



**2021-2024**

# **MISSOURI SUICIDE PREVENTION PLAN**

**[www.mospn.org](http://www.mospn.org)**

*In partnership with:  
The Missouri Coalition for Community Behavioral Healthcare  
The Missouri Department of Mental Health*

# IF YOU ARE IN CRISIS

## Call:

The National Suicide Prevention Lifeline at [1-800-273-8255](tel:1-800-273-8255). The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. More information at: <https://suicidepreventionlifeline.org/>

## Text:

Text the National Crisis Text Line by sending the keyword ["MOSAFE" to 741741](https://www.crisistextline.org/) from anywhere in the US to text with a trained Crisis Counselor. Crisis Text Line offers free 24/7 support for those in crisis. More information at: <https://www.crisistextline.org/>

## Chat:

Lifeline chat is a service of the National Suicide Prevention Lifeline connecting individuals with counselors for emotional support and other services via webchat and is available 24/7. To chat visit: [www.suicidepreventionlifeline.org/chat/](https://www.suicidepreventionlifeline.org/chat/)



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## Suicide Prevention State Plan

# Executive Summary

Suicide death is a death like no other, and its ripple effect has a broad impact across space and time. Suicide impacts individuals, families, friends, and entire communities. According to officials at the World Health Organization (WHO), more than 800,000 people die by suicide each year globally; many more make an attempt. In Missouri, suicide is a critical public health issue. Rates in Missouri exceed those of the nation as a whole and have been steadily rising. In 2019, there were 1,130 deaths and suicide was the ninth leading cause of death—far exceeding the number of deaths from motor vehicle accidents and homicides.

For every one death by suicide, research shows at least 25 people will attempt suicide, leaving thousands of individuals and their friends and families impacted by suicidal behaviors. Additionally, being a suicide survivor immediately puts a person at-risk for suicide (Centers for Disease Control and Prevention, 2018). Since 1999, rates of leading causes of death, such as heart disease, stroke, and cancer have been decreasing but according to a report by the Centers for Disease Control and Prevention (CDC), the suicide rate in the US increased by 24% (Caine E.D., 2015). Communities can benefit from a broad range of actions, including reducing factors which put people at risk for suicide and increasing factors to help protect people from suicidal behavior (Centers for Disease Control and Prevention, 2017).

No other type of death increases a survivor's risk of suicide, impacts populations so universally, and yet is also the most preventable cause of death. Preventing suicide requires everyone's commitment, from the individuals struggling with their own thoughts of suicide up to the systems and communities that support them. Only a strategic approach that engages everyone at every level will lead to the aspirational goal to fully eliminate suicide.

Suicide prevention must recognize and affirm the cultural diversity, value, dignity, and importance of each person. Suicide prevention strategies must be evidence-based and clinically sound. They must address diverse populations that are disproportionately affected by societal conditions and are at greater risk for suicide. Individuals, communities, organizations, and leaders at all levels should collaborate in the promotion of suicide prevention. The feelings of hopelessness that contribute to suicide can stem from societal conditions and attitudes. Therefore, everyone concerned with suicide prevention shares a responsibility to help change attitudes and eliminate conditions of oppression, racism, homophobia, discrimination, and prejudice.

With a sense of urgency, we present the Missouri Suicide Prevention State Plan. Suicide is not solely the result of illness or inner conditions. The success of this strategy ultimately rests with the individuals and communities across the State of Missouri. We will demonstrate this by utilizing the following strategies:

- **Fully embrace a public health approach.**
- **Establish Missouri as a Zero Suicide in Healthcare State.**
- **Establish a robust data collection and reporting system.**

A concerted, coordinated effort driven and organized by passionate stakeholders using the guiding principles outlined throughout this plan is our best hope to mitigate this growing tragic public health and mental health problem. We hope you find this plan a useful guide and we thank you for your dedication to working together with us to prevent further suicide deaths in Missouri.

# MISSION AND VISION

## ***Mission:***

Prevent suicide by instilling hope and ensuring access to evidence-based care for all Missourians.

## ***Vision:***

Missouri will have the resources and capacity to reduce the risk of suicide, decrease the effects of suicide on communities, and positively impact the health of all.

# ACKNOWLEDGMENTS

*This Plan was created through the Missouri Suicide Prevention Network. A special thanks to the following organizations for their role in developing the Plan:*

- Behavioral Health Response\*
- BJC Behavioral Healthcare
- Brown School @ Washington University
- CommCARE
- Communities Healing Adolescent Depression & Suicide (CHADS)
- Community Counseling Center\*
- Community Partnership of the Ozarks
- Compass Health Network\*
- Kids Under Twenty-One (KUTO)\*
- Missouri Coalition for Community Behavioral Healthcare\*
- Missouri Crisis Intervention Team
- Missouri Department of Agriculture
- Missouri Department of Elementary & Secondary Education
- Missouri Department of Health & Senior Services
- Missouri Department of Mental Health (Division of Behavioral Health)\*
- Missouri Department of Social Services
- Missouri Hospital Association\*
- Missouri Institute of Mental Health\*
- Missouri Primary Care Association
- Ozark Center
- Partners in Prevention (PIP)
- Provident Behavioral Health\*
- University of Missouri – St. Louis

