**. According to the World Health Organization (WHO), almost one million people die from suicide a year. This works out to a global mortality rate of 16 per 100,000 or one death every 40 seconds.

The New Freedom Commission on Mental Health states, **“Suicide is the leading cause of violent deaths worldwide”**. In the United States, suicide claims an average of 30,000 lives each year. Overall, suicide was the eleventh leading cause of death among Americans of all age groups in 2007 with 34,598. Suicide was also ranked as the eleventh leading cause of death of all age groups in 2007 in West Virginia, and homicide was ranked as 18th.

The excerpts from the New Freedom Commission and the Surgeon General’s Report show how devastating suicide is in our communities, schools, offices, churches and our families. Remember, on average, every 15.2 minutes in the United States someone completes a suicide, leaving an average of ten survivors having to deal with the suicide. For every 30,000 suicides, there is an average of 300,000 survivors trying to understand and make sense of this tragedy and cope with the loss of a loved one.

BOARD DEVELOPMENT

The Suicide Prevention Project in West Virginia was first known as the HOTT COALITION, (Helping Our Teens Thrive). It is now known as the West Virginia Council for the Prevention of Suicide and was incorporated as a nonprofit, 501c3, organization in 2010. The first Board of Directors took office officially on July 1, 2005. The first elected officers were Board President, Mr. Brian Crist, CEO at Lincoln Primary Care Center in Hamlin, West Virginia, Vice President, Ms. Freddie White, WV Bureau of Senior Services, and Secretary, Ms. Brandy Thomas. Dr. George Lilley, Retired Chief Executive Officer with Valley HealthCare System in Morgantown, West Virginia, assisted the Council in developing its Plan of Operations, which were adopted and passed by the board. The current board officers are Board President, Mr. David Sanders, Office of Consumers Affairs and Community Outreach, BHHF; Vice President, Ms. Freddie White, HHR Specialist for the Office of Consumers Affairs and Community Outreach, BHHF; and Secretary, Ms. Tammy Miller, Veteran's Justice Outreach Specialist for the Huntington VA Medical Center.

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West Virginia System of Care

Rebecca Wells

Survivor

Karen Yost

River Park Hospital

National Advisory Group

Clark Flatt

President/CEO
The Jason Foundation

Jerry Reed

Executive Director
Suicide Prevention Resource Center

Barbara Rubel

Executive Director
Griefwork, Inc

WORKSHOPS/PRESENTATIONS

The WV Council for the Prevention of Suicide offered **18** workshops/presentations throughout the state with **1169** participants. The full day workshops awarded Continuing Education Units (CEUs) to the following disciplines: Social Work, Licensed Professional Counselors, Certified Addiction Counselors and Nursing.

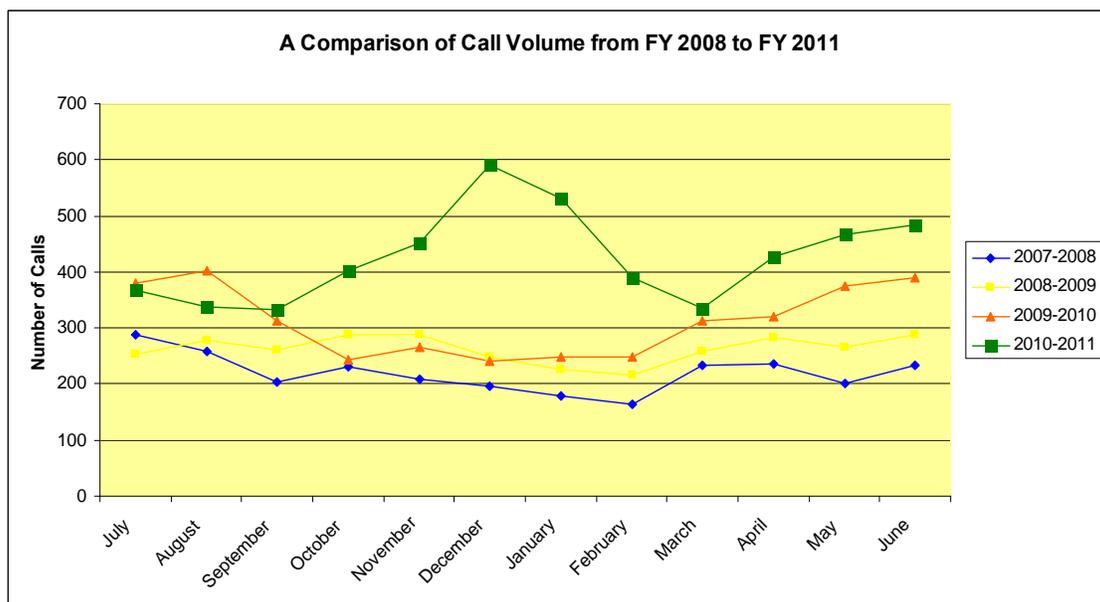
County Training Occurred	Date	Sponsoring Agency	Number Participating
Monongalia	7/12/10	Police T4T Workshop	12
Monongalia	8/17/10	Lifeline Training	6
Taylor	8/17/10	FRN General Membership	23
Monongalia	9/13/10	WVU Division of Social Work	20
Kanawha	10/25/10	Children's Conference	70
Mercer	10/16/10	Bluefield Out of Darkness Walk	43
Monongalia	1/20/11	ASIST Workshop	8
Marion	2/9/11	Kiwanis	16
Monongalia	2/3/11	WVU Journalism Class	21
Monongalia	3/3/11	Lifespan Workshop	28
Kanawha	3/29/11	Bullying Conference	677
Berkeley	4/7/11	Lifespan Workshop	87
Kanawha	4/15/11	Social Work Conference	43
Cabell	5/19/11	Lifespan Workshop	22
Mercer	6/3/11	Lifespan Workshop	27
Lewis	6/15/11	Mountain Heart	23
Wood	6/17/11	Lifespan Workshop	24
Monongalia	6/24/11	ASAP Training	19
Total			1,169

