

STRENGTHENING THE SAFETY NET / FY 2020

Enhancing Access to Care for NYS's Underserved, Preventing Suicide and Saving Lives!

A REAL GAP EXISTS--In spite of major increases in government-run mental health programs, there are still significant gaps in the kind and quality of services and supports available to many individuals high-risk for suicide and self-harming behavior—especially minorities, those living in poverty, most impacted by stigma (elderly, LGBTQ, young Latinas and female Asians, mentally ill, victims, immigrants, etc.) and others.

BREAKING DOWN THE “SILOS”—Evaluations of effective suicide prevention programs reveal that more people will access the help they need when they have choices that they are comfortable with, that make them feel safe, are tied to their own values, etc. Most services available today are centralized, under one government- run umbrella and/or tied to a pre-determined network, which reduces consumer options.

CONNECTING THE DOTS—Every year 1 in 5 New Yorkers experiences a mental disorder and as many as 60% never receive care, destroying lives and families; costing NYS \$1.8 billion from suicide alone. *Strengthening the Safety Net will save lives and money* by building collaborations and collective action from community, non-profit and government agencies who will work together to enhance care to those at-risk.

Strengthening the Safety Net Components

This initiative will counter stigma, close service gaps, enhance capacity and access to care for the ‘underserved’ in 5 NYS regions (including NYC) with significant rates of self-harming behavior and/or suicide (new funding FY 2020, \$800,000)

Restore NYC Caring Community Coalition to Enhance Capacity—based on SAMHSA’s public-private partnership of community, non-profit, academic and government leaders who work together to coordinate crisis responses, address gaps in services, increase access to care, share best practices, support collective action, build partnerships, share resources, etc.

Create NEW Bilingual Resource Guides—develop *Spanish* and *Chinese* language *NYC Resource Guides* (print and web-based) to be used by anyone who cares for or provides treatment to those in distress, including family members, friends, teachers, guidance counselors, social workers; shows how to identify and respond to those at-risk; where to find free support programs and training; culturally sensitive referrals with contact info.

Increase NYS Suicide Hotlines Ability to Respond to Increased Demand—the demand on crisis hotlines continues to increase while funding remains stagnant (a scenario that is leading to closures of hotlines around the country). Since they are often the first place those in immediate need of care and/or who experiencing life-threatening situations turn for help (think elderly, veterans, victims, immigrants, LGBTQ, etc.)—enhancing the capacity of these services is an important step in reducing the number of people who attempt suicide.

Re-establish NYS Hotline Coalition—All of the counties in NYS have some form of crisis response or suicide hotline—and that does not include those that focus on veterans, domestic violence, rape, LGBTQ, child abuse, etc. These hotlines work in a vacuum, with little or no coordination, collaboration or linkages, *reducing their ability* to share practices, services, expertise that will strengthen the state’s safety net and saves more lives.

Samaritans Suicide Prevention Center has operated NYC’s only completely confidential suicide hotline for 35 years responding to over 1.3 million calls. It is a founding member of the *National Council for Suicide Prevention*, which consults with SAMHSA, NIMH, Surgeon General and the *NYS Suicide Prevention Council* (1995).

Samaritans coordinated the *NYC Suicide Prevention Task Force* (with NYS OMH) with leaders from 25 key NYC non-profit, government and academic institutions for over 10 years before funding lapsed; produced *NYC Guide to Suicide Prevention Resources* (with NYS OMH) used extensively by NYC DOE, DYCD, DFTA and thousands of health providers; serves over 7,000 community partners and health providers; trained over 40,000 parents, teachers, guidance counselors, social workers; and sponsors dozens of community education activities annually.



STRENGTHENING THE SAFETY NET / FY 2020, \$800,000

Enhancing Access to Care for NYS's Underserved, Preventing Suicide and Saving Lives!

The mission of **Samaritans Suicide Prevention Center**—implemented by professional staff and over 100 community volunteers—is to prevent suicide by providing: a) immediate and ongoing support to those in crisis through our 24-hr suicide hotline that has answered 1.3 million calls; b) solace and support to thousands of people who have been touched by suicide; c) education and training to over 40,000 health providers who care for/treat at-risk populations.