*\*Organizations involved directly on the MSPN State Plan subcommittee*

# WHERE WE STARTED

## Historical Overview

Missouri has long recognized suicide as a significant public health\* problem. Following the National Suicide Prevention Conference in 1998, the departments of Mental Health (DMH) and Health and Senior Services (DHSS) collaborated to address suicide prevention efforts in the state. As a result, the 2001 Missouri Suicide Prevention Plan was developed with input from a variety of experts and town hall meetings conducted across the state. With the launch of the state plan, communities began implementing suicide prevention strategies. In the years following: state and federal legislation passed, federal funding was secured, and Missouri revised the suicide prevention plan in 2005. In 2012, Missouri issued the third state plan that aligned with the National Strategy for Suicide Prevention. In 2014, Missouri was 1 of 16 States chosen to participate in the first National Zero Suicide Academy held in Washington, D.C.

*\*The science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases (CDC Foundation).*

## Highlights

Over the past two decades, great strides have been made at reducing the impact of suicide on Missouri communities. Here are a few of the milestones achieved since the 2012 state plan:

*-This is not a comprehensive list; see appendix for the full history and highlights.*

# MISSOURI SUICIDE PREVENTION HISTORY

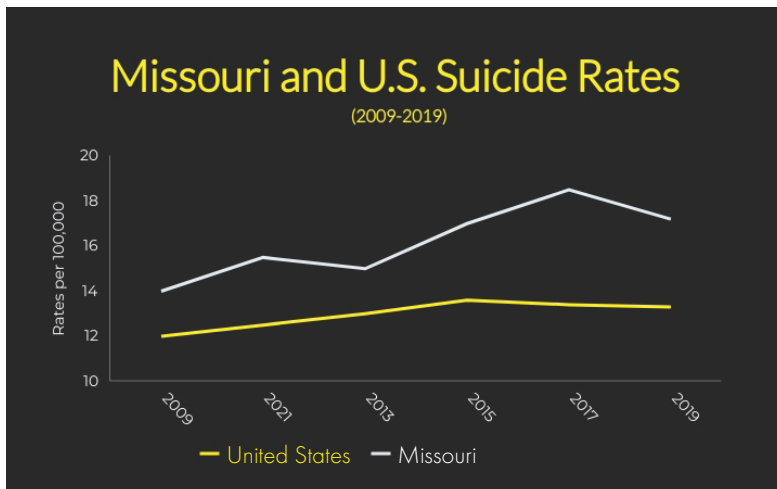
2014	2015	2016	2017	2018
<b>Zero Suicide Academy</b>	<b>Midwest Regional Suicide Conference</b>	<b>Awarded federal GLS Grant for youth</b>	<b>DMH Host 2nd Zero Suicide Academy</b>	<b>Missouri Suicide Prevention Network created</b>
<i>1 of 16 states chosen to participate in the 1st National Zero Suicide Academy held in Washington D.C.</i>	<i>Missouri partners with surrounding states to host regional conference with National Speakers</i>	<i>Suicide Prevention Coordinator position filled MO's 1st Zero Suicide Academy</i>	<i>Statewide suicide prevention campaign, 'HelpHimStay' began</i>	<i>Awarded the federal Zero Suicide Grant for adults 3rd Zero Suicide Academy held</i>

# WHERE WE STAND

## Scope of the Problem

Suicide is a critical public health issue in MO that profoundly affects individuals, families, schools and communities. In 2019, there were 1,130 deaths and suicide was the ninth leading cause of death-far exceeded the number of deaths from motor vehicle accidents and homicides.

Missouri currently lacks an integrated and timely system for tracking and trending suicide data. Missouri's Suicide Prevention Network has made progress in identifying key partners and improving timeliness and scope of available data, but we must do better.



Note: The following data is the most recent as of November 1, 2020.

- **Rates in Missouri** exceed those of the nation as a whole and have been steadily rising.

- Between 2009 and 2019, rates **increased by 27%** (14.25 per 100,000 in 2009 to 18.10 in 2019). Missouri suicide rates decreased slightly from 2018 to 2019. \*Missouri and U.S data are provisional. U.S. data based on 12-month rolling average in 2019.

