

**National Strategy for Suicide
Prevention Implementation
Assessment Report Addendum:
Federal Crosswalk**

NSSP IMPLEMENTATION ASSESSMENT REPORT ADDENDUM: FEDERAL CROSSWALK

This federal crosswalk includes information from three federal departments on their activities related to suicide prevention: Department of Defense (DoD), Department of Health and Human Services (HHS) (including Administration for Community Living (ACL), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA)), and the Department of Veterans Affairs (VA). Together, all departments are making significant contributions in implementing all 13 goals of the NSSP.

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Objective 1.1: Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.

Department of Defense: Toward this objective, DoD has an office dedicated to Suicide Prevention oversight and integration, the Defense Suicide Prevention Office (DSPO). Additionally, suicide prevention efforts in the Defense Healthcare System are overseen by the Office of the Undersecretary of Defense for Health Affairs (OUSDHA). DoD also has numerous programs, steering committees, and has conducted many information briefs for various DoD leaders. The steering committees include the Suicide Prevention General Officer's Steering Committee (GOSC) and Suicide Prevention and Risk Reduction Committee (SPARRC) while the information brief covers Suicide Prevention for recovery care coordinators, US Special Operations Command Care Coalition, Military Adaptive Sports Coordinators, Defense Information School and Uniformed Services University for the Health Sciences. The Army, Air Force, Navy and Marine Corps are all implementing a suicide prevention program in their Services. The Army is working with community health promotion councils and has local partnerships in all 54 states and territories. The Air Force has an integrated delivery system/community action information board to prevent suicides.

While the Department had organized around the NSSP since its updated release in 2012, DoD formally adopted this strategy in June 2014 and commenced developing a Defense Strategy for Suicide Prevention to better meet the needs of the Department.

DoD-sponsored research related to this objective have focused on traumatic brain injury (TBI) and suicidal ideation. Studies included Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation (Bush); Patient Safety Center of Inquiry Health and Wellness Intervention for Individuals with Traumatic Brain Injury (Bossarte & Katz); Mindfulness-Based Intervention for Veterans Seeking Mental Health Services: A Pilot Study (Brenner); Strength and Awareness in Action (Brenner); Hyperbaric oxygen for persistent post-concussive symptoms after mild traumatic brain injury (HOPPS) (Brenner); Traumatic Brain Injury among Homeless Veterans (Brenner); Suicide Prevention Strategies in Traumatic Brain Injury

(Brenner); Management of Suicide-Related Events during Deployment (Stanley); and Increasing Treatment Seeking Among At-Risk Members Returning from War Zones.

Department of Health and Human Services:

As authorized under the Older Americans Act, the Administration for Community Living's (ACL) Assistant Secretary on Aging has designated a staff person with behavioral health expertise to engage with stakeholders to help reach older adults with or at-risk for behavioral health conditions and connect them with services and supports, as appropriate.

The United States Centers for Disease Control and Prevention (CDC) is collaborating with the Indian Health Services' Tribal Epidemiology Centers to share information and expertise on suicide behavioral prevention and other injury related efforts. The collaboration involves a quarterly conference call and information sharing via an email listserv.

In 2004, Congress enacted and the President signed into law the Garrett Lee Smith Memorial Act in memory of Senator Gordon Smith's son who died by suicide while at college. The Substance Abuse and Mental Health Services Administration (SAMHSA) administers two grant programs authorized by this act: The Garrett Lee Smith (GLS) State-Tribal Suicide Prevention Program and the GLS Campus Suicide Prevention Program. The GLS State-Tribal program funds states, tribes (including Alaska villages and urban Indian organizations) for 5 years to develop and implement statewide or tribal youth suicide prevention and early intervention strategies for adolescents between 10-24 years old. These grants must involve public/private collaboration among youth-serving institutions and agencies and often include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting-organizations. As a result of this program, states, tribes, and communities will increase the number of persons in youth-serving organizations (e.g., schools, foster care systems, juvenile justice programs) trained to identify and refer youth at risk for suicide; increase the number of clinical service providers (including those working in health, mental health, and substance abuse) trained to assess, manage and treat youth at risk for suicide; improve continuity of care and follow-up of youth identified at risk for suicide discharged from emergency department and impatient psychiatric units; increase the identification of risk, referral, and utilization of behavioral health care services; and comprehensively implement applicable sections of the NSSP to reduce rates of suicidal ideation, suicide attempts, and suicide deaths in their communities. As of December 2014, grants have been made to all 50 states, the District of Columbia, and Guam and 68 tribal grants have been made to 47 tribes. The GLS Campus Suicide Prevention Program awards grants to institutes of higher education designed to assist colleges and universities to build a comprehensive approach to the prevention suicide attempts and deaths and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts. As of December 2014, 191 awards have been made to colleges and universities across U.S. states and territories.

Starting in FY2014, SAMHSA also funds two new grant programs; the 3-year National Strategy for Suicide Prevention grant program and the Native Connections program. The NSSP grant program is implemented at the state level through the state mental health authority and promotes suicide prevention as a core component in healthcare systems, including effective clinical and professional practices for assessing and treating those at-risk for suicidal behavior in working-age adults 25-64 years of age. The Native Connections program is designed to prevent and reduce suicidal behavioral and substance abuse and promote mental health among American Indian/Alaska Native youth up to and including age 24. Although each grantee's program is different and reflects the needs, values, and culture of their community, all programs have some common elements. These include connecting mental health and substance abuse organizations that exist in the community; leading efforts to improve coordination among mental health, suicide prevention, and substance abuse, and promoting mental health; develop an infrastructure to collect surveillance data on suicide attempts, suicide deaths, underage drinking, etc.

Department of Veteran's Affairs: Has published a 10N Guide to VA Briefs to assist individuals who notify family members, media and other related individuals of a suicide occurrence. The VA has also produced the Suicide Prevention Coordinator's Manual and memo's on Required Education and Training Activities for Suicide Prevention Coordinators and Prevention Teams. The VA further enforces a mandatory training for VA healthcare providers on Suicide Risk and Intervention and all other employees take an awareness training (Operation S.A.V.E.) during new employee orientation.

Objective 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.

DoD's DSPO has established programs such as the Community Action Teams Initiative and Partners in Care. The Army has programs that include Reserve Integration of Suicide Intervention Support Teams at the unit level, National Guard Community Health Promotion Councils, Partners in Care, Crisis Action Teams, and State Suicide Prevention Program Managers, while the Air Force is implementing Community Action Information Board/Integrated Delivery System. Additionally, the DoD is utilizing soldier-civilian acquired skills to rally first responder support for Soldiers at-risk.

ACL's Administration on Aging provides grants to states and territories for education and evidence-based programs that support healthy lifestyles and behaviors, including behavioral health interventions such as Health IDEAS (Identifying Depression, Empowering Activities for Seniors)¹ and PEARLS (Program to Encourage Active and Rewarding Lives for Seniors).

At CDC, the Division of Analysis, Research, and Practice Integration's Core-VIPP program funds 20 grantees, seven of which focus on suicide prevention activities. These grantees include State Public Health Departments and focus on building state violence and injury prevention infrastructure as well as implementing and evaluating evidence-based injury and violence prevention strategies.

¹ <http://careforelders.org/default.aspx?menugroup=healthyideas>.

SAMHSA funds several grant programs to the state/territories, tribal and local levels on suicide prevention programming that include the Garrett Lee Smith State and Tribal Youth Suicide Prevention programs, Garrett Lee Smith Memorial Act, and Native Connections Grant Program.

SAMHSA's Garrett Lee Smith State and Tribal Youth Suicide Prevention programs help states, tribes, and tribal organizations develop and implement youth suicide prevention and early intervention strategies involving public-private collaborations among youth-serving institutions. The programs implement prevention activities in diverse settings including schools, foster care, and juvenile justice facilities. Their primary activities include direct prevention activities such as gatekeeper training, as well as public awareness campaigns, engagement of caregivers, voluntary screening of youth at risk for suicide, and follow-up with youth who have attempted suicide. In FY 2013, SAMHSA awarded grants to five states, one tribe, and one tribal organization, representing the eighth cohort of grantees and bringing the total number of programs funded since 2005 to 154 awards across 49 states, one territory, the District of Columbia, and 45 tribes or tribal organizations.

The Garrett Lee Smith Memorial Act, named in memory of former U.S. Senator Gordon Smith's son who died by suicide while at college, authorizes funding that enables colleges and universities to enhance supports for students with mental and behavioral health problems. This support will help identify students who are at risk for suicide and suicide attempts, increase protective factors that promote mental health, reduce risk factors for suicide, and reduce suicides and suicide attempts. In FY 2013, SAMHSA awarded grants to 22 campuses, representing the seventh cohort of grantees and bringing the total number of programs funded since 2005 to 175 awards on 160 campuses. These grantees are building multifaceted approaches to campus suicide prevention that extend beyond the campus counseling center and local community mental health center. Their comprehensive approach includes consistent and coordinated activities in all social spheres in which the students live, study, work, and play.

Native Connections Grant Program, a 5-year American Indian/Alaska Native grant program is designed to prevent and reduce suicidal behavior and substance abuse and promote mental health among tribal young people up to and including age 24. By the end of Year One, grantees develop follow up protocols, crisis response protocols as well as a written plan for universal/selected/indicated suicide prevention, substance abuse prevention and mental health promotion activities for subsequent grant years (Years 2-5), based on their community readiness assessment.

The VA's Suicide Prevention Coordinator Orientation Manual, an issue brief used by senior chain of command, is available in all 50 states and territories. The mandatory suicide risk and Intervention Training for VHA Healthcare Providers and the memo on Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams is implemented in all 50 states, 4 territories, tribal and local levels.

Objective 1.3: Sustain and strengthen collaborations across federal agencies to advance suicide prevention.

DoD collaborates with the VA on the Integrated Mental Health Strategy and the Veterans/Military Crisis Line. DSPO is implementing Executive Order 13635, “Improving Access to Mental Health Services for Veterans, Service Members and Military Families,” by participating in federal partners meetings, supporting the National Research Action Plan as well as working with CDC and VA on the Suicide Data Repository (SDR).

CDC is currently collaborating with SAMHSA to coordinate programmatic suicide prevention efforts. This coordination includes cross-training of Project Officers overseeing the Core-VIPP, NVDRS, and GLS programs; an environmental scan of Core-VIPP grantees' collaboration with Garrett Lee Smith activities in their states; environmental scan of Core-VIPP and GLS grantees' use of NVDRS data in program evaluation/programmatic decisions; and meeting with Core-VIPP grantees, SAMHSA, and NVDRS subject matter experts to gather information on facilitators/barriers to coordinating suicide prevention programming in states and develop key action steps for CDC and SAMHSA to support this work.

Additionally, CDC has worked with the Office of Juvenile Justice on the Youth in Contact with the Juvenile Justice System Task Force as part of the National Action Alliance for Suicide Prevention.