Samaritans is part of the international humanitarian suicide prevention network that created the world's first suicide hotline in 1952 that consists of over 400 centers in 42 countries. Samaritans is a founding member of the *National Council for Suicide Prevention*, which consults with SAMHSA, NIMH, the Surgeon General and others; a founding member of the *NYS Suicide Prevention Council*, which was responsible for NYS Office of Mental Health adopting suicide prevention as a public health priority; and has been a major force behind ongoing efforts to advance initiatives in NYC as coordinator of the *NYC Task Force on Suicide Prevention* and countless collaborations.

SUICIDE IN NEW YORK STATE—Despite the expansion of clinically based government mental health programs (like *Thrive* in NYC), suicide has increased 25% since 2000, with more New Yorkers dying from suicide than from homicide.

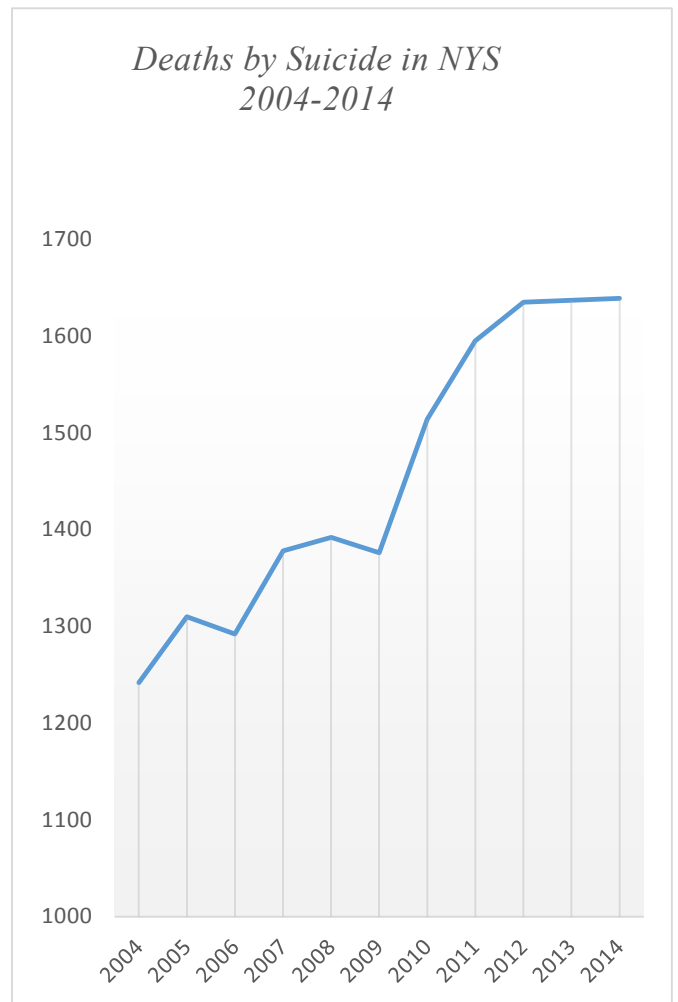
2015-2016 Increases in Suicides (NYC, Rest of NYS and Statewide)			
	2015	2016	% Increase
NYC	482	518	+7.5%
Rest of NYS	1,143	1,153	+0.9%
Statewide Total	1,625	1,671	+2.8%

NYS has the 2nd lowest rate of suicide in the US. Though, in terms of total fatalities—the number of people who die—NYS has as many suicide fatalities as the five states with the highest rates of suicide combined, with NYC the greatest increases.

Add to this *hospitalizations for self-inflicted injuries* (active self-harming behavior), which are at an all-time high in NYS, led by 15-19 year olds, impacting families and communities, with this group alone costing the state over \$321 million a year. And this does not include the extraordinary rate of self-destructive and suicidal behavior tied to the opioid epidemic.

This makes it clear NYers need increased access to care.

At the heart of these findings SAMHSA estimates as many as 60% of individuals who experience psychological disorders *never* receive care or treatment. The many myths and stigma that surround mental illness only exacerbate a growing public health issue that requires every effective approach available.