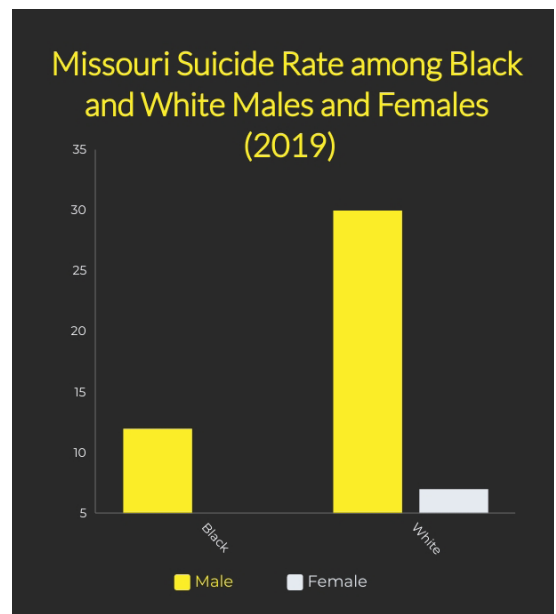
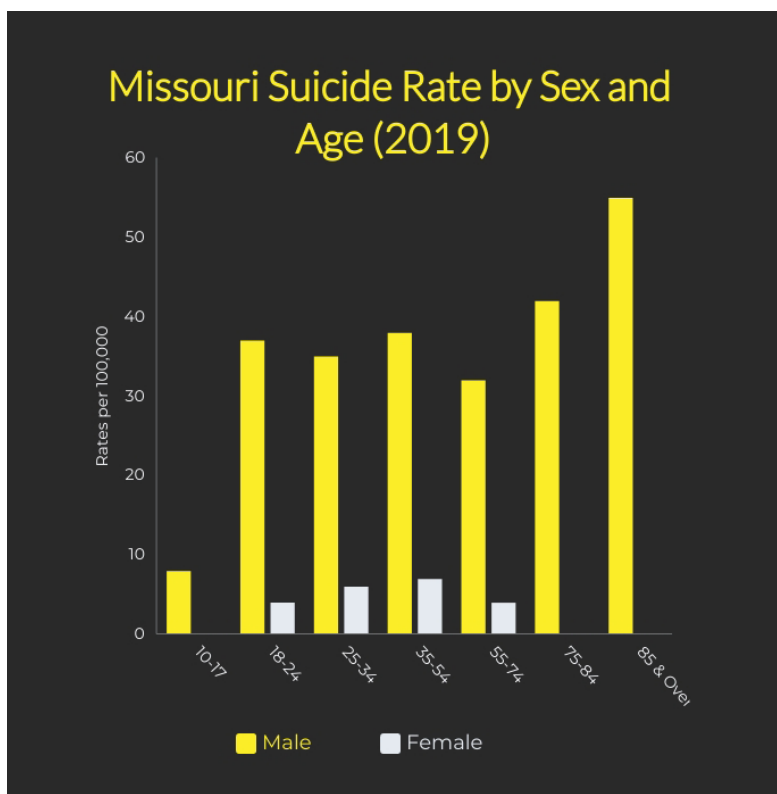
- Rates differ considerably by **race, age and sex**.

- Suicide rates are **four times higher among men** than women.

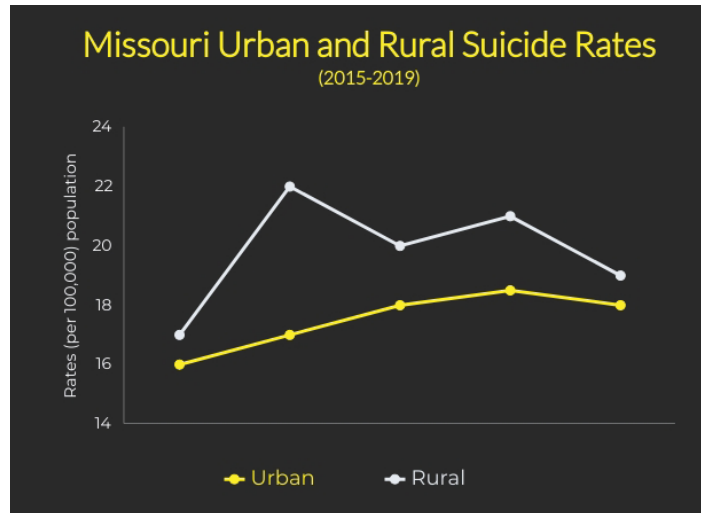
- **Older White men** are at highest risk.

- By age 75, suicide rates among White males are almost three times higher than those of Black males.

- Rates are **much lower for females** and lowest among black females. \* Number of Black female suicides too few to report.



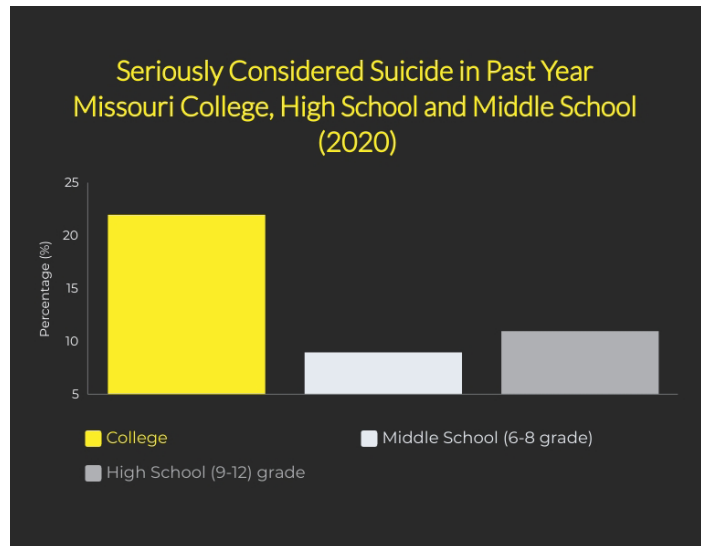
- For suicide rates, there are a few **regional variations** in the state of Missouri.
- **Rural areas** in Missouri have **slightly higher** suicide rates than metropolitan area.
- Difference in rural and urban suicide rates is **less compared to prior years**.
- The **Kansas City metropolitan area and southwest Missouri** had the **highest** suicide rates in 2019.
- Rates were **lowest** in the **St. Louis metropolitan area**.