The National Institute of Mental Health (NIMH) provides staff support for the Research Prioritization Task Force which continues to disseminate the prioritized research agenda and track federal and private research investments. Nine federal agencies support suicide research and a yearly meeting is held among funders to discuss research progress and gaps.

SAMHSA leads the monthly Federal Working Group on Suicide Prevention. This group includes various agencies within HHS, DoD, VA, DHS, DoT, and the Department of Education.

The VA has developed the Suicide Prevention Coordinator Manual and works closely with SAMHSA on the National Suicide Hotline. A mandatory Suicide Risk and Intervention Training for VHA Health Care Providers is enforced.

Objective 1.4: Develop and sustain public-private partnerships to advance suicide prevention.

Several components within Department of Defense work with Partners in Care and provide input in the National Action Alliance for Suicide Prevention's Research Prioritization Task Force. The Army works with Community Health Promotion Councils to bring civilian resources to soldiers, Army civilians and family members, while the National Guard has a memorandum of understanding with Give An Hour, Partners in Care, the Marine Corps Suicide Prevention program and other nonprofit organizations. In addition, DSPO leads the Community Action Teams initiative, and participates in the National Action Alliance task force.

CDC, SAMHSA, and NIMH collaborate with the members of the National Council for Suicide Prevention including efforts to address issues among survivors (family, friends, etc.) of suicide.

NIMH director, Tom Insel, is the public sector co-lead of the Research Prioritization Task Force for the National Action Alliance for Suicide Prevention. NIMH has also provided funding and staff support for the Research Prioritization Task Force as well as other task forces and the Action Alliance, in general.

SAMHSA provides staff support for various National Action Alliance Task Forces (e.g., Research Prioritization Task Force, Attempt Survivors TF, Faith Communities TF, and the NSSP IAAG).

The VA provides recommendations on research, education, program improvement from the Blue Ribbon Panel on suicide prevention for the Veteran population. The VA also works closely with SAMHSA on the National Suicide Hotline. The Suicide Prevention Coordinator Manual is an online just-in-time aid and in continual development.

Objective 1.5: Integrate suicide prevention into all relevant health care reform efforts.

The DoD has launched the Patient-Centered Medical Home Initiative. In addition, DoD has sponsored the following research related to this objective: A Randomized Clinical Trial of the Collaborative Assessment and Management of Suicidality vs. Enhanced Care as Usual for Suicidal Soldiers (CAMS) (Jobes); Blister Packaging Medication to Increase Treatment Adherence and Clinical Response: Impact on Suicide-Related Morbidity and Mortality (Gutierrez); Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial (Matarazzo).

VA's Suicide Prevention Coordinator Orientation Manual, 10 N Guide to VHA Briefs and the Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers provide necessary information or training to integrate suicide prevention in the health care reform.

Since 2009, SAMHSA has funded over 187 grantees in their Primary and Behavioral Health Care Integration (PBHCI) grant program. The purpose of this program is to improve the physical health status of adults with serious mental illness (SMI) by supporting communities to coordinate and integrate primary care services into publicly-funded community mental health and other community-based behavioral health settings. SAMHSA and HRSA co-fund the training and technical assistance center (TTA Center) called the Center for Integrated Health Solutions (CIHS) to provide training, materials, and technical assistance to PBHCI grantees, SAMHSA's Minority AIDS Initiative Continuum of Care (MAI COC) grantees, HRSA grantees and HRSA funded-safety net providers, and the national audience on integration of primary care and behavioral health care. Evidence-based practices, wellness interventions, peer support and services, and chronic disease self-management are all available for the public. Through both the grant and TTA Center programs, the incorporation of suicide prevention efforts such as screenings, assessments, and workforce training have been encouraged and promoted within the SAMHSA PBHCI grantees as well as HRSA-funded safety net providers and health clinics. CIHS has a suicide prevention resource page on the SAMHSA integration website and has conducted webinar presentations by grantees that have focused on suicide prevention and involved with the Zero Suicide initiative. CIHS also partners with the SAMHSA-funded Suicide Prevention Resource Center (SPRC) to promote tools, resources, and training to grantees and national stakeholders.

Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Objective 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

The DoD's DSPO developed several toolkits, guides, PSAs, and information briefs to communicate the importance of suicide prevention to various areas of the Department. The materials include: Reserve Component Suicide Postvention Plan: A Toolkit for Commanders; Suicide Prevention Risk and Resilience Inventory (SPRRI); Translation and Implementation of Evaluation and Research Studies (TIERS) Initiative; DoD/VA Public Service Announcements (PSA); Media Interviews; Crisis Guide for Military Families; and Suicide Prevention Information Briefs for Recovery Care Coordinators, US Special Operations Command Care Coalition, Military Adaptive Sports Coordinators, Uniformed Services University of the Health Sciences and Defense Information School (DINFOS).

The Army has established Family Assistance Centers and drafted a “National Guard: Risk Reeducation, Resilience, and Suicide Prevention Campaign Plan,” and participates in social media through leadership to promote suicide prevention. The Army Reserve has a partnership between Medical Command and the Army Medical Department Research and Development Command to collaborate on a resiliency training mobile device application designed to enhance and build life skills in the areas of Mindfulness, Emotional Regulation, Interpersonal Effectiveness and Distress Tolerance. The Air Force has created guidelines for public affairs on Suicide Prevention while the Navy has a suicide prevention program strategic communications framework and the Marine Corps has an established Suicide Prevention Program.

The Defense Centers of Excellence (DCoE) has sponsored several RAND studies related to this objective: Army: *Family Assistance Centers*; National Guard: *Risk Reduction, Resilience, and Suicide Prevention Campaign Plan*; Social media by leadership; Army Reserve: *Partnership between Medical Command and the Army Medical Department Research and Development Command to collaborate on a resiliency training mobile device application designed to enhance and build life skills in the areas of Mindfulness, Emotional Regulation, Interpersonal Effectiveness and Distress Tolerance*; Air Force: *Public Affairs Guidelines on Suicide Prevention*; Navy *Suicide Prevention Program Strategic Communications*; USMC *Suicide Prevention Program*.

CDC has developed a website, VetoViolence, with a section dedicated to suicidal behavior prevention.

A subcommittee of the Youth in Contact with the Juvenile Justice System Task Force created fact sheets to communicate with Juvenile Court judges, detention staff, and probation officers the importance of suicide prevention as well as identification of at-risk behaviors.

SAMHSA launched a mobile app challenge titled, Continuity of Care, to promote the public to design an app for suicide prevention. Continuity of Care and Follow-Up App Challenge encouraged individuals and/or organizations to development a mobile application that will provide continuity of care and follow-up care linkages for a person at risk for suicide who was discharged from an inpatient unit or emergency department. SAMHSA's role was to administer the challenge and award the top 3 submitted applications with monetary prizes of \$50,000, \$30,000 and \$20,000, respectively. The goal of the challenge was to utilize the submitted applications in developing a SAMHSA based product around suicide prevention and follow up with identified at-risk individuals.

The Department of Veteran's Affairs Secretary, James B. Peake, chartered the Blue Ribbon Panel on Suicide Prevention in 2008 to provide recommendations on research, education and program improvements relevant to the prevention of suicide in the Veteran population. A website for the Veterans/Military Crisis Line has been developed to provide education to Veterans, Service members, and friends and families concerning suicide resources and information.

Objective 2.2: Reach policymakers with dedicated communication efforts.

DSPO provided informational briefings to Congressional staffers about the Army Suicide Prevention Program (ASPP). In addition, OUSD (HA) presented reviews, analysis, and in-progress reports to Congress about actionable suicide research findings and significant research outcomes.

CDC regularly communicates with policy-makers on suicidal behavior data, research, and programs.

The VA's Suicide Prevention Coordinator Orientation Manual, an issue brief used by senior chain of command, and the Blue Ribbon Panel, chartered by the former secretary James B. Peake, are intended to communicate suicide prevention to policymakers.

Objective 2.3: Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.

The DoD efforts that fall under this objective include the DSPO website,² OUSD (HA) website, Military Community and Family Programs via Military One Source website, Yellow Ribbon and Reintegration Program website,³ Military Suicide Research Consortium website, Military Services Suicide Prevention Program websites, and their Public Affairs Guidance on Suicide Prevention. Further initiatives include Stigma reduction initiatives, DSPO and DoD leadership public service announcements, Public Affairs Guidance, Military Pathways, and the Military Crisis Line.

Army communication efforts included their Suicide Prevention Program and the National Guard Leadership Public Service Announcements. The Army Reserve promoted/advertised local resources to chaplains, military family life consultants, behavioral health providers, off-post community services, churches, medical centers, crisis centers, and welcome centers. Additional initiatives by the DoD include,

² <http://www.suicideoutreach.org/>.

³ <http://www.yellowribbon.mil/>.

Army Reserve Fort Family, which can be reached at 1-866-345-8248, the Air Force Reserve's Wingman Toolkit Initiative, the Marine Corps Suicide Prevention Program, DSTRESS Line, Navy Suicide Prevention Program/Website and monthly newsletters titled "LifeLink," as well as Operational Stress Control Social Media.

DoD-sponsored research related to this objective included: *Technologies to Promote Social and Psychological Well-being in the Air Force: Survey Results from Active, Guard, and Reserve Airmen*, RAND Project Air Force.

CDC developed the website, VetoViolence, which has a section dedicated to suicidal behavior prevention.

NIMH supports internet-based and other technology research related to mental health.

The VA's Suicide Prevention Coordinator Orientation Manual includes interactive stories of hope and recovery. Additionally, the Lifeline has launched the Lifeline Gallery: Stories of Hope and Recovery, in which users can easily create online representations of themselves as a way to enable suicide attempts survivors and suicide prevention supporters to share their stories of hope and recovery. Make the Connection is an online program containing hundreds of videos that veterans can view to gain understanding of their own issues and concerns. The VA published 10N Guide to VHA Briefs to provide specific information to leadership within the organization, working through the appropriate chain of command, regarding a situation/event/issue. The issue briefs are designed to provide clear, concise and specific factual information about unusual incidents, deaths, disasters, or anything else that might generate media interest or impact care. Instances which may (or should) trigger such notification: homicide/suicide on VA property and all suicides (witnessed by others, OEF/OIF, criminal activity or media involvement).

Objective 2.4: Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

DoD held education and training sessions during Suicide Prevention Month as well as an annual conference on suicide prevention in collaboration with the VA. The Department also participated in the Veterans/Military Crisis Line, and hosted a Military Suicide Research Consortium website. The Army has several training programs that include Ask Care Escort (ACE) Training Program, Ask Care Escort - Suicide Intervention (ACE-SI) Training Program, Applied Suicide Intervention Skills Training (ASIST) Program, and participate in Suicide Prevention Month activities. Additionally, the Air Force, Navy and Marine Corps have programs that address suicide intervention including Air Force ACE Program, Navy Ask Care Treat (ACT) Program, and USMC Recognize Ask Care Escort (RACE) Program.