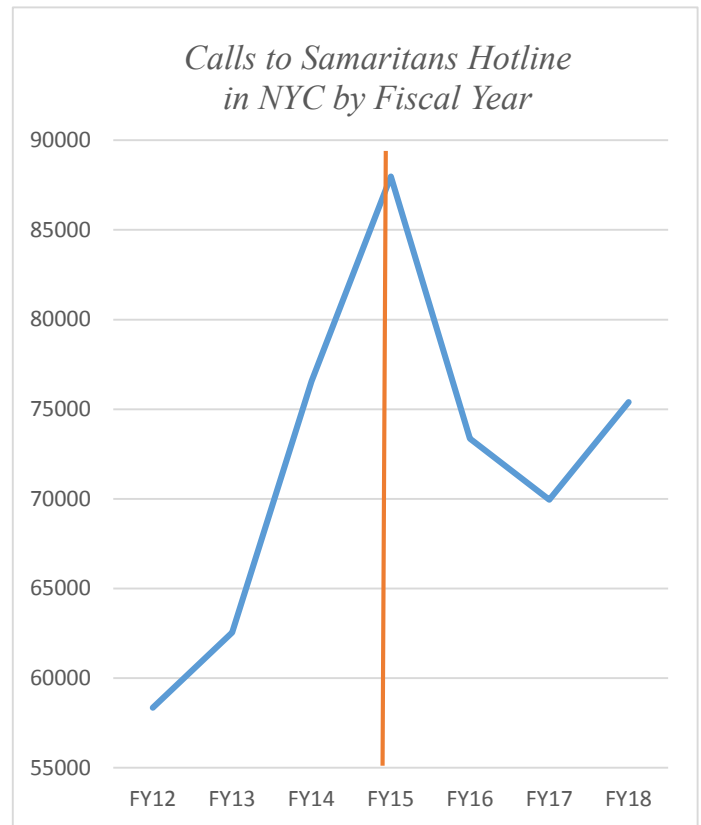
SUPPORTING NYS SUICIDE PREVENTION LEGISLATION—This initiative will help support the goals of current NYS legislation—the passage of the Latina Adolescent Suicide Prevention Advisory Board in 2017 (S.5500-C/A.7225-B) and the 2018 mandate requiring OMH to develop suicide prevention materials for educators—and it will do so much more, including empowering existing NYS OMH community suicide prevention coalitions and potentially new legislation, such as Senator Jen Metzger's proposed Rural Suicide Prevention Council.

INCREASE IN SUICIDE, DECREASE IN FUNDING—

While suicide is increasing, funding for preventions lags behind all other leading causes of death. In fact, the Governor did not include any direct funding for suicide prevention in his current budget. And whatever funding does exist is invested in clinical and government-run programs, with fewer dollars allocated to crisis hotlines, community, volunteer, humanistic and alternative forms of care that have proved to be as effective, if not more so, than their clinical counterparts, as shown in several studies.

With the increase in demand and the decrease in funding, community organizations are severely limited in their ability to meet the demand for services from those at-risk in their communities. An example of this can be seen in the graph on the right which documents the impact of budget cuts to Samaritans hotline by NYS DOHMH that has reduced our ability to respond to those in crisis—from 89,000 calls four years ago to 75,000 in 2018. *The orange line on the graph illustrates the impact of the 85% cut in hotline funding by NYC DOHMH to Samaritans.*

The vast majority of suicide prevention experts agree that a key to reducing self-harming and suicidal behavior is to reduce “access to lethal means” and increase “protective factors” like community hotlines/volunteer organizations.



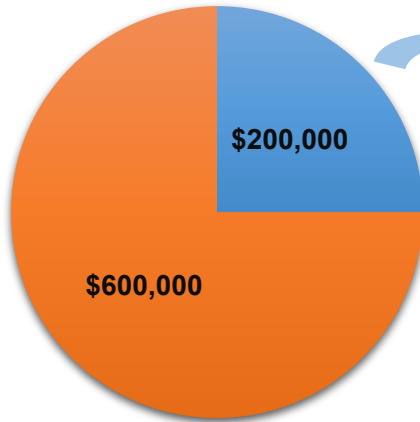
STRENGTHENING THE SAFETY NET INITIATIVE—Designed as a *pilot project* to be implemented in NYC and four districts in NYS (TBD). The funds will support volunteer staffed suicide prevention organizations as they: expand access to services; increase available regional emotional support and mental health maintenance services; enhance, bridge and complement existing services in their regions. The initiative has four components:

1. **Restore NYC ‘Caring Community Coalition to Enhance Capacity:** based on SAMHSA’s public-private partnership of community, non-profit, academic and government leaders who work together to coordinate crisis responses, address gaps in services, increase access to care, share best practices, support collective action, build partnerships, share resources and build stronger, more comprehensive “volunteer networks.”
2. **Create New Bilingual Resource Guides:** Create or enhance access to a cross-section of clinical, medical, humanistic, faith-based, volunteer programs and services guides (print and web-based) to be used by anyone who cares for or provides treatment to those in distress; details how to identify and respond to those at-risk; where to find free support programs and training; culturally sensitive referrals with contact info, etc.
3. **Re-establish NYS Hotline Coalition:** Every county or region in NYS has some form of crisis response or suicide hotline—and that does not include those that focus on veterans, domestic violence, rape, LGBTQ, child abuse, etc. These hotlines work in a vacuum, with little or no coordination, collaboration or linkages, *reducing their ability* to share practices, services, expertise that will strengthen the state’s safety net and saves more lives
4. **Increase NYS Suicide Hotlines’ Ability to Respond to Increased Demand:** The demand on crisis hotlines continues to increase while funding remains stagnant (a scenario that is leading to closures of hotlines around the country (New Orleans, Dallas, Minneapolis). Since they are often the first place those in immediate need of care turn for help (veterans, immigrants, LGBTQ, etc.) enhancing their capacity has to be a priority.

POPULATIONS SERVED—The primary audience that will benefit from this initiative consists of the 50-60% of New Yorkers who experience a psychological disorder annually but never receive care or support. This includes but is not limited to: at-risk youth, the elderly, the economically disadvantaged, those with chronic or terminal physical and/or mental illness, those with co-occurring disorders, immigrants, homeless, unemployed, victims of abuse, violence and bullying, veterans, members of the LGBTQ community, those impacted by PTSD and many others.

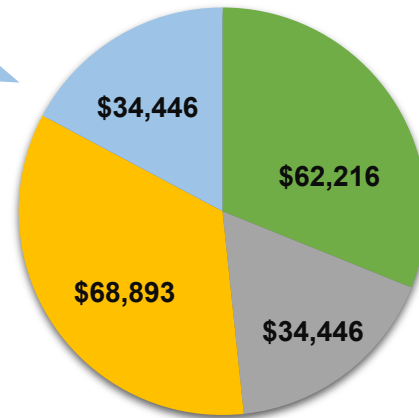
FY 2020 NYS “Strengthening the Safety Net” Initiative Projected Budget Enhancing Access to Care for NYS’s Underserved, Preventing Suicide and Saving Lives!

Initiative Funding/NYS



- NYC Metro/Samaritans
- 4 NYS District/Center

Samaritans Components/NYC*



- Restore NYC Caring Community Coalition
- Bilingual Resource Guides
- Increase NYS Suicide Hotlines Ability to Respond to Increased Demand
- Re-establish NYS Hotline Coalition

Samaritans of New York, Inc. Project Components/NYC					
	Restore NYC Caring Community Coalition	Create New Bilingual Resource Guides	Increase NYS Hotlines Capacity to Respond	Re-establish NYS Hotline Coalition	TOTAL
Personnel Services	\$10,800	\$13,095	\$16,641	\$10,897	\$51,433
Fringe Benefits	\$1,000	\$1,100	\$1,500	\$903	\$4,503
Consultants (Research, Design, Translation, Subject Matter Experts)	\$2,408	\$4,183		\$2,332	\$8,923
Training Costs			\$6,665		\$6,665
Outreach/Advertising/Marketing	\$1,408	\$5,742	\$5,503		\$12,653
Events/Meetings	\$26,302			\$9,987	\$36,289
Volunteer Recruitment/Online Portal			\$18,024		\$18,024
Program Review	\$1,404	\$880	\$1,667	\$881	\$4,833
SUB-TOTAL	\$43,323	\$25,000	\$50,000	\$25,000	\$143,323
*Samaritans Management of Strengthening the Safety Net Statewide Project	\$18,893	\$9,446	\$18,893	\$9,446	\$56,678
TOTAL	\$62,216	\$34,446	\$68,893	\$34,446	\$200,000

*Samaritans NYC will oversee and manage the Strengthening the Safety Net Statewide Project