## Youth and Young Adults

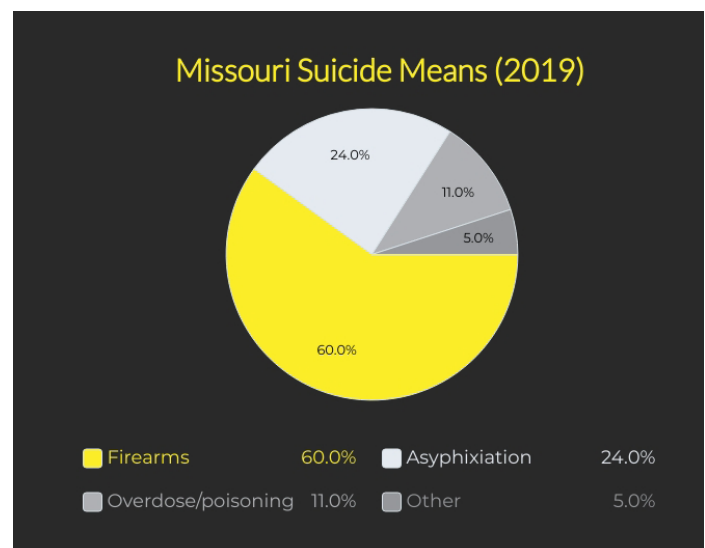
**Suicides.** While suicide rates among youth are lower than those of adults, suicides are the **2nd leading cause of death among 10-17-year-olds** and the **3rd leading cause of death among 18-24-year-olds**. The suicide rate among youth 10-17 almost doubled from 2009 to 2018 (4.16 to 10.20 per 100,000) and alarmingly, between 2017 and 2018, rates increased by 39%. Rates are dramatically higher for 18-24-year-old youth, with rates among white males close to those of middle-aged white men and higher than those 65-74.

- While suicides among youth are lower than those of adults, the number of youths with **suicidal thoughts** is disturbingly high.
- One in eight middle school, one in ten high school and one in four (25%) college students **seriously considered suicide in the past year**.
- Ideation rates for **females were higher** than for males (Missouri Student Survey, 2020).
- **LGBTQ college students** were more than two times more likely to have had suicidal thoughts than their non-LGBTQ peers (41% vs. 18%) (Missouri Assessment of College Health Behaviors, 2018)



In 2018, **firearms were used by more Missourians** than any other means followed by asphyxiation (25%) and poison (12%).

- Among those who used a **firearm, 85% were male**.
- Suicides account for **more than half of all gun-related deaths**.
- More than **60% of youth under 18 used a firearm** to die by suicide.





## Current Statewide Efforts

Missouri is using a multidisciplinary approach to tackle this rising public health crisis. To embrace the public health approach, recent efforts have been expanded to encompass a comprehensive and coordinated statewide focus on suicide prevention. Below are a few highlights of recent efforts propelling suicide prevention in our state forward.

- The **Missouri Suicide Prevention Network (MSPN)** was created in 2018. MSPN consists of representatives of various organizations and interests across the state who are passionate about decreasing the rate of suicide. MSPN will work to reduce suicide through increasing coordination of efforts and implementing best practices for suicide prevention statewide. In 2020, the MSPN received funding from the Missouri Foundation for Health (MFH) for two full-time positions dedicated to help provide suicide prevention in the state of Missouri.
- Missouri was awarded its first Zero Suicide in Health Systems grant, which focuses on improving care coordination amongst all health systems and the adult population. Through this grant, **Zero Suicide Academies** have been launched. Attendance at this two-day Academy is equipping organizations with all the information needed to implement suicide safer care practices for the people they serve. After the fourth Academy in 2020, more than 45 organizations have completed the two-day academy.
- The Missouri Suicide Prevention Network, Missouri Department of Mental Health, Community Counseling Center and the Missouri Coalition for Community Behavioral Healthcare partner together annually to provide a free **regional suicide prevention conference** in Kansas City, Columbia and Cape Girardeau. The conferences typically take place in the summer and are held for a full day. The conferences provide training, materials, information gathering and networking for people around the state that want to enhance their knowledge on suicide prevention and how to help others, both personally and through professional services. On average, the number of attendees (across all three locations and all three days of the conference) totals about 2,000 – 2,500. You can find more information about our current conferences online at <https://www.mospn.org/conference>.
- On September 10, 2020, Missouri Governor Mike Parson signed the PREVENTS State Proclamation pledging prioritization of suicide prevention for Veterans and all Missourians. The **Missouri Veterans Suicide Prevention Committee** was then created with federal, state and community partners, focusing on implementing statewide suicide prevention best practices for service members, Veterans and their families, using a public health approach.
- Statewide campaigns promoting help-seeking for youth and adults via the **National Suicide Prevention Lifeline** and the **National Crisis Text Line** have begun and are continuing.
- **Missouri Suicide Prevention Advocacy Network (Missouri SPAN)** was created in 2020 to raise awareness that suicide is a public health issue and to gain broad-based support for suicide prevention advancement. Our group supports activities to create new or revise current policies, programs, practices and services.