DoD-sponsored research related to this objective included: The DoD has funded or published the following research related to suicide intervention: *Management of Suicide-Related Events during Deployment, Stanley; Warning Signs of Suicidal Ideation, Conner/Bagge; Military Continuity Project (Caring Texts), Comtois; Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial,*

Luxton; *Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*, Stecker; *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention; Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes; *Management of Suicide-Related Events during Deployment*, Stanley.

ACL also recently provided selected staff with the Mental Health First Aid Training, supported through SAMHSA.

CDC includes information on the Injury Center website directing viewers the visit the American Association of Suicidology for latest information on warning signs of as well as provides information about the National Crisis lifeline.

NIMH in partnership with the U.S. Army studies mental health risk and resilience among military personnel: Army Study to Assess Risk and Resilience in Service members (Army STARRS).

The VA has published a Suicide Prevention Coordinator Orientation Manual that includes information about the warning signs of suicide and assistance for care. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the “how” and the “why” not on the “who.” The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive represents policy and guidance for the implementation of mandatory training of appropriate VHA healthcare providers on suicide risk and intervention. Additionally, this directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. Lastly, the VA Center for Excellence was opened in August 2007, and the VHA National Suicide Hotline opened in July 2007.

In FY2013, SAMHSA supported a meeting to discuss revising warning signs for suicide. In FY2014, continued focus group feedback was obtained through SAVE. A new URL was purchased and a website is being designed to house the warning signs for youth suicide based on this process.

GOAL 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.

DoD's programs and practices related to this objective included the Resilience Initiative; Recovery Care Coordinator Training; Medication Take-Back Initiative; Department of Defense Instruction (DoDI) 6490.08 "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members;" Yellow Ribbon and Reintegration Training Initiative on Suicide Prevention; and Yellow Ribbon and Reintegration Deployment Events.

The Army, Navy, Air force and Marine Corps aimed to reduce the risk of suicide through the following programs and practices: The Service Suicide Prevention Programs, Army Continuous Evaluation Process, Ready and Resilient Campaign, Sexual Harassment and Assault Program, Comprehensive Soldier and Family Fitness (CSF2) Program, Army Substance Abuse Program (ASAP); Family Outreach and Support Office, Battle Buddy Smart Phones Application, which provides vital information in crisis situations; Comprehensive Airman Fitness, Airman's Guide for Assisting Personnel in Distress, Master Resilience Trainers, Frontline Supervisor Training (FST); Operational Stress Control for Leaders Course, Deck plate Leaders Operational Stress Control Course; and the Alcohol and Drug Abuse Program.

DoD-sponsored research related to this objective included: *Army Continuous Evaluation (CE) Pilot*, Rose; *Recommendations for DEA Federal Regulations of the Secure and Responsible Drug Disposal Act 2010*, which allow MTFs to conduct medication take-back programs; *NRAP Suicide Prevention Research Section; Reduction in Suicide Risk: A Double-Blind, Placebo-Controlled Trial of Omega-3 Fatty Acid Supplementation among Military Veterans*, Marriot; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*, McLay; *Intranasal Delivery of Biodegradable Neuropeptide Nanoparticles in the Treatment of Combat Related Physical and Psychological CNS Co-Morbidities*, Kubek; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*, Stecker; *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder*, Holloway; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity*, Schmidt; *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention*- Bryan; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Window to Hope*, Brenner; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo; *Controlled Evaluation of a Computerized anger reduction treatment for suicide prevention*, Cougle; *Development and Evaluation of a Brief, Suicide Prevention Intervention Targeting Anxiety and Mood Vulnerabilities*, Schmidt; *A behavioral Sleep Intervention for the Prevention of Suicidal Behaviors in Military Veterans: A Randomized Controlled Trial*, Bernart; *Brief Cognitive Therapy for*

Military Populations, Rudd; High Risk Suicidal Behavior in Veterans-assessment of Predictors and Efficacy of Dialectical Behavior Therapy, Goodman. Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial, Holloway; Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder, Holloway; A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET), Holloway; Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial, Luxton; A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS), Jobes; Study to Examine Psychological Processes in Suicidal Ideation and Behavior (STEPPS), O'Conner; Evaluation of Suicidality, Cognitions and Pain Experience (ESCAPE): Implications for CBT in Military Populations, Kanzler.

The ACL's Administration on Aging webpage provides examples of programs and practices that have proven effective in helping older adults with or at risk for behavioral health issues. Among other resources, a series of issue briefs and webinars focused on these topics, developed through a partnership between ACL/AoA and SAMHSA, are available on AoA's behavioral health webpage.

In March 2013, CDC developed an "Understanding Evidence" web tool to support violence prevention practitioners in making evidence-informed decisions around prevention strategies. The web tool includes a suicide prevention "track" with specific case studies, subject matter expert testimonials, and resources for suicide prevention.

NIMH supports research of both risk and protection for suicide.

SAMHSA funds the Suicide Prevention Resource Center to manage the Best Practices Registry. Additionally, SAMHSA has created and manages the National Registry of Evidence-based Programs and Practices, which includes suicide prevention programs. All SAMHSA suicide prevention programs place an emphasis on the use of evidence-based practices.

In order to promote effective programs and practices to increase suicide prevention, the VA published the Suicide Prevention Coordinator Orientation Manual which highlighted the VA Mental Health Strategic Plan and the advent of targeted Mental Health Initiative. In February 2007, each VA medical center received funding for a Suicide Prevention Coordinator (SPC), an integral component of the NSSP. VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VA published the VA 10N Guide to VHA Briefs: Issue Brief to provide specific information to leadership within the organization, working through the appropriate chain of command, regarding a situation/event/issue. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive represents policy and guidance for the implementation of mandatory training of appropriate VHA healthcare providers on suicide risk and intervention. Additionally, this directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System

(EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. Additional training modules have been developed focused on various population groups (e.g., women and older veterans).

Objective 3.2: Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders.

DoD implemented the DoD Reporting Requirements Communications Plan for SF-86, Question 21 from the U.S. Office of Personnel Management (OPM) Questionnaire for National Security Positions and promoted the MCL Campaign. The Army, Air force, Navy and the Marine Corps addressed discrimination associated with mental and substance use disorders by implementing the following programs: Suicide Prevention Program, CSF2, Stigma Reduction Campaign, Comprehensive Airman Fitness, Airman's Guide for Assisting Personnel in Distress, Master Resilience Trainers, Frontline Supervisor Training, "What's in a Word?" Fact Sheets, "It's OK to Speak Up When You Are Down" Communications, Operational Stress Control Program, Force Preservation Council, Substance Abuse Prevention and Treatment Program, Family Advocacy and Community Counseling and Prevention Program, Operational Stress Control and Readiness Program.

DoD-sponsored research related to this objective included: *Safety planning*, Halloway; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Management of Suicide-Related Events during Deployment*, Stanley; *Behaviorally Assessing Suicide Risk*, Barnes; *New approaches to the measurement and modification of suicide-related cognition*; Nock; *Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity*, Schmidt; *A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*; Stecker; *Motivating Treatment Seeking and Behavior Change by Untreated Military Personnel Abusing Alcohol or Drugs*, Walker; *Facilitating Soldier Receipt of Needed Mental Health Treatment*, Britt; *Linking Returning Veterans in Rural Community Colleges to Mental Health Care*, Curran; *Reducing Barriers to Help Seeking for Mental Health Problems*, O'Donnell; *A Randomized Controlled Trial of a community Mental health Intervention for Military Personnel*, Mohatt.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011.

NIMH supports research on reducing stigma associated through the funding opportunity announcements (FOA), PA13-246; PA-13-247; PA 14-258; "Research to Characterize and Reduce Stigma to Improve Health."

Objective 3.3: Promote the understanding that recovery from mental and substance use disorders is possible for all.

The DoD and VA collaborate on the Treatment Works Campaign, while DCoE promotes the Real Warriors Campaign, and the MCL Campaign. The campaigns administered by the Army include CSF2, ASAP, and the Stigma Reduction Campaign. The Air Force supports the Comprehensive Airman Fitness, Airman's Guide for Assisting Personnel in Distress, Master Resilience Trainers, Force Frontline Supervisor Training. The Navy and Marine Corps promote their respective Suicide Prevention Programs.

SAMHSA's guiding principle is to promote the understanding that recovery from mental and substance use disorder is possible for all, thus all of SAMHSA's programs are tailored to meet this understanding.

The Department of Veteran's Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and updated versions in July 2011 and 2015.

GOAL 4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.

Objective 4.1: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

The DSPO has developed the Public Affairs Guidance (PAG) on safe and effective suicide messaging, while the Army, Air Force, Navy, and Marine Corps Suicide Prevention Programs also address ways to report suicides to news organizations. Additionally, Air Force Public Affairs Guidance for Responding to Queries about Suicide, Navy: "What's in a Word? Best Practices for Reporting on Suicide in the Media" Fact Sheet, Suicide Prevention Public Affairs Guidance for Reporters provide more information on media guidelines for reporting suicides.

Objective 4.2: Encourage and recognize members of the entertainment industry who follow recommendations regarding the accurate and responsible portrayals of suicide and other related behaviors.

The Office of Secretary of Defense engaged media outlets via the Entertainment in Media Initiative.

SAMHSA hosts the Voice Awards, annually, which honor contributions of consumer/peer leaders who have raised awareness and understanding about mental health and substance abuse. Awards are also made to those in the entertainment community who portray experiences that convey people with mental and/or substance use disorders' struggles with housing, employment, and overall community acceptance. These portrayals must be accurate representation of symptoms and disorders, include potential for and journey of recovery and a sense of hope and optimism. As part of this project, SAMHSA funds Voice Award Fellows who are consumers/peer leaders in the behavioral health community and

have demonstrated that recovery is not only possible, but commonplace. In 2014, two of the eight awardees were survivors of suicide attempts.

Objective 4.3: Develop, implement, monitor, and update guidelines on the safety of online content for new and emerging communication technologies and applications.

DoD uses the National Media Guidelines for appropriate reporting of suicides. DoD funded or published research includes: RAND Project Air Force: Technologies to Promote Social and Psychological Well-Being in the Air Force: Survey Results from Active, Guard, and Reserve Airmen.

Objective 4.4: Develop and disseminate guidance for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

DSPO developed the following mass communication and journalism guidance: Public Affairs Guidance, sessions on safe messaging at Defense Information Network, Suicide Prevention Program. The National Guard uses the National Media Guidelines for Appropriate Reporting of Suicides while the Navy utilizes "What's in a Word? Best Practices for Reporting on Suicide in the Media" Fact Sheet, and Suicide Prevention Public Affairs Guidance for Reporters. Furthermore, the Military Suicide Research Consortium (MSRC) maintains a media link disclaimer and provides link to the CDC, NIMH, OSG, SAMHSA, AFSP, AAS, APPC reporting on Suicide Media Guidelines.

GOAL 5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Objective 5.1: Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.

DoD's OUSD (HA) Psychological Health Council, Army National Guard Psychological Health Program, Air Force Community Action Information Board/Integrated Delivery System, and Navy and Marine Corps Psychological Health Outreach Program are all aimed toward this objective.