NATIONAL SUICIDE PREVENTION LIFELINE

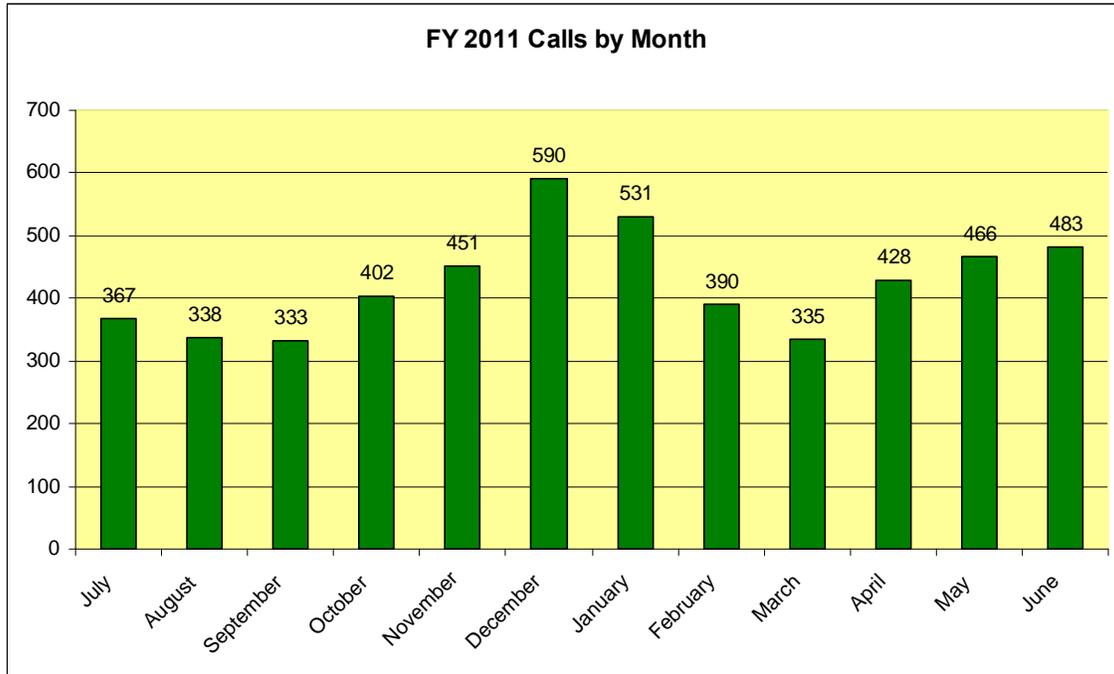
In March 2006, West Virginia joined the National Suicide Prevention Lifeline network, and Valley HealthCare System in Morgantown was chosen by the Council's Board of Directors to house the project. Mr. Mark Musick, the Regional Director of Crisis Services for Valley, oversees the project. Each month, Valley receives a report from the Lifeline office in New York City showing the number of calls each month along with dates, times, and length of call.