# WHERE WE ARE GOING

## ***Introduction to Priorities and Milestones***

While great strides have been made through the years, there is still much work to be done. To enhance current efforts, a public health suicide prevention priority list will be created, that identifies specific universal, selected and indicated suicide prevention and intervention strategies to use throughout Missouri's communities. This will further the public health approach by working to identify and implement selected interventions for those groups at heightened risk of suicide; and identify and implement indicated interventions for residents deemed the most vulnerable to a suicide crisis. We will promote the message that everyone has a role in suicide prevention and prioritize groups and individuals who are the most vulnerable for selected and indicated efforts.

Implementation of the plan is a shared responsibility. Certainly, the Missouri Suicide Prevention Network will play a major role in coordinating efforts in achieving the plan. All stakeholders, including but not limited to, providers of health and behavioral health services, teachers, higher education, law enforcement, the courts, families and friends of people who have died by suicide and the general public, have roles in preventing untimely and tragic deaths.

To pave the way, expanding on the U.S. Surgeon General's Office 2012 National Strategy for Suicide Prevention, the State of Missouri, through the efforts of the MSPN, will:

- ***Fully embrace a public health approach.***
- ***Establish Missouri as a Zero Suicide in Healthcare State.***
- ***Establish a robust data collection and reporting system.***

There will be a state level evaluation with all our priorities. We will create and utilize a strategy to evaluate the impact of these implementation efforts, communicate the outcomes and adjust efforts according to effectiveness and need. As communities work on suicide prevention efforts, it is important that evaluation is always included in your efforts. Below is what you will find and break it out.

## Priority 1

### **Fully Embrace a Public Health Approach to Suicide Prevention.**

*Expanding on the U.S. Surgeon General's Office 2012 National Strategy for Suicide Prevention, Missouri will look for ways to establish supportive environments that promote health and wellness in all communities. The work will also focus on reducing the stigma associated with suicide and increase the understanding that prevention and treatment is possible. Below is a list of Missouri goals to demonstrate the state has integrated a public health approach.*

#### **YEAR 2021**

- Use data and research to define priority populations within the state.
- Create a funding strategy to support suicide prevention and intervention initiatives.

#### **YEAR 2022**

- Implement universal prevention strategies that focus on reducing suicide risk and enhancing health.
- Create a statewide network of community suicide prevention coalitions.

#### **YEAR 2023**

- Implement suicide prevention and intervention initiatives for high-risk people and high-risk groups.
- Establish a technical support mechanism to assist community suicide prevention coalitions.

## Priority 2

### **Establish Missouri as a ZeroSuicide in Healthcare State.**

*Expanding on the U.S. Surgeon General's Office 2012 National Strategy for Suicide Prevention, Missouri will work to have Zero Suicide adopted as the framework for suicide prevention in healthcare settings and facilitate its implementation at hospitals, clinics and behavioral health providers across the state. Missouri will also promote evidence-based suicide prevention services across the healthcare spectrum and improve accessibility of care for those in crisis and support ongoing collaboration on implementing best practices. Below is a list of goals to demonstrate the state has been established as a ZeroSuicide in healthcare state.*

#### **YEAR 2021**

- Create a state focused ZeroSuicide in Healthcare team.
- Implement strategies to engage Missouri hospitals in ZeroSuicide efforts.

#### **YEAR 2022**

- Expand ZeroSuicide implementation into primary care and behavioral health clinical settings.
- Establish learning collaboratives to engage primary care and behavioral health clinical settings in ZeroSuicide strategies.

#### **YEAR 2023**

- Conduct gap analysis of ZeroSuicide implementation to continue statewide expansion.
- Review, update, and disseminate ZeroSuicide Implementation Plan.

## Priority 3

### **Establish a Robust Data Collection and Reporting System.**

Expanding on the U.S. Surgeon General's Office 2012 National Strategy for Suicide Prevention, Missouri will work to provide better surveillance, evaluation and more timely information to guide and track statewide suicide prevention efforts. Missouri will develop suicide-related data surveillance systems at the state and community level, evaluate data and the state suicide prevention plan, and disseminate data and reports. Below is a list of Missouri goals to demonstrate the state has established a robust data collection and reporting system.