CDC staff is currently working with SAMHSA to better coordinate suicide prevention programmatic efforts. The coordination efforts include cross-training Project Officers overseeing the Core-VIPP, NVDRS, and GLS programs, conducting an environmental scan of Core-VIPP grantees' collaboration with Garrett Lee Smith activities in their states and the use of NVDRS data in program evaluation/programmatic decisions, and meeting with Core-VIPP grantees, SAMHSA, and NVDRS SMEs to gather information on facilitators/barriers to coordinating suicide prevention programming in states and develop key action steps for CDC and SAMHSA to support this work.

NIMH supports suicide prevention research that forms the foundation of effective programs.

The Garrett Lee Smith Memorial Act provides resources to fund the continuation of the national Suicide Prevention Resource Center (SPRC). SPRC supports the technical assistance and information needs of SAMHSA's State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees, as well as State, Territorial, and Tribal suicide prevention coordinators and coalition members, with customized assistance and technical resources. SPRC provides services in a number of critical areas for grantees, including strategic planning, community needs and readiness assessments, finding and using data, action planning, identifying and adapting programs, crisis response protocol development, strategic communications, including use of social marketing and new media, working with diverse populations in different settings, coalition building and maintenance, sustainability planning and conference planning.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis

The VA published the VA 10N Guide to VHA Briefs: Issue Brief to provide specific information to leadership within the organization, working through the appropriate chain of command, regarding a situation/event/issue. The VA 10N Guide to VHA Briefs also contains proper protocol to evaluate the operations of the patient care systems through the Root Cause Analysis process. The RCA's are provided for specific VA staff, in relation to Veteran suicides and suicide attempts and must be completed within 45 days. A summary of the RCA findings and corrective actions should be submitted to a 10N VISN Support Team member. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive represents policy and guidance for the implementation of mandatory training of appropriate VHA healthcare providers on suicide risk and intervention. Additionally, this directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. The Blue Ribbon Panel on Suicide Prevention, chartered by the former Veteran's Affairs Secretary, James B. Peake, in 2008 provides recommendations on research, education and program improvements relevant to the prevention of suicide in the Veteran population.

Objective 5.2: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.

DoD's DSPO administers programs such as Partners in Care, and Community Action Teams. The Army's programs include: Suicide Prevention Program, Ready and Resilient Campaign; while the Air Force programs include: Suicide Prevention Program, Community Action Information Board/Integrated Delivery System. The Marine Corps provides education through its Suicide Prevention Program, while the Navy, in addition to the Suicide Prevention Program, administers its Suicide Prevention and Operational Stress Control "Navy THRIVE" Campaign, and champions the Suicide Prevention Month "Thrive in Your Community," as well as the Operational and the Stress Control Program. DoD-sponsored research related to this objective included: *Randomized Controlled Trial to Improve the Effectiveness of the NORTH STAR Prevention Framework by Embedding Evidence-Based Prevention Within the Military Unit*; Smith-Slep.

ACL administers mandatory and competitive grants for aging and disability services, as authorized by the Older Americans Act, Americans with Disabilities Act, and other authorities based on appropriations and Congress' guidance within the appropriations language. ACL provides technical assistance to states and communities interested in or actively implementing behavioral health programs. ACL's networks within states address behavioral health issues among older adults and persons with disabilities in a variety of ways. Some examples include: Providing evidence-based behavioral health programs; supporting aging and behavioral health partnerships through Aging and Disability Resource Centers (ADRCs); and partnering with stakeholders to support the embedding of behavioral health and suicide prevention goals and objectives into state plans on aging and disability.

ACL sponsored a series of four webinars on behavioral health topics, coordinated by ACL's Chronic Disease Self-Management Education Center National Resource Center. The final webinar in this series, held in September 2014, focused on suicide prevention among older adults, and drew national and international participation –with 2,518 registrants, with 1,405 attendees from all 50 states, plus DC, Alberta, British Columbia, and Ontario.

In August 2014, ACL and SAMHSA's Administrators co-authored on a blog about suicide/depression among older adults, which – as of December 2014 – was the most viewed blog on ACL's website.

ACL and SAMHSA have also partnered on a project to develop training materials on mental health promotion and suicide prevention for community based organizations who facilitate and coordinate access into LTSS for all populations. This specific project will include a needs assessment of a subset of current ADRC grantees, as well as the development of relevant webinars, factsheets, and resource listings. ADRCs serve as a trusted and visible source of supports aging and behavioral health partnerships through Aging and Disability Resource Centers, which provide person-centered planning, information, referral and other resources for older persons and persons with disabilities persons with or at risk for behavioral health issues. And This project will include a needs assessment of a subset of current ADRC grantees, as well as the development of relevant webinars, factsheets, and resource listings.

NIMH supports suicide prevention research that forms the foundation of effective programs.

SAMHSA funds grants to administer the Good Behavior Game in schools? The Good Behavior Game (GBG) is a universal evidence-based prevention practice delivered by elementary school teachers. When

students enter first grade, GBG addresses early aggressive and disruptive behavior, which is a powerful risk factor for young children, particularly boys, for the later development of mental, emotional and behavioral problems. When educators intervene early and teach students pro-social behavior through GBG, it dramatically reduces aggressive and disruptive behavior in first through sixth grade, and in the long-term reduces the use of illicit drugs, the abuse of alcohol and tobacco, as well as the development of antisocial personality disorder (ASPD) and suicidal ideation. The GBG targets early aggressive, disruptive behavior, a shared risk factor for later maladaptive behavioral outcomes. A reduction in these risk factors may impact suicide rates. A recent study evaluated the program's effect on youth suicide. Prior literature has shown poor academic achievement to be associated with suicidality and depression. [35] By reducing aggressive and disruptive behaviors, the GBG helps reduce risk factors associated with suicidality, as well as other behavioral outcomes, such as impulse control problems, alcohol and drug use disorders, and antisocial personality disorder.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. The Memorandum—Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams—requires training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. The Blue Ribbon Panel on Suicide Prevention, chartered by the former Veteran's Affairs Secretary, James B. Peake, in 2008 provides recommendations on research, education and program improvements relevant to the prevention of suicide in the Veteran population.

Objective 5.3: Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.

The Army has designated programs to reduce suicidal thoughts and behaviors including ACE, ACE-SI Program, Applied Suicide Intervention Skills Training (ASIST) Program, Company Commander/ First Sergeant Pre-Command Course; Army Reserve Directors of Psychological Health. The Air Force, Navy and Marine Corps programs to reduce suicidal thoughts and behaviors in at-risk populations include ACE, Frontline Supervisor Training, Navy Act Care Treat (ACT) Program, Marine Corps Recognize Act Care Escort (RACE) Program.

DoD-sponsored research related to this objective included: the entire research portfolio of the Military Research Consortium (MSRC): *Intranasal Delivery of Biodegradable Neuropeptide Nanoparticles in the Treatment of Combat Related Physical and Psychological CNS Co-Morbidities*, Kubek; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*, McLay; *Brief Cognitive Therapy for Military Populations*, Rudd; *A behavioral Sleep Intervention for the Prevention of Suicidal Behaviors in Military Veterans: A Randomized Controlled Trial*, Bernert; *Window to Hope, Brenner; Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal*

Ideation: A Randomized Clinical Trial, Bush; Development and Evaluation of a Brief, Suicide Prevention Intervention Targeting Anxiety and Mood Vulnerabilities, Schmidt; Warning Signs of Suicidal Ideation, Bagge/Conner; A novel approach to identifying behavioral and neural markers of active suicidal ideation: Effects of cognitive and emotional stress on working memory in OEF/OIF/OND Veterans, Amick/Homaifar; New approaches to the measurement and modification of suicide-related cognition, Nock; Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention, Bryan; Military Continuity Project (Caring Texts), Comtois; Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity, Schmidt; High Risk Suicidal Behavior in Veterans-assessment of Predictors and Efficacy of Dialectical Behavior Therapy, Goodman.

NIMH supports suicide prevention research and one of the largest trials with nearly 20,000 patients includes efforts to identify individuals with ideation within health care systems and test the potential benefits of 2 interventions.⁴

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and updated versions in July 2011 and 2015. VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VA published the VA 10N Guide to VHA Briefs: Issue Brief to provide specific information to leadership within the organization, working through the appropriate chain of command, regarding a situation/event/issue. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. VA also cosponsored a multi-site journalism continuing education program on reporting on suicides. In addition to educating private sector journalists, VA Public Affairs representatives attended the event.

Objective 5.4: Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders.

DoD's DSPO supported the Access to Care Initiative, VCL/MCL Campaign, Army Suicide Prevention Program, Air Force Suicide Prevention Program, Air Force Behavioral Health Optimization Program, Navy Suicide Prevention Program, and the Marine Corps Suicide Prevention Program and Substance Abuse Prevention and Treatment Program.

DoD-sponsored research related to this objective included: *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones, Stecker; Military Continuity Project (Caring Texts), Comtois; Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial, Luxton; Usability and Utility*

⁴ See www.nimh.nih.gov/news/science-news/2014/groundbreaking-suicide-study.shtml.

of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation, Bush; Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial, Bush; Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention; Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial, Matarazzo; A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET), Holloway; A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS), Jobes; Management of Suicide-Related Events during Deployment, Stanley.

NIMH supports services research related to suicide prevention.

SAMHSA has published guidelines on the “Treatment Improvement Protocol 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment.” This publication provides guidelines to help substance abuse treatment counselors’ work with suicidal adult clients. It covers risk factors and warning signs for suicide, core counselor competencies, clinical vignettes, and information for administrators and clinical supervisors. The VA has also created an educational video to provide TIP-50 education.

GOAL 6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Objective 6.1: Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

DoD programs related to this objective include: Means Reduction and gunlocks distribution Initiative; Clarification memorandum for Section 1057 of the National Defense Authorization Act for FY 2013 Relating to Prohibition on Infringing on the Individual Right to Lawfully Acquire, Possess, Own, Carry, and Otherwise Use Privately Owned Firearms, Ammunition, and Other Weapons; Medication Take-Back Initiative; Yellow Ribbon and Reintegration Program Gunlock Distribution Initiative. Additionally, the Army, Navy, Air Force, and USMC Suicide Prevention Programs address these issues. The Air Force is currently developing a Guide for Suicide Risk Assessment, Management, and Treatment and operates a Behavioral Optimization Program.

DoD-sponsored research related to this objective included: *Home-Based Mental Health Evaluation (HOME): A Model for Assisting Suicidal Veterans with the Transition from Inpatient to Outpatient Settings*, Matarazzo; *Evaluation of Training Mental Healthcare Providers to Reduce At-Risk Patients' Access to Lethal Means of Suicide: Evaluation of the CALM Project*, Johnson; *Characteristics of soldiers who completed suicide in the Israeli Military: implications for suicide prevention and the results of the suicide prevention program in the IDF*, Fruchter; *Decrease in Suicide Rates After a Change of Policy Reducing Access to Firearms in Adolescents: A Naturalistic Epidemiological Study*, Lubin; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Management of Suicide-Related Events during Deployment*, Stanley.