Summary of Data

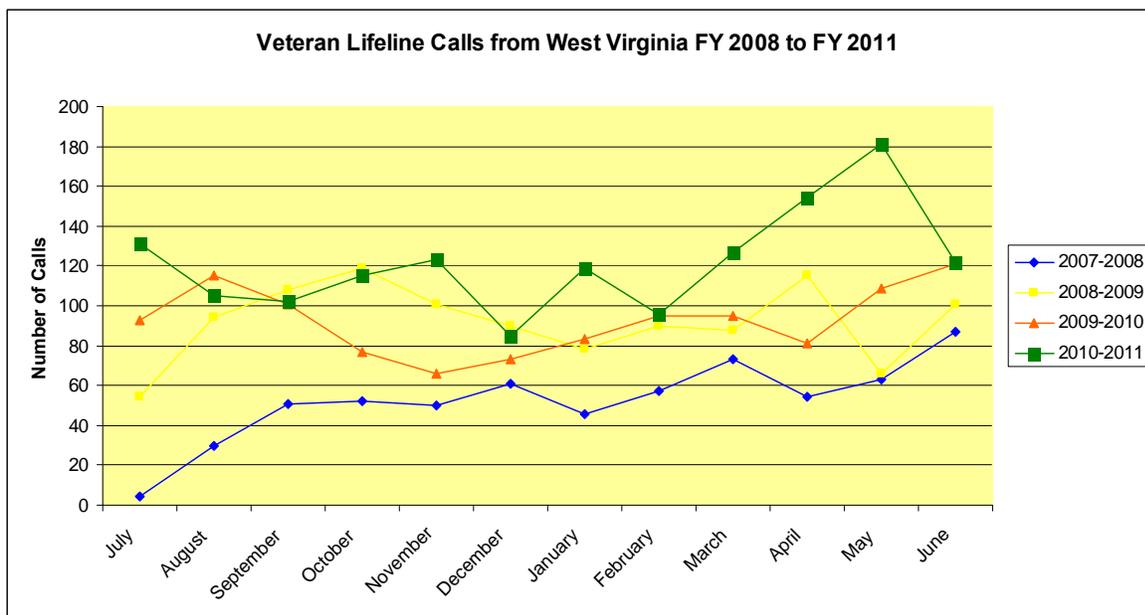
This year, Valley HealthCare continued to see an increase in calls to the Lifeline. This speaks to the effectiveness of the marketing and publicity efforts that are being done by the Council throughout the state on behalf of the Lifeline. From July 2010 to June 2011, Valley HealthCare answered 5,114 calls and had a total of 69 unanswered calls for the year. The usage of the Lifeline increased by 1,376 calls during fiscal year 2011, which is an increase of 27 percent from the previous year.



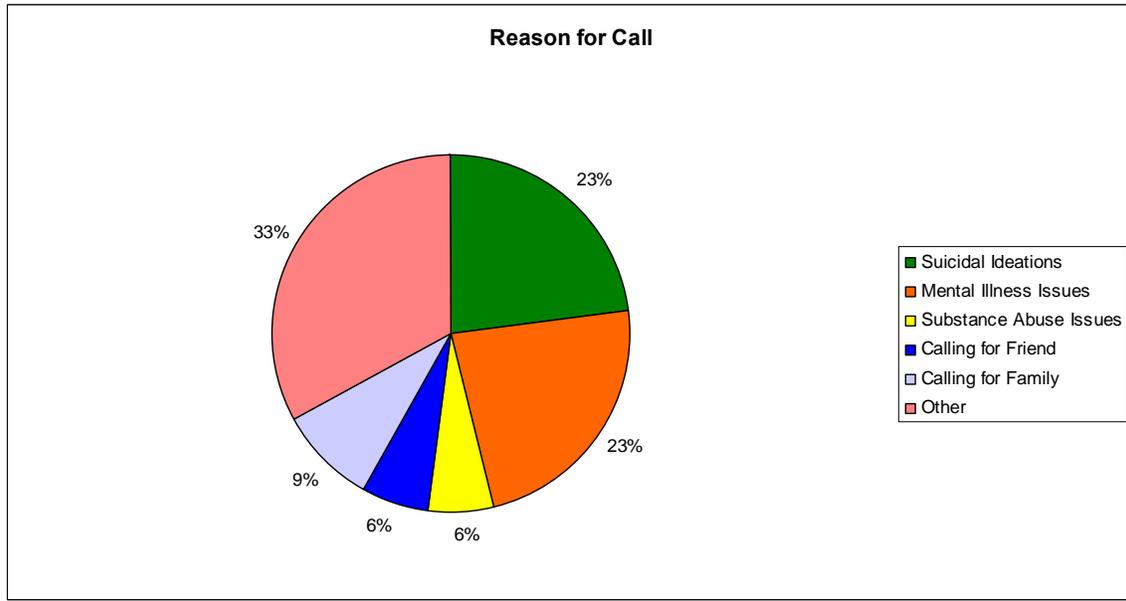
Valley had a call answer rate of 99% which is in the upper 5th percentile of all call centers. Valley averaged 412 calls per month over this time frame with the highest volume of calls coming in December 2010 with 590 calls. The month with the lowest number of calls was in September 2010 with 333.