#### **YEAR 2021**

- Establish a statewide data analysis plan.
- Produce and distribute reports to inform Missourians on suicide and progress in suicide prevention efforts.

#### **YEAR 2022**

- Continually engage with appropriate governing bodies to close gaps/reduce barriers.
- Establish a pilot program with coroners across the state on suicide prevention reports.

#### **YEAR 2023**

- Implement a rapid-response program to identified clusters/surges of suicides across the state.
- Specifically target prevention/intervention efforts using data analytics.

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## **CALL TO ACTION**

*Suicide is a critical public health issue that profoundly affects individuals, families, schools and communities. Between 2009 and 2019, rates increased by 27%. In 2019, there were 1,130 deaths by suicide in Missouri alone. Dr. Julie Cerel's (2018, American Association of Suicidology) research suggests that, for each death by suicide, 204 people are impacted. Based on these numbers, the number of lives impacted by suicide in Missouri in 2019 totaled 230,520. More specifically:*

- **129,950** exposed to the death
- **59,890** affected by the loss
- **28,250** limited bereavement
- **12,430** profoundly bereaved

No matter where you live in Missouri or what you do every day, we all have a role in preventing suicide. Missourians must work together to improve the prevention and intervention of people at risk of suicide. The Missouri State Suicide Prevention Plan provides the necessary framework to enhance suicide prevention efforts, apply this in your organization and/or community. Join us now; together we can help prevent suicide!

## HOW YOU CAN HELP NOW:

### **Suicide Prevention Advocacy Network (Missouri SPAN)**

MSPN has created Missouri Suicide Prevention Advocacy Network (SPAN) to raise awareness that suicide is a public health issue and to gain broad-based support for suicide prevention advancement. We are supporting activities like establishing new or making changes in policies, programs, practices and services. There are two pieces to Missouri SPAN: signing up for advocacy alerts and learning how to advocate for suicide prevention. Become a member now at <https://www.mospn.org/missourispan>.



### **MO Ask Listen Refer (MOALR)**

The MO ALR Suicide Prevention Training Program was designed to help Missouri residents prevent suicide by teaching you to:

- identify people at risk for suicide
- recognize the risk factors, protective factors, and warning signs of suicide
- respond to and get help for people at risk

To learn more, visit <https://www.moasklistenrefer.org/main>





## MISSOURI SUICIDE PREVENTION NETWORK



**DATA**



**MOALR**



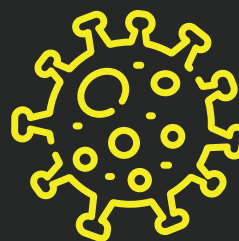
**ZERO SUICIDE**



**RESOURCES**

**MISSOURI  
SUICIDE  
PREVENTION  
ADVOCACY  
NETWORK**

**ADVOCACY**



**COVID-19**

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# APPENDIX:

- A. *History of Suicide Prevention Efforts in Missouri*
  - B. *Current Missouri Statutes for Suicide Prevention*
  - C. *Suicide Risk & Protective Factors*
- 

## APPENDIX A

### **History of Suicide Prevention Efforts in Missouri**

**1998:** Dr. Joe Parks (DMH) and Aurita Prince-Caldwell (DHSS) attend National Suicide Prevention Conference organized by SPAN and held in Reno, Nevada; this public/private partnership created an expert panel that issued 81 recommendations for suicide prevention.

**1999:** Dr. David Satcher drafted his Surgeon General's Call to Action to Prevent Suicide, which consolidated the National Suicide Prevention Conference's recommendations, including the creation of a National Strategy for Suicide Prevention.

**1999:** collaborative conference 'Creating community Action for Suicide Prevention: Bringing a National Dialogue to the Community' convened in Kansas City leads to identifying six benefits of developing a Missouri state plan for suicide prevention

**2000:** Parks & Prince-Caldwell co-chair a workgroup to draft a state suicide prevention plan using the AIM (Awareness, Intervention and Methodology) blueprint per the Surgeon General's Call to Action to Prevent Suicide

**2001:** Missouri's state plan for suicide prevention 'Bringing a National Dialogue to the State, 2001 – 2003' was delivered to Legislature.

National Strategy for Suicide Prevention published by the U.S. Department of Health and Human Services, outlining a coherent national plan to enhance the suicide prevention infrastructure, including the creation of a technical assistance and resource center.

**2002:** DMH uses federal Mental Health Block Grant funding to provide suicide prevention and education services to the state; four sites across the state were awarded five-year grants. Activities coordinated by DMH Medical Director, Dr. Joes Parks office

**2003:** HB 59 & 269 passed directing state departments in partnership with appropriate community agencies to develop a suicide prevention plan and submitting to general assembly by 12/31/2004.

10/2003 – DMH and DHSS determine the 2001 -2003 state plan to be updated/revised to meet legislative requirements. A 10-person Missouri delegation was sent to the bi-regional conference 'Preventing Suicide in Regions VII and VII' for technical assistance in revising the plan.