SAMHSA's GLS state tribal and NSSP grantees are required to include training for means safety in their grant activities.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. A gun lock distribution program has been in effect for several years and distributed over 2 million gun locks. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

NIMH, through the FOA *Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence*, supports research on effective approaches for providers to deliver means safety counseling.

Objective 6.2: Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

The DoD's DSPO initiated the following initiative to toward this objective: Gun-lock Distribution Initiative and the Armed Services Exchange Gun Selling Initiative.

Objective 6.3: Develop and implement new safety technologies to reduce access to lethal means.

Within the Department of Defense, DSPO's Gun-lock Distribution Initiative worked toward this objective. In addition, DoD-sponsored research related to this objective included Blister Packaging Medication to Increase Treatment Adherence and Clinical Response: Impact on Suicide-related Morbidity and Mortality (Gutierrez, VA).

GOAL 7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.

Objective 7.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

DSPO evaluated training efforts, and provides an information brief on Suicide Prevention for Crisis Link (local community crisis support service). The Army's Suicide Prevention Program, Suicide Prevention Program Manager's Course, and Army Behavioral Health Service Line along with the Air Force: Suicide Prevention Program, Air Force Guide for Suicide Risk Assessment, Management, and Treatment (In

Development) and the Navy and USMC Suicide Prevention Programs provide suicide prevention training to community groups to address suicide and related behaviors.

DoD-sponsored research related to this objective included: *Evaluation of Airmen Resiliency Training*, Rand; *A Behavioral Sleep Intervention for the Prevention of Suicidal Behaviors in Military Veterans: A Randomized Controlled Trial*, Bernet; *Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity*, Schmidt; *Window to Hope*, Brenner; *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations (SAFEMIL)*, Holloway; *Brief Cognitive Behavioral Therapy for Military Populations*, Rudd; *Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans*, Currier, Knox; *High-Risk Suicidal Behavior in Veterans—Assessment of Predictors and Efficacy of Dialectical Behavior Therapy (DBT)*, Goodman; *Optimizing Screening and Risk Assessment for Suicide Risk in the U.S. Military*, Joiner; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Post-Traumatic Stress Disorder*, Holloway; *Posttraumatic Stress Disorder, Substance Abuse and Self Harm: Mediating Relationships with Respect to Combat Stress*, Stander; *Process Improvement for the Management of Suicide Risk*, Rudd; *Behavioral intervention for insomnia*, Bernet; *Reducing anxiety sensitivity*, Schmidt; *Use of thermal imaging to assess and optimize level of physiologic arousal during treatment*, Familoni; *Collaborative Assessment and Management of Suicide*, Jobes; *A Randomized Clinical Trial Of The Collaborative Assessment And Management Of Suicidality Vs. Enhanced Care As Usual For Suicidal Soldiers*, Jobes; *A Pilot Safety And Feasibility Study Of High-Dose Left Prefrontal Transcranial Magnetic Stimulation (TMS) To Rapidly Stabilize Suicidal Patients With PTSD*, George; *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations*, Bryan; *Operation Worth Living* (Jobes, aka: "A Randomized Clinical Trial of the Collaborative Assessment and Management of Suicidality vs. Enhanced Treatment as Usual for Suicidal Soldiers") (Betthauser); *Intranasal delivery of biodegradable neuropeptide nanoparticles*, George; *Pilot Test of Behavioral Activation for Depression & Suicidality In Primary Care*, Funderburk; *Brief CBT for Insomnia in VA Primary Care Patients with Depression & Insomnia to Reduce Suicide Risk*, Pigeon; *Meta-analysis of Sleep & Suicide; MBSR for Women Veterans with Military Sexual Trauma & Suicidal Ideation*, Gallegos, *Motivational Interviewing to Reduce Re-Attempt after Inpatient Hospitalization*, Britton.

NIMH supports research to determine optimal training approaches for improving interventions to reduce suicide risk.

SAMHSA provides staffing support for the Military and Veterans Task Force of the Action Alliance. The Task Force will develop an online toolkit for communities that will include, but not be limited to, the promotion of community support and peer assistance during times of transition from the military to community living. A variety of resources will be provided that allow communities to strategically implement programs that respond to local needs and are culturally competent. In June 2013, Jeff Coady put on a regional suicide prevention conference with echo sites across the country that both provided state-of-the-art info about suicide prevention and emphasized that everyone has a role to play in preventing suicide. Both at the conference and at the echo sites, there were leaders to teach people what they could do to prevent suicide.

The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. Each Suicide Prevention Coordinator is required to do a minimum of 5 community education/outreach events a month.

Objective 7.2: Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

DoD provides materials and trainings to mental health and substance abuse providers through the Services Suicide Prevention Training for Health Care Providers Initiative, DoD Clinical Practice Guidelines (CPG) Development Initiative, Army Suicide Prevention Program, Air Force Guide for Suicide Risk Assessment, Management, and Treatment (in development); and the Marine Corps Suicide Prevention Program.

NIMH supports research to determine optimal training approaches for improving interventions to reduce suicide risk.

As a leader in suicide prevention, SAMHSA is developing a new suicide prevention app for mobile devices, optimized for tablets. The free app, called Suicide Safe, will help providers integrate suicide prevention strategies into their practice and reduce suicide risk among their patients. SAMHSA's free Suicide Safe app will be available in January 2015 for iOS and Android mobile devices.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive represents policy and guidance for the implementation of mandatory training of appropriate VHA healthcare providers on suicide risk and intervention. Additionally, this directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and

Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts.

Objective 7.3: Develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.

DoD's materials and programs that are focused on this objective include: Services Suicide Prevention Training for Health Care Providers, Army Suicide Prevention Program, Air Force Guide for Suicide Risk Assessment, Management, and Treatment (In Development) and the 2013 DoD VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide.

The Department of Veteran's Affairs' suicide prevention initiatives formally began in 2005 with the publication of the Mental Health Strategic Plan and the advent Mental Health Initiative Funding. In February 2007, each VA medical center received funding for a Suicide Prevention Coordinator (SPC), an integral component of the national suicide prevention strategy. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive represents policy and guidance for the implementation of mandatory training of appropriate VHA healthcare providers on suicide risk and intervention. Additionally, this directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 7.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

DoD's activity toward this objective consists of collaboration with the VA on the Clinical Practice Guidelines Development Initiative, and the Army Suicide Prevention Program. The Air Force Guide for Suicide Risk Assessment, Management, and Treatment is still in development.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. The manual describes and references key events and reports that have shaped and refined the VA's approach to suicide prevention. Another document published by the VA is the VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers. This VHA directive outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 7.5: Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

DSPO activities toward this objective included: the Veterans Treatment Court Initiative, Partners in Care Initiative, and Vets4Warriors. OUSD (HA) initiatives included the Nurse Advice Line, Military One Source, and the Operation Enduring Freedom Peer Hotline. The Army's activities include Suicide Prevention Program, Behavioral Health Service Line, ACE, ACE-SI, ASIST, and National Guard Psychological Health Program. The Air Force's Suicide Prevention Program, Guide for Suicide Risk Assessment, Management, and Treatment (In Development), and Airman's Guide for Managing Personnel in Distress, Traumatic Stress Response Team addresses the effective strategies for communicating and collaboratively managing suicide risk. Lastly, the Navy and Marine Corps Suicide Prevention Program and the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide (2013) provide clinicians, clinical staff, and others with strategies to effectively communicate suicide risk.

DoD-sponsored research related to this objective included *Management of Suicide-Related Events during Deployment*, Stanley.

NIMH funds the ED Safety Assessment and Follow-up Evaluation (EDSAFE) trial. It focuses on testing a practical approach to screen ED patients for suicidal ideation and behavior and will assess its impact on

suicide detection process outcomes, and suicide behaviors. This intervention blends conceptual underpinnings from screening, brief intervention, and referral to treatment [SBIRT] models.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outline the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

GOAL 8. Promote suicide prevention as a core component of health care services.

SAMHSA's NSSP grantees are required to implement all elements of Goal 8 of the NSSP as a central component of their grant activities.

Objective 8.1: Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

DSPO programs and documents supporting this objective includes: Partners in Care, DoD Clinical Practice Guidelines Development Initiative, Access to Care Initiative (10-year MOA) between DoD (Assistant Secretary of Defense (Health Affairs) and the Assistant Secretary for Health, Department of Health and Human Services (DHSS). Other DoD programs include the Service Suicide Prevention Programs, Air Force Guide for Suicide Risk Assessment, Management, and Treatment (In Development), NAVY: Assessment and Management of Suicide Risk (ASMR) Training, and Primary Care Provider Suicide Prevention Training.

The department of Veteran's Affairs suicide prevention initiatives formally began in 2005 with the publication of the Mental Health Strategic Plan and the advent Mental Health Initiative Funding. In February 2007, each VA medical center received funding for a Suicide Prevention Coordinator (SPC), an integral component of the national suicide prevention strategy.

Objective 8.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

DoD's efforts supporting this objective included: DSPO: Partners in Care, Vets4Warriors; DoD Clinical Practice Guidelines Development Initiative, DoDI 6490.10 "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members," Military One Source, Operation Enduring Freedom Peer Hotline, Army: Suicide Prevention Program, National Guard Psychological Health Program; Air Force: Suicide Prevention Program, Guide for Suicide Risk Assessment, Management, and Treatment (In Development); Navy: Suicide Prevention Program, Assessment and Management of Suicide Risk (ASMR) Training, Primary Care Provider Suicide Prevention Training.

DoD-sponsored research related to this objective included: *A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*, Stecker; *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress Disorder*, Holloway; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matterazzo; *High Risk Suicidal Behavior in Veterans-assessment of Predictors and Efficacy of Dialectical Behavior Therapy*, Goodman.

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outline the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

DoD has established the following programs supporting this objective: Military Crisis Line Campaign, Army: Suicide Prevention Program, National Guard Psychological Health Program; Air Force: Suicide Prevention Program, Air Force Behavioral Health Optimization Program; Navy Suicide Prevention Program, and the USMC Suicide Prevention Program. Additionally, the Air Force is developing a Guide for Suicide Risk Assessment, Management, and Treatment to meet the needs of individuals with heightened risk for suicide.

DoD-sponsored research related to this objective included: *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention*, Bryan; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

Established by SAMHSA in 2005, the Lifeline program is a network of crisis centers linked by a single toll-free telephone number (1-800-273-TALK/8255), available to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The service routes calls from anywhere in the United States to the closest of more than 160 certified local crisis centers, spanning all 50 states and the District of Columbia. Should the closest center be overwhelmed by call volume or experience a disruption in service, the system automatically routes callers to a backup center. Trained, caring counselors provide crisis counseling, link callers to emergency services, and offer behavioral health referrals day and night. The Lifeline currently receives more than 100,000 calls per month from people in crisis. The Lifeline also includes a Spanish-language sub-network.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts.

Objective 8.4: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.