This year also saw an increase in the usage of the Veterans Suicide Prevention Lifeline. Calls to the Veterans Suicide Prevention Lifeline are answered in Canandaigua, NY. The Veterans Administration has partnered with the National Suicide Prevention Lifeline to offer this service to our Veterans. Between July 2010 and June 2011, 1,460 calls were transferred from West Virginia to the Veterans Suicide Prevention Lifeline. This is an increase of 351 calls from 2009 . 2010. The Council has received materials from the Veterans Administration and has distributed magnets and posters with the Veterans Suicide Prevention Lifeline number throughout the state.



This past year, 54% of callers to the Lifeline were female and 37% were male. Mental health issues and suicidal ideations were the main reason that people called this past year making up 23 percent of calls each. 33% of calls were classified as other. An example of these calls would be calls about financial difficulty, relationship problems, hang ups, prank calls, etc.



The majority of callers continued to call for themselves (82%), with those calling for family members (spouse, child, or parent) being the next largest category (5%). 23% of callers this year stated that they were currently having thoughts of suicide, while 24% reported that they had had suicidal thoughts at sometime n the last 2 months. 12% of callers reported that they had attempted suicide at some point in the past. Also, emergency response was contacted for 61 callers this year.

This year, the highest number of calls to the Lifeline came from Harrison County with 683 calls. The Lifeline received calls from every county in West Virginia this year except for Tucker and Tyler Counties.

Lifeline Calls by County

Rank	County	Number/Percent of Calls		Rank	County	Number/Percent of Calls	
1	Harrison	683	13.36	25	Boone	23	0.45
2	Kanawha	637	12.46	26	Jefferson	20	0.39
3	Berkeley	573	11.20	26	Roane	20	0.39
4	Greenbrier	550	10.75	27	Brooke	19	0.37
5	Cabell	403	7.88	27	Upshur	19	0.37
6	Ohio	307	6.00	28	Braxton	18	0.35
7	Raleigh	246	4.81	28	Mason	18	0.35
8	Wood	240	4.69	29	Barbour	17	0.33
9	Monongalia	160	3.13	30	Putnam	15	0.29
10	Mercer	116	2.27	30	Wetzel	15	0.29
11	Logan	93	1.82	31	Webster	14	0.27
12	Marion	89	1.74	32	Doddridge	12	0.23
13	Hancock	77	1.51	33	Summers	10	0.20
14	Jackson	57	1.11	34	Morgan	9	0.18
14	Preston	57	1.11	35	Taylor	8	0.16
15	Nicholas	54	1.06	36	Marshall	6	0.12
16	Hampshire	52	1.02	36	Pocahontas	6	0.12
17	McDowell	48	0.94	37	Gilmer	5	0.10
18	Mineral	46	0.90	37	Grant	5	0.10
19	Randolph	40	0.78	38	Monroe	4	0.08
20	Lewis	36	0.70	38	Pendleton	4	0.08
21	Fayette	30	0.59	38	Ritchie	4	0.08
21	Wayne	30	0.59	39	Clay	3	0.06
21	Wyoming	30	0.59	40	Pleasants	1	0.02
22	Mingo	28	0.55	40	Wirt	1	0.02
23	Calhoun	26	0.51	41	Tucker	0	0.00
23	Hardy	26	0.51	41	Tyler	0	0.00
24	Lincoln	25	0.49				

SUMMARY OF THE JASON FLATT ACT

This past year, the Jason Foundation along with Delegate Charlene Marshall attempted to get the Jason Flatt Act passed in West Virginia for a second time. The Jason Flatt Act is named after the late son of Clark Flatt, who is the CEO and founder of the Jason Foundation, who died by suicide on July 16, 1997. The Jason Foundation was born to help bring public awareness to the %Silent Epidemic+and to help provide the information, tools and resources for students, educators, youth workers and parents in prevention.