11/2003 – 9/2004: writing team made revisions, coordinated town-hall meetings for community input, document revised, final plan and report submitted to legislature 11/2004.

**2004:** SAMHSA puts out \$40 million per year through the Garrett Lee Smith Memorial Suicide Prevention Act (GLS), sponsored by Senator Gordon Smith in memory of his son Garrett Lee who died by suicide in 2003.

**2005:** Revised state plan 'Bringing a National Dialogue to the State' Year 2005 – 2010 Supporting/related



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## Legislative Statutes:

161.235 – DESE grant programs (unfunded - SB944§)

376.620 – death by suicide no defense for insurance payment (RSMo 1939 § 5851)

537.037 – suicide prevention/intervention as 'Good Samaritan' (2005 HB462 & 463)

630.140 – suicide exempt from confidentiality law (2005 HB462 & 463)

630.900 – submit state suicide prevention plan to general assembly (2003 HB59 & 269, merged with SB618)

630.910 – create suicide prevention advisory committee (2005 HB462 & 463) 630.915 – seeks funding for participation in National Violent Death Reporting System 2005 HB462 & 462, Sunsets 8/2011, Terminates 9/12)

Missouri is one of the first 14 states awarded a GLS State Grant.

A six-member delegation from Missouri was accepted to participate in the PREVENT Institute.

**2006:** Statewide Suicide Prevention Advisory Committee (SPAC) recruited and began meeting.

Linn State Technical College is awarded a GLS Campus grant

Missouri Suicide Prevention Project (MSSP) initiated with GLS award funding established eight regional resource centers across the state tasked with building community capacity around youth suicide prevention efforts. Other activities included a new "mini-grant" initiative and a successful partnership with the Partners in Prevention, a coalition of public and private college and university campuses across the state.

Convened first Show Me You Care Suicide Prevention Conference, convened annually through (see pg. 6)

**2008:** DMH was awarded a second GLS State Grant, to receive an award of \$500,000 a year for three years.

Northwest Missouri State University is awarded a GLS Campus grant

SPAC members helped organize a suicide prevention event at the Kauffman Foundation Conference Center in Kansas City, which was co-sponsored by the MSPP mini-grant program and featured U.S. Acting Surgeon General Rear Admiral Steven K. Galson, M.D. and Daniel J. Reidenberg, Psy.D., FAPA, Executive Director of SAVE (Suicide Awareness Voices of Education).

Dottie Mulliken assumes leadership of MSSP and chair of the SPAC.

**2009:** Ask Listen Refer (ALR) an online suicide prevention training funded by the Missouri Foundation for Health and supported by the Missouri Suicide Prevention Project, is launched by Partners in Prevention. PIP is Missouri's higher education substance misuse consortium dedicated to creating healthy and safe college campuses. [www.moasklistenrefer.org](http://www.moasklistenrefer.org)

**2010:** The inaugural presentation of the 'Missouri Suicide Prevention Award' were presented at the annual conference. Categories included Media Award for Outstanding Reporting on Suicide, and Community Service Awards for Youth and Survivor of Suicide Loss.

Guyla Gardner delegated chair of the SPAC. Later that year, the Governor's Office proposed the elimination of various state government boards and commissions, including SPAC. Although legislation was not passed before the end of the session, due to the uncertainty of the committee's future, DMH made the decision to not convene further meetings.

**2011:** Legislation is successfully passed to remove the SPAC from state statute and transfer duties of the committee to the Missouri Advisory Council for Comprehensive Psychiatric Services (see 632.020 under Current Missouri Statutes for Suicide Prevention section below).

The Wellness Resource Center at the University of Missouri is awarded a GLS Campus Grant

Missouri is one of four states to be awarded a third GLS State Grant, providing three more years of funding for the MSPP.

**2012:** DMH awards contracts for 4 regional resource centers for 3 years and continues mini-grants and Show Me You Care About Suicide Prevention conferences. State plan for suicide prevention revised.

MSPP sponsors CALM and Trevor Project train-the-trainer events, becoming the first non-coastal state in the nation to have instructors permanently located across the state offering these programs.

Missouri is acknowledged as having conducted the largest number of GLS sponsored trainings of any GLS state grantee (GLS history can be found [https://www.sprc.org/grantees?term\\_node\\_tid\\_depth=All&status=All&state=232](https://www.sprc.org/grantees?term_node_tid_depth=All&status=All&state=232)).



MSPP Facebook page, which was launched in 2010, reaches 5,000 fans

**2014:** Missouri is one of 16 states chosen to participate in the first Zero Suicide Academy, held in Washington, D.C., four teams are sent.

**2015:** For the 10th annual conference, Missouri partners with surrounding states to host a 'Midwest Regional Conference' in Kansas City, featuring a large number of national experts.

DMH ceases using Mental Health Block Grant funding MSPP. GLS request unfunded. Missouri Suicide Prevention Project is dissolved and Project Director position is terminated.