The DoD provides an in-transition, mental health coaching & support program as well as the Army Suicide Prevention Program, and National Guard Psychological Health Program to patients identified in the emergency departments or hospital inpatient units for suicide risk.

DoD-sponsored research related to this objective included: *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo; *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder*, Holloway; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*, McLay; *Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Management of Suicide-Related Events during Deployment*, Stanley; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*, Stecker; *Military Continuity Project (Caring Texts)*, Comtois; *Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial*, Luxton

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

SAMHSA has published a Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors After an Attempt. This publication gives professional care providers tips to enhance emergency department treatment for people who have attempted suicide. It discusses the assessment, communicating with family and with other treatment providers, and HIPAA. The guide also lists additional resources.

VA has established an 'enhanced care package' for veterans considered at high risk. This package assures they receive on-going and supportive care after hospitalization for a suicide-related event. A chart 'flag' system has been developed which allows all VA providers to know about the high risk level.

Objective 8.5: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

DoD's work supporting this objective include: the Clinical Practice Guidelines Development Initiative, the Army: Suicide Prevention Program, National Guard Psychological Health Program and Air Force Guide for Suicide Risk Assessment, Management, and Treatment (in development).

DoD-sponsored research related to this objective included: DoD Defense Health Program Defense Medical Research Program. Other research includes *A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes.

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

SAMHSA's Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center works with states and territories to strengthen their behavioral health systems for service members (including active duty, National Guard, and reservists), veterans, and their families. This is accomplished through public/private collaborations among federal, state, territorial, tribal, and local agencies.

SAMHSA's Tribal Training and Technical Assistance Center offers broad, focused and intensive technical assistance to federally-recognized tribes and other American Indian/Alaska Native (AI/AN/) communities, seeking to address and prevent mental and substance use disorders, suicide, and promote mental health. This effort covers a variety of behavioral health topics and offers culturally relevant, evidence-based, holistic approaches to support native communities in their self-determination efforts through infrastructure development, capacity building, as well as program planning and implementation.

VA has developed a Behavioral Health Autopsy Program (BHAP) which involves chart reviews and family and clinician interviews for all veterans who die by suicide. The information is then used to determine system failures and needed changes. The first annual report was released in 2014 and a more complete report issued in November 2015.

Objective 8.6: Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.

DoD programs supporting this objective included The Chairman's Total Force Fitness Framework, DSPO's Resilience Initiative, Vets4Warriors and Service Members Justice Outreach Program; the Army's Suicide Prevention Program; the National Guard Psychological Health Program; the Air Force's Suicide Prevention Program, Community Action and the Information Board/Integrated Delivery System; the Navy Suicide Prevention Program, and the Marine Corps Suicide Prevention Program.

DoD-sponsored research related to this objective included: *Military Continuity Project (MCP)*, Comtois; *Millennium Cohort Study*, Leardmann; *Toward a Gold Standard for Suicide Risk Assessment for Military Personnel*, *Assessing Suicide Risks with Measures of Temperament and Stress*, *Identification Of At-Risk Interventions For Predeployment*, *Psychophysiological Predictors Of Post deployment Mental Health Outcomes*; Army Study to Assess Risk and Resilience in Service Members (Army STARRS), *Antidepressants and the Risk of Self-harm and Unintentional Injury Among Younger Veterans*, *Risk Factors, Study to Examine Psychological Processes in Suicidal Ideation and Behavior, Development and validation of a theory-based screening process for suicide risk*, *Suicide Risk Assessments within Suicide-Specific Group Therapy Treatment for Veterans: A Pilot Study*, *Drug-Related Overdoses Among a Military Population*, *Detection and Computational Analysis of Psychological Signals (DCAPS)*, *Blister Packaging Medication to Increase Treatment Adherence and Clinical Response: Impact on Suicide-related Morbidity*

and Mortality, Neurobiology of Suicide Risk in Traumatic Brain Injury and Substance Abuse, Brain Chemistry and Altitude in Bipolar Disorder, Risk for Suicide Among Veterans with HIV/AIDS, An Exploration of the Relationship Between Chronic Pain and Suicide Attempt Among Veterans, OEF/OIF Veterans' Experiences of Habituation to Painful Stimuli, Perceived Burdenomeness and Failed Belongingness, Identifying the Needs of OEF/OIF Veterans and Their Families: TBI and Co-Occurring Behavioral Health Issues, Executive Dysfunction and Suicide in Psychiatric Outpatients and Inpatients Executive Dysfunction and Self-Harm Behavior: An Examination of Veterans with Traumatic Brain Injury, Post Traumatic Stress Disorder, or Both Marine Resilience Study-II, Early Career and Behavioral Health Study (meta-analysis), Romantic relationship satisfaction and Self-Directed Violence in Veterans; Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial, Matarazzo; Military Continuity Project (MCP), Comtois; A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS), Jobes.

The ACL's Administrations on Aging has a current Memorandum of Understanding (MOU) with SAMHSA. One of the primary goals of the AoA/SAMHSA MOU is to help improve linkages between aging services organizations, such as Area Agencies on Aging, and behavioral health service providers. Through this partnership, an issue brief and webinar on strategies for promoting suicide prevention through aging, behavioral health, and public health partnerships were produced. In addition, SAMHSA funded five grantees to deliver behavioral health services for older adults through community aging-behavioral health partnerships, including interventions aimed at suicide prevention. Several of these grantees continue to deliver services in their communities.

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. In August 2007, Center for Excellence opened with a mission to further research and education on suicide prevention using a public health approach. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. Over 800 peers have been hired into the VA system and some VA facilities use them for suicide prevention work and services. The Louisville VA is currently piloting a peer program used to ensure home safety for veterans at risk.

Objective 8.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

DoD has established the Veterans Crisis Line/Military Crisis Line in collaboration with the VA, Military Forces Korea and Europe DSN access to Military Crisis Line, Military Forces Afghanistan local crisis line, and Army National Guard Psychological Health Program for service members.

DoD-sponsored research related to this objective included: *A Randomized Clinical Trial of the Collaborative Assessment and Management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo.

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. In August 2007, Center for Excellence opened with a mission to further research and education on suicide prevention using a public health approach. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 8.8: Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.

DoD activities supporting this objective include the Army Suicide Prevention Program, National Guard Psychological Health Program; Air Force: Suicide Prevention Program, AF Instruction 44-172 (Mental Health) and the Navy Suicide Prevention Program.

DoD-sponsored research related to this objective included: *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans*, Brenner; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo; *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder*, Holloway; *Randomized Controlled Trial to Decrease Suicidal*

Thinking in a Military Emergency Department, McLay; *Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Management of Suicide-Related Events during Deployment*, Stanley; *Increasing Treatment Seeking Among At-Risk Service Members Returning from Warzones*, Stecker; *Military Continuity Project (Caring Texts)*, Comtois; *Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial*, Luxton

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts.

GOAL 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

SAMHSA's NSSP grantees are required to implement all elements of Goal 9 of the NSSP as a central component of their grant activities.

Objective 9.1: Adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.

The following DoD programs support this objective: DSPO Vets4Warriors, VA/DoD Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide (2013), VA/DoD Integrated Mental Health Strategy, DoD Patient Centered Medical Home, Military One Source, Operation Enduring Freedom Peer Hotline, Army National Guard Psychological Health Program, Air Force: Guide for Suicide Risk Assessment, Management, and Treatment (In Development); Behavioral Optimization Program; and the Marine Corps Suicide Prevention Program.

DoD-sponsored research related to this objective included: *Warning Signs of Suicidal Ideation*, Bagge/Conner; *Behaviorally Assessing Suicide Risk*, Barnes; *Gold Standard for Suicide Risk Assessment for Military Personnel*, Gutierrez/Joiner; *Development and Validation of a Theory Based Screening Process for Suicide Risk*, Vannoy; *Optimizing Screening and Risk Assessment for Suicide Risk in the U.S. Military*, Joiner.

NIMH supports research to test protocols for risk reduction and services research to mitigate suicide risk.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. In July 2007, VA and SAMHSA partnered to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 9.2: Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.

DoD efforts supporting this objective include: VA/DoD Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide (2013), VA/DoD Integrated Mental Health Strategy; Army National Guard Psychological Health Program, Air Force: Guide for Suicide Risk Assessment, Management, and Treatment (In Development) and Air Force Behavioral Optimization Program all served to implement guidelines for clinical practice and continuity of care providers who treat individuals with suicide risk.

DoD-sponsored research related to this objective included: *A Randomized clinical trial of the Collaborative assessment and management of Suicidality vs. Enhanced Care as Usual for Suicidal soldiers (CAMS)*, Jobes; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matarazzo; *Warning Signs of Suicidal Ideation*, Bagge/Conner; *Behaviorally Assessing Suicide Risk*, Barnes; *Gold Standard for Suicide Risk Assessment for Military Personnel*, Gutierrez/Joiner; *Development and Validation of a Theory Based Screening Process for Suicide Risk*, Vannoy; *Optimizing Screening and Risk Assessment for Suicide Risk in the U.S. Military*, Joiner; and all of the treatment/intervention studies listed under earlier objectives

NIMH supports research to expand the availability of effective interventions and dissemination research to improve clinical practice.

The Department of Veteran's Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and updated versions in July 2011 and 2015. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 9.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

DoD activities supporting this objective include: the DoD Communications Plan for SF 86, Question 21 from the U.S. Office of Personnel Management (OPM) Questionnaire for National Security Positions, MCL Campaign; DoDI 6490.04 "Mental Health Evaluations of the Military Services", Army National Guard Psychological Health Program, Air Force: Guide for Suicide Risk Assessment, Management, and Treatment (In Development); Behavioral Optimization Program; and the Marine Corps Suicide Prevention Program promote the safe disclosure of suicidal thoughts and behaviors by all patients.

DoD-sponsored research related to this objective included: *Behaviorally Assessing Suicide Risk*, Barnes; *New approaches to the measurement and modification of suicide-related cognition*, Nock

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. In July 2007, VA and SAMHSA partnered to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The VA 10N Guide to VHA Briefs provides information about the Root Cause Analysis, which is a process to find out what happened, why it happened and to determine what can be done to prevent it from happening again. Because the Culture of Safety is based on prevention, not punishment, RCA teams investigate how well patient care systems function. They focus on the "how" and the "why" not on the "who." The RCA frameworks are intended for specific VA staff, in relation to veteran suicides and suicide attempts. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate

health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention.

Objective 9.4: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

DoD developed the following programs or publications that support this objective: DSPO Family Resource Guide, Military Family Life Consultants; DoD VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide (2013), Army National Guard Psychological Health Program, Family Programs, Soldier and Family Support Services, Air Force: Guide for Suicide Risk Assessment, Management, and Treatment (In Development); Behavioral Optimization Program; Airman's Guide For Assisting Personnel in Distress, Navy Suicide Prevention Program, USMC: Are You Listening Program, Family Deployment Cycle Training Program.

DoD-sponsored research related to this objective included: *Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Management of Suicide-Related Events during Deployment*, Stanley

NIMH supports research, including interventions with families, to determine what is effective in reducing suicide risk.