The idea for the Act was born in 2004 when a legislator asked what he could do to help. From that question, Mr. Flatt and his staff began to explore how legislation could be a tool/resource in awareness and prevention. The idea for legislation within a states\$ In-Service Training for teachers and to do this without a fiscal note was born. Since that time, the Jason Flatt Act has been passed by Tennessee, California, Louisiana, Mississippi, and Illinois.

House Bill 2542 (H.B. 2542), the Jason Flatt Act, was introduced by Delegates Marshall, Fleischauer, Beach, Caputo and Shook. The bill originated in the House Finance committee. This bill would eventually pass the House of Delegates with a unanimous vote. This bill was then moved to the Senate Finance committee where no action was taken.

The Jason Foundation and Delegate Marshall are committed to introducing this bill again during the next session. If you are interested in learning more about the Jason Foundation, you may visit their website at www.jasonfoundation.com.

ASPEN REPORT

October 2010 – June 2011

ASPEN Project Information and Purpose

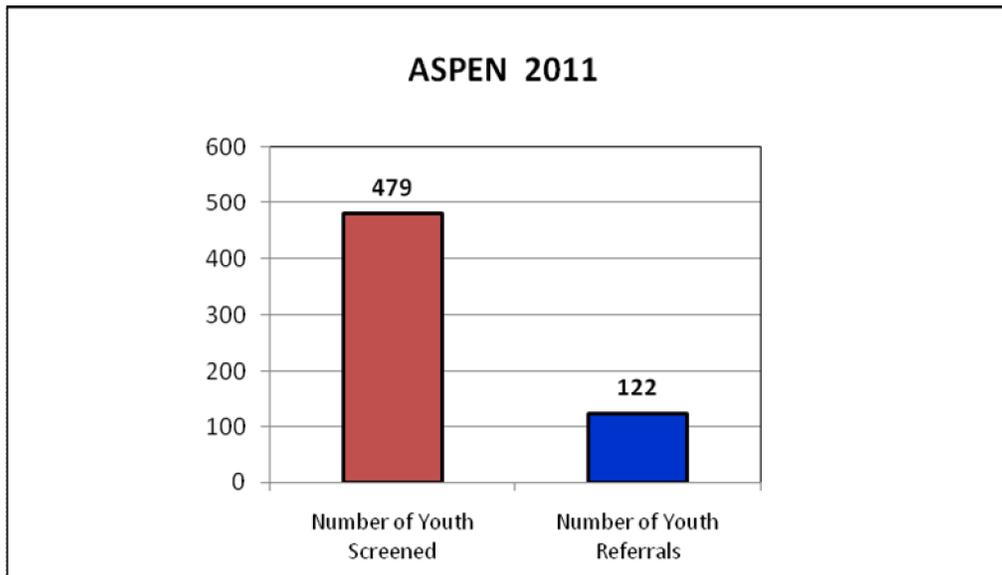
Adolescent Suicide Prevention and Early Intervention (ASPEN) project has completed 3 quarters of Year 2 of the second federally funded award. Over the past 9 months, ASPEN has worked towards implementing activities related to the new grant, and beginning to focus on initiatives of sustainability as the project embarks on Year 3. All efforts represent the overall intention of providing for general suicide prevention statewide and direct services to the youth of West Virginia so as to reduce the prevalence of adolescent suicides in our state as well as contribute to efforts on a national level in working collaboratively with SAMHSA; the Suicide Prevention Resource Council (SPRC); Opinion Research Corp. MacroInternational (ORC Macro); and associated Garrett Lee Smith grantees. During the course of this 9 month period, there have been progressive strides in suicide prevention and early intervention efforts in a wide array of venues providing for a comprehensive approach to adolescent suicide prevention efforts. Overall, ASPEN assists in the identification, intervention, and referral process for at-risk suicidal youth, providing for supportive services and protective factors. Finally, it is the intention of the project to provide enhanced education, communication, collaboration, and connections among the entities interacting with at-risk youth in order to rectify system gaps so as to facilitate a culturally competent, caring, comprehensive, sustainable suicide prevention, intervention, and postvention system of care.

Consistent with the Statement of Work for year two, the accomplishments related to the progression of the project for this period include:

Goal One: Increase awareness and expand the capacity of school personnel to recognize suicidal risk factors in students.