**2016:** Suicide Prevention Director position filled by Stacey Williams.

GLS grant funding awarded for Show Me Zero Youth Suicide Initiative aims to reduce youth suicide through an integrated systems-level approach, which includes establishing a continuity of care model for youth at risk of suicide and promoting the adoption of suicide prevention as a core priority of youth-serving institutions, such as hospitals and schools.

Missouri funded to join the National Violent Death Reporting System, reference can be found: <https://mffh.org/wordpress/wp-content/uploads/2017/02/National-Violent-Death-Reporting-System.pdf>

DMH hosts first Missouri Zero Suicide Academy, 17 behavioral health organizations attend

**2017:** DMH hosts second Missouri Zero Suicide Academy, 14 behavioral health organizations attend

**2018:** Northwest Missouri State University is awarded a 2nd GLS Campus Grant.

Missouri Suicide Prevention Network convened.

**2019:** DMH hosts third Missouri Zero Suicide Academy, 12 behavioral health organizations attend.

## **APPENDIX B**

### **Current Missouri Statutes for Suicide Prevention**

- 1.** The Missouri advisory council for comprehensive psychiatric services, created by executive order of the governor on June 10, 1977, shall act as an advisory body to the division and the division director. The council shall be comprised of up to twenty-five members, the number to be determined under the council bylaws.
- 2.** The members of the council shall be appointed by the director. Members shall serve for overlapping terms of three years each. The members of the existing council appointed under the provisions of the executive order shall serve the remainder of their appointed terms. At the expiration of the term of each such member, the director shall appoint an individual who shall hold office for a term of three years. Each member shall hold office until a successor has been appointed. Members shall have professional, research or personal interest in the prevention, evaluation, care, treatment and rehabilitation of persons affected by mental disorders and mental illness. The council shall include representatives from the following:
  - (1) Nongovernment organization or groups and state agencies concerned with the planning, operation or use of comprehensive psychiatric services;
  - (2) Representatives of consumers and providers of comprehensive psychiatric services who are familiar with the need for such services. At least one-half of the members shall be consumers. No more than one-fourth of the members shall be vendors or members of boards of directors, employees or officers of vendors, or any of their spouses, if such vendors receive more than fifteen hundred dollars under contract with the department; except that members of boards of directors of not-for-profit corporations shall not be considered members of board of directors of vendors under this subsection.

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3. A vacancy occurring on the council shall be filled by appointment of the director.
  4. Meetings shall be held at least every ninety days at the call of the division director or the council chairman, who shall be elected by the council.
  5. Each member shall be reimbursed for reasonable and necessary expenses, including travel expenses pursuant to the travel regulations for employees of the department, actually incurred in the performance of his official duties.
  6. The council may be divided into sub-councils in accordance with its bylaws. The council shall study, plan and make recommendations on the prevention, evaluation, care, treatment, rehabilitation, housing and facilities for persons affected by mental disorders and mental illness.
  7. No member of a state advisory council may participate in or seek to influence a decision or vote of the council if the member would be directly involved with the matter or would derive income from it. A violation of the prohibition contained herein shall be grounds for a person to be removed as a member of the council by the director.
  8. The council shall collaborate with the department in developing and administering a state plan for comprehensive psychiatric services. The council shall be advisory and shall:
    - (1) Promote meetings and programs for the discussion of reducing the debilitating effects of mental disorders and mental illness and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation for persons affected by mental disorders or mental illness;
    - (2) Study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and resources in the provision of services to persons affected by mental disorders or mental illness through private and public residential facilities, day programs and other specialized services;
    - (3) Recommend what specific methods, means and procedures should be adopted to improve and upgrade the department comprehensive psychiatric service delivery system for citizens of this state;
    - (4) Participate in developing and disseminating criteria and standards to qualify comprehensive psychiatric service residential facilities, day programs and other specialized services in this state for funding or licensing, or both, by the department;
    - (5) Provide oversight for suicide prevention activities.

## **APPENDIX C**

### **Suicide Risk & Protective Factors**

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life. Risk factors play a central part in prediction and prevention. Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.

# RISK FACTORS

## **Health**

New to services/Transition in service; Mental Health Conditions; Substance Use Disorders  
Serious or Chronic Health Conditions; Chronic Pain; Terminal Illness; Recent Hospitalization  
Be mindful of side effects from medications; Problems with sleep; Terminal Illness

## **Environmental**

Stressful Life Events, such as divorce, loss of a loved one, job loss, etc.; Severe hopelessness  
Prolonged stress factors which may include harassment, bullying, relationship problems, and unemployment; Isolation/ Lack of belonging; Exposure to another person's suicide  
Access to lethal means; Cultural and religious beliefs

## **Historical**

Previous suicide attempts; Family history of suicide attempts; Lack of social support  
Lack of healthcare and avoidance of care due to stigma; Impulsiveness

# PROTECTIVE FACTORS

## **Internal**

- Ability to adapt to change
- Sense of Purpose
- Religious Beliefs
- Coping Skills

## **External**

- Responsibility to children/pets
- Positive therapeutic relationship
- Social Supports