SAMHSA has developed a Guide for Taking Care of Your Family Member After Treatment in the Emergency Department After an Attempt, in English and Spanish. This publication aids family members in coping with the aftermath of a relative's suicide attempt. It describes the emergency department treatment process, lists questions to ask about follow-up treatment, and describes how to reduce risk and ensure safety at home.

Objective 9.5: Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.

DoD efforts supporting this objective included: DSPO Medication Take-Back Initiative, DoD Patient-Centered Medical Home, Services Integrated Behavioral Health Care Programs, Army National Guard Psychological Health Program, Family Programs, Soldier and Family Support Services; USMC: Substance Abuse Prevention and Treatment Program, Family Advocacy and Community Counseling Program and Air Force Guide for Suicide Risk Assessment, Management, and Treatment (in development).

DoD-sponsored research related to this objective included all screening and intervention studies listed under earlier objectives 2.1-3, 3.1-2, 5.3-4, 7.1, 8.2-8, and 9.2.

NIMH supports research that establishes the evidence for guideline consideration. NIMH also supports research on optimal approaches to training and technical assistance.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. The DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide were released in 2013. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention.

Objective 9.6: Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

DoD efforts supporting this objective included: the VA/DoD Clinical Practice Guidelines Development Initiative, Army: Behavioral Health Service Line, and the National Guard Psychological Health Program.

DoD-sponsored research related to this objective included: *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder*, Holloway; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*, McLay.

NIMH supports research on patient suicide risk stratification.

The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate

health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention.

CDC's Division of Violence Prevention and Prevention Institute developed a resource called Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. This document brief summarizes research on connections between different forms of violence and describes how these connections affect communities. It is designed to support those working to prevent violence in thinking strategically and creatively about: Preventing all types of violence from occurring in the first place and coordinating and integrating responses to violence in a way that recognizes these connections and considers the individual in the context of their home environment, neighborhood, and larger community.

Objective 9.7: Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

DoD efforts supporting this objective included: DSPO Vets4Warriors, VA/DoD Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide (2013), Military One Source, Army National Guard Psychological Health Program, Air Force: Guide for Suicide Risk Assessment, Management, and Treatment (In Development); Behavioral Optimization Program, and AF Instruction 44-172.

DoD-sponsored research related to this objective included all of the screening and intervention studies listed under earlier objectives—2.1-3, 3.1-2, 5.3-4, 7.1, 8.2-8, and 9.2.

NIMH supports research that can be used in guideline development.

The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and updated versions in July 2011 and 2015. The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention. The Memorandum-Required Education and Training Activities for Suicide Prevention Coordination and Suicide Prevention Teams require training and education for the Suicide Prevention Coordination (SPC) and facility Suicide Prevention Teams. The goal of the memorandum is to ensure that the SPC and SPT are able to provide expertise and guidance at the local and community level in the area of suicide prevention. The Department of Veteran's Affairs Secretary, James B. Peake, chartered the Blue Ribbon Panel on Suicide Prevention in 2008 to provide recommendations on research, education and program improvements relevant to the prevention of suicide in the veteran population.

GOAL 10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

Objective 10.1: Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.

DoD efforts toward this objective included: DSPO Partners in Care, OUSD Reserve Affairs/DSPO "Reserve Component Suicide Postvention Plan: A Toolkit for Commanders," Yellow Ribbon and Reintegration Training Initiative on Community Healing and Response, State Family Program Directors Initiative, Army Survivors Outreach Services Program, Air Force Suicide Prevention Program, Post Suicide and Suicide Attempt Response Guidance; US Air Force, US Navy, US Marine Corps Memorandums of Understanding with Tragedy Assistance Program for Survivors (TAPS).

DoD-supported research related to this objective included: *Suicide Bereavement in Military and their Families*, Cerel; *Clinical and Leader Guideline Development: Management of Suicide-Related Events during Deployment*, Stanley

NIMH supports research on complicated grief.

Vet Centers and some VHA medical facilities provide bereavement services for families and friends.

Objective 10.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

DoD efforts supporting this objective included: Uniformed Services University of the Health Sciences, Military Treatment Facilities, and Center for Deployment Psychology, Army National Guard Psychological Health Program provide suicide attempt survivors with proper treatment and care for grief.

DoD-funded research applicable to this objective included: *Suicide Bereavement in Military and their Families*, Cerel; *Clinical and Leader Guideline Development: Management of Suicide-Related Events during Deployment*, Stanley; *The Impact of Service Member Death on Military Families: A National Study of Bereavement*, Cozza.

Objective 10.3: Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

DoD efforts supporting this objective include: the Service Suicide Prevention Programs, National Guard Psychological Health Program, and the Air Force Post Suicide and Suicide Attempt Response Guidance.

DoD-sponsored research related to this objective included: *Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial*, Luxton; *Impact of Suicide on Marine Family Survivors*, Aronson; *Brief Intervention*, Halloway; *Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial*, Holloway; *Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress disorder*, Holloway; *A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans (SAFE-MIL/SAFE-VET)*, Holloway; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*; *Clinical and Leader Guideline Development: Management of Suicide-Related Events during Deployment*, Stanley; *Home-Based Mental Health Evaluation (HOME) to Assist Suicidal Veterans with the Transition from Inpatient to Outpatient Settings: A Multi-Site Interventional Trial*, Matterazzo; *Randomized Controlled Trial to Decrease Suicidal Thinking in a Military Emergency Department*, McLay; *A behavioral Sleep Intervention for the Prevention of Suicidal Behaviors in Military Veterans: A Randomized Controlled Trial*, Bernert; *Window to Hope*, Brenner; *Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation*, Bush; *Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veteran's Coping with Suicidal Ideation: A Randomized Clinical Trial*, Bush; *Development and Evaluation of a Brief, Suicide Prevention Intervention Targeting Anxiety and Mood Vulnerabilities*, Schmidt; *Warning Signs of Suicidal Ideation*, Bagge/Conner; *New approaches to the measurement and modification of suicide-related cognition*, Nock; *Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations: Reasons for Living (RFL) Intervention*, Bryan; *Military Continuity Project (Caring Texts)*, Comtois; *Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity*, Schmidt.

CDC collaborates with the members of the National Council for Suicide Prevention including efforts to address issues among survivors (family, friends, etc) of suicide.

The Suicide Attempt Survivors Task Force brings together attempt survivors as a collective voice to frame a cohesive movement to shape the future of suicide prevention. The taskforce has created a document called The Way Forward: Pathways to Hope, Recovery, and Wellness⁵ with insights from lived experience. The Way Forward bridges gaps between suicide attempt survivors and mental health policy makers, suicide prevention leaders, and program implementers. It does so by providing recommendations based on evidence-based practices which incorporate personal lived experience of recovery and resilience. SAMHSA has provided staff support for the task force for 3.5 years. SAMHSA has also published a Guide for Taking Care of Yourself After Your Treatment in the Emergency Department After an Attempt, in English and Spanish. This publication gives support for people recovering from a suicide attempt. It discusses how to move ahead after emergency department treatment for a suicide attempt and how to cope with thoughts of suicide. It lists information resources for suicide and mental illness.

⁵ <http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors/> .

Objective 10.4: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

DoD efforts supporting this objective included: the Service Suicide Prevention Programs, National Guard Psychological Health Program, and the Air Force Suicide and Suicide Attempt Response Guidance.

DoD-sponsored research related to this objective included: *Suicide Bereavement in Military and their Families*, Cerel; *Clinical and Leader Guideline Development: Management of Suicide-Related Events during Deployment*, Stanley; *The Impact of Service Member Death on Military Families: A National Study of Bereavement*, Cozza.

NIMH supports research on suicide clusters and contagion.

CDC has developed recommendations to assist community leaders in public health, mental health, education, and other fields to develop a community response plan for suicide clusters or for situations that might develop into suicide clusters.⁶ In addition, CDC has assisted several state and local health departments in investigating and responding to apparent clusters of suicide and suicide attempts.⁷

Objective 10.5: Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.

DoD efforts supporting this objective include: The Service Suicide Prevention Programs, the National Guard Psychological Health Program, and the Air Force Suicide and Suicide Attempt Response Guidance.

DoD-sponsored research related to this objective included: *Suicide Bereavement in Military and their Families*, Cerel; *Clinical and Leader Guideline Development: Management of Suicide-Related Events during Deployment*, Stanley.

GOAL 11. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.

Objective 11.1: Improve the timeliness of reporting vital records data.

⁶ CDC. CDC recommendations for a community plan for the prevention and containment of suicide clusters. MMWR 1988;37(Suppl 6): 1-12.

⁷ Askland KD, Sonnenfeld N, Crosby AE. A public health response to a cluster of suicidal behaviors: Clinical psychiatry, prevention, and community health. Journal of Psychiatric Practice. 2003; 9:219-227. & Fowler KA, Crosby AE, Parks SE, Ivey AZ, Silverman PR. Epidemiological investigation of a youth suicide cluster: Delaware 2012. Del Med J. 2013; 85:15-19.

DoD efforts supporting this objective included: DSPO's Suicide Data Initiatives, Suicide Data Repository (SDR), DoD Suicide Event Reporting (DODSER), and the Army National Guard Critical Incident Management System.

CDC's NCHS is working with state health departments and the National Association for Public Health Statistics and Information Systems (NAPHSIS) regarding increasing the timeliness of death certificate reporting.

VA has been instrumental in developing the VA/DoD Suicide Data Repository.

Objective 11.2: Improve the usefulness and quality of suicide-related data.

DoD's efforts supporting this objective included: Wellness and Risk Nexus (WARN) Calculator development, Suicide Data Repository development, and the National Guard Critical Incident Management System. The Service Suicide Prevention programs and Army STARRS are furthering this effort. There are also two DoD-sponsored studies related to this objective: *Marine Corps Suicide Autopsy Study*, Berman; *Marine Corps Suicide Attempt Study: qualitative research method - phenomenological inquiry*, Walsh.

CDC is working with the National Association of Medical Examiners, National Association for Public Health Statistics and Information Systems (NAPHSIS), the Department of Justice, and other state organizations to revise death scene investigation guidelines and training for medical examiners and coroners.

SAMHSA's GLS and NSSP grants as well as the Native Connections grants are address the importance of improving surveillance capacity.

The Department of Veteran's Affairs Secretary, James B. Peake, chartered the Blue Ribbon Panel on Suicide Prevention in 2008 to provide recommendations on research, education and program improvements relevant to the prevention of suicide in the Veteran population. VA has been instrumental in the development of the Suicide Data Repository and VA internal data collections such as SPAN and the BHAP data.

Objective 11.3: Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.

DoD efforts related to this objective included: Suicide Death Investigations Initiative, Suicide Data Repository, Study to Assess Risk and Resilience in Service members (STARRS), National Guard Critical Incident Management System; and the Service Suicide Prevention Programs.