In working towards this objective, ASPEN has refined existing training models to acknowledge updated information regarding the significance and prevalence of adolescent suicide; the evidence-based Question, Persuade, Refer (QPR) Gatekeeper training; and Adolescent Suicide Assessment Protocol (ASAP-20). A highlighted training during the course of this year was the Bullying and Adolescent Suicide Prevention Conference of which attendees were in excess of 675 individuals. ASPEN has implemented the evidence-based SOS curriculum in 10 secondary schools this quarter, surpassing our intended goal in providing for screening of 314 youth in secondary school settings, with 78 youth followed up for significance of suicide risk. In addition, ASPEN participated in educating youth in the Upward Bound program at West Virginia State University. As a result of this initiative, 165 youth were educated and screened for at-risk factors, with a resulting 44 youth followed up for early identification and referral. In regards to students in higher education institutes, ASPEN has arranged for QPR trainings for Residential Advisors in two of the identified Universities for the

next quarter. Finally, in working towards expanding training efforts to targeted counties, ASPEN has participated in FRN meetings in the identified counties to collaborate with educational administrators in order to provide for trainings and dissemination of suicide prevention and intervention materials.



Goal Two: To increase the access to services for identified at-risk youth in the school setting.

Two comprehensive mental health agencies have been identified as sources of referral for the targeted counties. Specifically, in order to provide a mobile quick response service for the identified counties, ASPEN anticipates finalizing a contract with FMRS to serve Fayette and Raleigh counties, and hire a Case Manager through Pretera for Lincoln and Clay counties. Protocols regarding practice and implementation of the system are in development to be finalized the next quarter. In addition, to efforts in identified counties, ASPEN is partnering with additional agencies and school systems to work within pre-existing infrastructures to enhance recognition and referral for at-risk youth. Work towards establishing a comprehensive suicide prevention plan is ongoing. ASPEN is reviewing current practices and procedures in each of the targeted counties in order to design an overall model.

Goal Three: Provide awareness, screening, and protective factors training for additional populations of professionals serving at-risk youth and families and support systems of at-risk youth.

ASPEN has tailored current models for educational and professional development relevant to adolescent suicide prevention, in aggressively researching and evaluating training curriculums and assessing needs in order provide trainings in a tiered approach applicable to multiple audiences and perspectives. ASPEN's training components include generalized information of the prevalence and significance of adolescent suicide; prevention resources; evidenced-based QPR gatekeeper training; and training for the Adolescent Suicide Assessment Protocol (ASAP-20). In addition, there are continued plans for adding ASIST and SafeTALK to the training offerings and curriculum in order to increase the capacity of recognition and response as well as, provide for subsequent training opportunities regarding suicide prevention for individuals interacting with at-risk youth. During the course of the past nine months, ASPEN has provided 17 trainings in various locations throughout the state for 1275 individuals from a variety of disciplines, including, but not limited to: school personnel, mental health professionals, youth services workers, faith-based professionals, juvenile justice workers and additional individuals serving and interacting with at-risk youth.

Date of Training	Number of Trainees	Training Description	Training Sites	Hours of Training
10/25/10	114	Awareness & QPR	Kanawha County School Personnel	2 hr
10/27/10	21	Awareness & QPR	FMRS, Beckley	3 hr
10/29/10	34	Awareness & QPR	Juvenile Justice (Morgantown community)	2 hr
11/1/10	24	Awareness & ASAP	WVU campus	2.5 hr
11/10/10	24	Awareness, QPR & ASAP	Region 8 Adolescent Health Task Force Petersburg	3 hr
11/10/10	79	Awareness & QPR	Parkersburg Schools Personnel, Mental Health Workers	2 hr
11/15/10	10	Awareness & QPR	Broadus Hospital, Philippi	2 hr
3/3/11	36	Awareness & QPR	WV Council Life Span Workshop	1.5 hr
3/29/11	675	Awareness & QPR	Charleston Civic Center-Bullying Conference	1.5 hr
4/7/11	79	QPR/ Gatekeeper	WV Council LifeSpan Workshop	3 hr
5/19/11	29	QPR/Gatekeeper	WV Council LifeSpan Workshop	3 hr
6/3/11	37	QPR/Gatekeeper	WV Council LifeSpan Workshop	3 hr
6/9/11	26	QPR/Gatekeeper	WV Dept. Education	1 hr
6/13/11	7	QPR/Gatekeeper	YWCA Family Resolve	2 hr
6/17/11	28	QPR/Gatekeeper	WV Council LifeSpan Workshop	3 hr
6/23/11	38	QPR/Gatekeeper	FAST Conference	1.5 hr
6/28/2011	14	QPR/Gatekeeper	Sullivan/Rourke	1.5 hr

Goal Four: To increase the integration of medical and mental health services to improve access to holistically-oriented services for identified at-risk youth receiving services from hospital emergency departments and / or primary care clinics.

ASPEN has researched, selected and ordered for anticipated distribution in local area hospitals and primary care clinics, best practice materials including: *After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors; Is Your Patient Suicidal Poster; Using the "Is Your Patient Suicidal?" poster and triage guide; SAFE-T Pocket Card; Suicide Prevention Lifeline Materials; and Suicide Prevention Toolkit for Rural Primary Care.* In order to integrate into the medical community, initializing with emergency departments, ASPEN is working with a representative from the West Virginia University Behavioral Medicine Department associated with Charleston Area Medical Center's three county hospitals to arrange for training opportunities. In addition, ASPEN's Project Director is exploring facilitation of Recognizing and Responding to Suicide Risk: Essential Skills in Primary Care (RRSR-PC) in various medical professional populations. ASPEN's Project Director is meeting with WV Health Check to present best practice materials for dissemination to PCPs throughout the state. In addition, WV Health Check has agreed to include the electronic PCP Toolkit on their website for easy access to providers. In regards to working with pre-existing infrastructures, ASPEN is working with the WV SBIRT Clinical Director, James A. Matney in order to arrange for trainings to SBIRT providers to occur during the next quarter.

Goal Five: Provide for a comprehensive broad base support for sustainability of suicide awareness, prevention, and early intervention efforts.

Most of the initial year thus far has been focused on development of the grant project, and therefore, specific sustainability efforts have not been addressed at this point. In order to promote continued communication and collaboration efforts, ASPEN is exploring multiple venues in order to create tailored referral networks within the identified counties. ASPEN is working with the West Virginia Prevention Resource Network, and associated Community Development Specialists in order to identify current resources. As trainings are conducted, ASPEN will work with attendees on available resources specific to their counties and disciplines in order to provide for a comprehensive framework of referral process for at-risk youth with the ultimate goal of an interactive WV map on the website providing for identification of resources specific to each county. ASPEN will implement the practice of training higher education students with majors related to interaction of at-risk youth in evidence-based prevention and intervention models so as to provide for sustainability as they enter the workforce with such skills. Finally, it should be noted that goals and objectives addressed in the original grant application were identified to build upon pre-existing networks and services in order to become self-sustaining practices of such agencies and programs. In addition, there have been additional school-based mental health professionals who have expressed an interest in providing a recognition and response system as well. In this instance, ASPEN would provide training and assistance in implementation with pre-existing responsive systems in order to expand capacity of existing referrals to include

assessment of suicide risk. ASPEN has integrated into additional pre-existing listservs for state and county organizations and agencies to promote continued communication and collaboration efforts. Currently, the project is exploring multiple venues in order to create tailored referral networks within the identified counties. As trainings are conducted, ASPEN works with attendees on available resources specific to their counties and disciplines in order to provide for a comprehensive framework of referral process for at-risk youth. ASPEN has created and distributed a toolkit with relevant statistics, risk factors, best practice procedures and protocols. ASPEN is providing opportunities for certification in the evidence-based Question, Persuade, Refer (QPR) Gatekeeper training in order to increase the capacity of trainings as well as to provide for trainings to occur after the grant has ended. Finally, ASPEN is working with the expanded School-Based Mental Health project to incorporate suicide prevention and intervention efforts in the implementation phase of their projects.

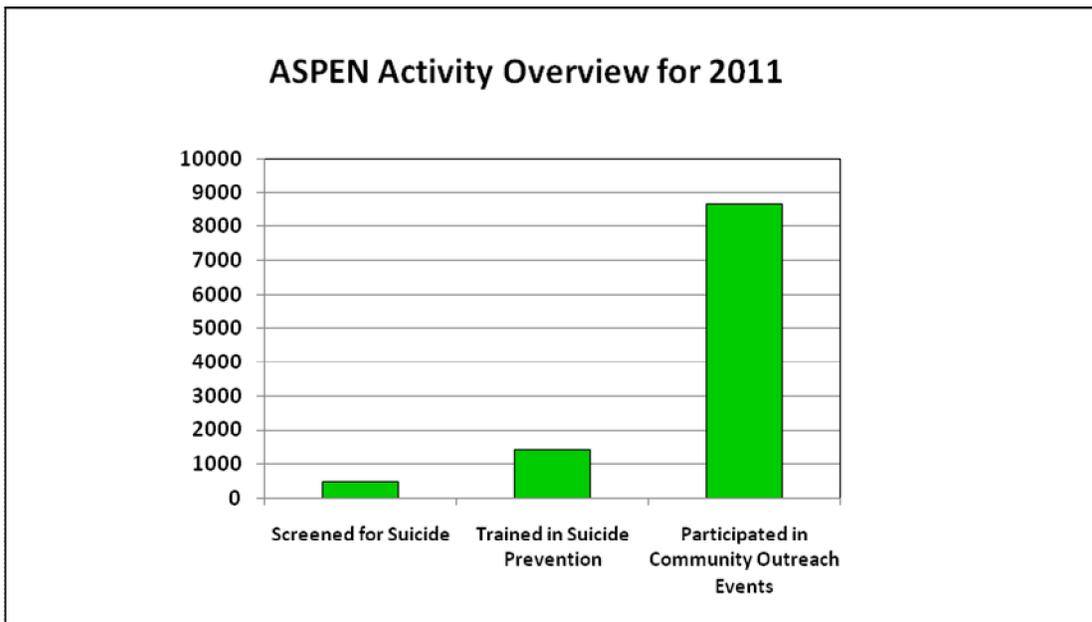
Activities related to information sharing enhancing overall awareness of the significance, prevalence and prevention of adolescent suicide entailing multi-faceted efforts during the reporting period include the following:

Marketing

- ASPEN's Project Director was honored to participate as a speaker in the Out of Darkness Walk held in Huntington, WV. With greater than 300 participants, the event received local coverage on the local news and enhanced the referral network of survivors.
- Created for distribution in a variety of venues in order to advocate for enhanced attention and prevention efforts, ASPEN's Project Director created an informational visual aid of county adolescent suicide prevalence rates from 2000 . 2008.
- ASPEN aired two 30 second radio commercials directed to both at-risk youth and individuals placed in a respondent situation, citing the suicide prevention lifeline number. Commercials aired during the girls and boys state basketball tournaments. The Tournaments, held annually in Kanawha County, include 42 games over eight days; has an overall attendance of greater than 9000 in-person participants, and has a radio audience greater than 100,000 airing on over 40 radio stations, making it one of the largest youth events in the state. During the course of the tournaments, there will be a total of 42 thirty second radio spots.
- ASPEN arranged for radio commercials will air throughout the 14 week course of the regular High School Football and Championship season. Covering over 65 games a week, on 40 radio affiliates throughout the state, with listeners of all ages.
- ASPEN ran a full-page advertisement in the programs of all 14 WV State Youth tournaments including cheerleading, football, volleyball, wrestling, girlsq basketball, boysqbasketball, swimming, track, tennis, cross country, soccer, golf, baseball, and softball. A program is provided to each spectator at the tournament. The ASPEN page promotes %hope and Help+and acknowledges the website address; social marketing links; the referral line to the program; as well as the National Lifeline Hotline number. It is estimated that these programs will be put in the hands of approximately 14,000 individuals from across the state of West Virginia throughout the course of the year.
- In efforts of involving youth in prevention initiatives for both enhanced awareness and youth perspective, ASPEN is scheduled to host focus groups with area youth to explore and evaluate continued marketing efforts. Specific activities considered are: evaluation and updates to current ASPEN website; hosting a competition for local high school media classes to record an anti anti-stigma video focusing on help-seeking and respondent situations to be considered for

various opportunities of airing including, morning announcements, school events, additional ASPEN media exposure events and YouTube.

- ASPEN continued to provide media exposure through a multitude of venues with the South Atlantic League Semi-Pro Baseball team, Appalachian Power. Exposure is projected to reach approximately 250,000 captive fans during the course of the season. Social awareness efforts will include: a billboard displayed throughout the duration of the season acknowledging ASPEN and the National Suicide Prevention Lifeline number for reference and resource of at-risk adolescents; Commercials aired twice per game between innings; drop in spots on West Virginia Power Radio Broadcasts; and recognition in the weekly Team Newsletter distributed via email.
- ASPEN continues Twitter and Facebook as a marketing effort for promoting the suicide Lifeline number in addition to promoting protective, preventative statements for greater than 200 followers and fans monthly.
- ASPEN's website offering increased resources and information regarding suicide prevention and intervention has had more than 1000 visits this reporting period.



General Suicide Prevention Initiative

In efforts of conserving life, ASPEN works in providing West Virginia both prevention and intervention methods through dissemination of information; enhanced awareness and responsiveness to suicidal tendencies in at-risk youth; and intervention services for identified at-risk students totaling 8664 individuals. ASPEN is honored to participate in the effort to facilitate prevention and intervention in order to ensure the continued safety and well-being of our youth, promoting HOPE and HELP in efforts to provide for a better tomorrow.