DoD-sponsored research related to this objective included: *A Systematic Review of Air Force Suicide Deaths: Enhancing Suicide Prevention Efforts Funding: University Intramural Support*, Holloway; *Behavioral Healthcare and Career Effects Study*, Holloway; *Deployment-Related Factors Associated With Suicidal Behaviors*, Branlund; *The Association between Suicide and OEF/OIF Deployment History*, Reger; *2011 Suicide Attempt Data Review*, Glasheen; *Typologies of Air Force Suicides*, Martin.

CDC's support for the National Violent Death Reporting System provides resources for funded states to improve their collection of data on suicides which are applicable at state and local levels. CDC is also working on the National Violent Death Reporting System and the Department of Veteran's Affairs and Department of Defense's work to link their respective data systems in order to enhance the ability to identify circumstances associated with suicide for military veterans.

SAMHSA's GLS and NSSP grants as well as the Native Connections grants are address the importance of improving surveillance capacity.

VA has been collecting suicide related information in the SPAN database since 2008. Research and work is now being done to improve reliability and validity of the data in that database.

Objective 11.4: Increase the number of nationally representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

DoD efforts supporting this objective included: Army Suicide Prevention Program survey, Air Force Community Assessment Survey, Army STARRS and the Navy Suicide Prevention Program. The National Research Action Plan (NRAP) is working on Common Data Elements (CDE) for suicide research, while the Military Suicide Research Consortium (MSRC) has a set of CDEs in use. In addition, DoD-sponsored research related to this objective included: *Behaviorally Assessing Suicide Risk*, Barnes; *Optimizing Screening and Risk Assessment for Suicide Risk in the U.S. Military*, Joiner.

CDC is working on its own surveys like the Youth Risk Behavior Survey (YRBS) and with other agencies such as the Substance Abuse and Mental Health Service Administration (SAMHSA) to improve the reliability and validity of questionnaires and expand the use of the instruments.

As part of the Common Data Platform, SAMHSA's proposal into OMB included suicide related questions (around both ideation and attempts). For both those systems, the focus is on using the available data rather than getting new data.

In July 2007, VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. VA requires depression and PTSD screens on an annual basis and uses the results to inform providers about suicide risk.

GOAL 12. Promote and support research on suicide prevention.

Objective 12.1: Develop a national suicide prevention research agenda with comprehensive input from multiple stakeholders.

DoD efforts supporting this objective include: the DoD Suicide Research Strategy, Army: Suicide Prevention Program, STARRS, Air Force Suicide Prevention Program, Marine Corps Suicide Prevention Program, RAND Research Inventory Scan; Navy Suicide Prevention Program, National Research Action Plan, and the entire suicide research portfolio.

CDC has developed a research agenda that includes a section focusing on suicidal behavior and collaborates with other organizations doing the same.

NIMH is the public sector lead on the dissemination of the Prioritized Research Agenda for Suicide Prevention.

The Department of Veteran's Affairs Secretary, James B. Peake, chartered the Blue Ribbon Panel on Suicide Prevention in 2008 to provide recommendations on research, education and program improvements relevant to the prevention of suicide in the Veteran population. The VISN 19 Suicide Prevention MIRECC concentrates on clinical efforts to reduce suicide. The VISN 2 Center of Excellence for Suicide Prevention concentrates on public health approaches to suicide prevention. In addition, a great deal of suicide related research is being conducted by the Portland CIVIC as well as independent VA researchers.

Objective 12.2: Disseminate the national suicide prevention research agenda.

DSPO leads DoD efforts supporting this objective and coordinates with national partners on development of the National Research Action Plan for Suicide Prevention.

The Department of Veteran's Affairs' suicide prevention initiatives formally began in 2005 with the publication of the Mental Health Strategic Plan and the advent Mental Health Initiative Funding. In February 2007, each VA medical center received funding for a Suicide Prevention Coordinator (SPC), an integral component of the national suicide prevention strategy.

NIMH, along with CDC, has funded a special supplement to the American Journal of Preventive Medicine that will disseminate part of the research agenda.⁸

The VHA Directive 2008-051: Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers outlines the Mental Health Strategic Plan (MHSP) of 2004 to develop a system response for

⁸ Available at

http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/AJPM_Suicide%20Prevention.pdf.

addressing the risk of suicide among veterans through mandatory education programs. VHA, through a coordinated effort between the Office of Mental Health, Center for Excellence and VHA Employee Education System (EES) developed a web-based learning program for VHA that educates appropriate health care providers on suicide risks and interventions, and incorporates the best practices for suicide prevention.

Objective 12.3: Promote the timely dissemination of suicide prevention research findings.

DSPO leads DoD efforts supporting this objective and disseminates the DoD suicide prevention research findings by the Translation and Implementation of Evaluation and Research Studies (TIERS) Initiative. The Army STARRS and MSRC lead research in suicide prevention.

CDC disseminates suicide-related data and research findings on its website and through other media and materials.

The Department of Veteran's Affairs' suicide prevention initiatives formally began in 2005 with the publication of the Mental Health Strategic Plan and the advent Mental Health Initiative Funding. In February 2007, each VA medical center received funding for a Suicide Prevention Coordinator (SPC), an integral component of the national suicide prevention strategy. The Department of Veterans Affairs released the Suicide Prevention Coordinator Orientation Manual in August 2009 and an updated version in July 2011. This manual describes and references key events and reports that have shaped and refined the VA's approach to suicide prevention.

Objective 12.4: Develop and support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

DoD efforts supporting this objective included: DSPO Suicide Prevention Risk and Resilience Inventory of Programs (SPRRI), Service Suicide Prevention Program, and Army STARRS.

DoD-sponsored research related to this objective included: *Components of Effective Suicide Prevention in the Air Force*, Knox; *Navy and Marine Corps Public health Center (NMCPHC) Suicide Attempt Study*, Glasheen; *Rand Report*, Rand; *Research on Suicide Deaths among Military Families*; *National Research Action Plan* and the entire suicide research portfolio.

NIMH supports efforts to develop common data elements across studies in suicide prevention, and also supports data banking.

The VISN 19 Suicide Prevention MIRECC concentrates on clinical efforts to reduce suicide. The VISN 2 Center for Excellence for Suicide Prevention concentrates on public health approaches to suicide prevention. In addition, a great deal of suicide related research is being done by the Portland CIVIC as well as independent VA researchers.

CDC supports the Injury Control Research Centers, one of which focuses exclusively on preventing suicidal behavior. The Injury Control Research Center for Suicide Prevention (ICRC-S) is dedicated to promoting public health approaches to reduce the mortality and morbidity associated with suicide and attempted suicide. The ICRC-S is a collaboration of the University of Rochester Medical Center (URMC) and the Education Development Center (ED), which also houses the Suicide Prevention Resource Center (SPRC).

GOAL 13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

Objective 13.1: Evaluate the effectiveness of suicide prevention interventions.

DoD efforts to support this objective included DSPO, in collaboration with the Services and Components, doing the following: the DoD Program Evaluation Process; the Electronic Planning, Programming, Budgeting, and Evaluation System (ePPBES); Military Suicide Research Consortium (MSRC)/Military Operational Medicine Research Program (MOMRP); Army Ready and Resilient Campaign Capabilities Assessment, Air Force Research Partnership with Dr Knox of the University of Rochester; and the Marine Corps Suicide Prevention Program.

DoD-sponsored research related to this objective included: Knox KL, Litts DA, Talcott GW, Feig JC, Caine ED. *Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the United States Air Force. Cohort study.* British Medical Journal; 2003; 327:1376-1381, MSRC and all of the other research in the portfolio.

CDC is currently supporting the evaluation of four suicide prevention programs: two focusing on promoting connectedness and two focused on preventing suicidal behaviors in middle-aged men.⁹

NIMH supports research that tests the effectiveness of interventions.

SAMHSA contracts with ICF International to lead the responsibility for conducting cross-site evaluations of the Garrett Lee Smith Memorial grant programs and provides training and technical assistance to grantees.

⁹ *Tailored Activation in Primary Care to Reduce Suicide Behaviors in Middle-Aged Men Principal Investigator – Dr. Anthony Jerant; Institution – University of California at Davis.* A randomized control trial will evaluate whether Multimedia Activation to Prevent Suicide for Men, an interactive computer program addressing suicide risk, linked with telephone evidence-based follow up care reduces suicide behaviors. *Online Screening and Early Intervention to Prevent Suicide among Middle-Aged Men Principal Investigator – Dr. Jodi Jacobson; Institution – University of Maryland at Baltimore.* A randomized control trial will evaluate Screening for Mental Health (an online screening program) plus Man Therapy (a comprehensive online screening and referral intervention for men) compared to Man Therapy alone on changes in suicidal behavior, ideation, and help-seeking behavior.

Objective 13.2: Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions.

DoD efforts supporting this objective included: the Service Suicide Prevention Programs, the National Research Action Plan, and the MSRC.

In July 2007, VA and SAMHSA partnered together to open the VHA National Suicide Hotline at Canandaigua VA medical center in order to provide Veteran's and families with 24/7 availability of a trained professional to address a suicidal crisis. The Suicide Prevention Coordinator Orientation Manual released in August 2009 (updated in July 2011) describes and references key events and reports that have shaped and refined the VA's approach to suicide prevention. The VISN 19 Suicide Prevention MIRECC concentrates on clinical efforts to reduce suicide. The VISN 2 Center for Excellence for Suicide Prevention concentrates on public health approaches to suicide prevention. In addition, a great deal of suicide related research is being done by the Portland CIVIC as well as independent VA researchers.

Objective 13.3: Examine how suicide prevention efforts are implemented in different states/territories, tribes, and communities to identify the types of delivery structures that may be most efficient and effective.

NIMH supports research on implementation and dissemination.

In an effort to enhance the evidence base of suicide prevention programs and as part of the Garrett Lee Smith Memorial Act, the Garrett Lee Smith Suicide Prevention Program- Evaluation contract supports the evaluation of the State and Tribal and Campus Youth Suicide Prevention Programs. SAMHSA funds the contractors who conduct cross-site evaluation of processes employed and outcomes achieved for each grant program. Additionally, the contractor supports more in-depth, enhanced evaluation for four recipients of the State and Tribal Youth Suicide Prevention and Early Intervention Grants, three of which are funded and managed in collaboration with the Centers for Disease Control and Prevention.

DoD efforts supporting this objective including DSPO, in collaboration with the Services and Components, conducting program evaluation to identify the types of delivery structures that are most efficient and effective. DoD-sponsored research related to this objective included the Yellow Ribbon Suicide Prevention Manpower Analysis.

Objective 13.4: Evaluate the impact and effectiveness of the National Strategy for Suicide Prevention in reducing suicide morbidity and mortality.

DoD efforts supporting this objective included DSPO, in collaboration with the Service and Components, mapping the programs, activities, and research listed above to the NSSP in order to visualize coverage of objectives. DSPO is also collaborating with the Services and Components on the DoD Suicide Prevention Measures of Effectiveness Initiative.

NIMH's Jane Pearson co-chairs the Action Alliance Impact task-force. SAMHSA staff leads the implementation assessment of the 2012 NSSP. VA uses the *National Strategy* recommendations in the BHAP Quality Program.